

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group H - St. Anne's Residential Services
Centre ID:	OSV-0003951
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Michelle Doyle
Lead inspector:	Julie Hennessy
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 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:
28 March 2017 10:00	28 March 2017 17:30
29 March 2017 09:00	29 March 2017 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This report sets out the findings of a follow-up inspection of Group H St. Anne's Residential Services following an application by the provider to register the centre. This was the fourth inspection of this centre by the Health Information and Quality (HIQA) Previous inspections took place on the 27 January 2015, 8 May 2015, 11 and 12 August 2015.

Description of the service:

The centre can accommodate six residents and can provide support to residents with autism and residents who may require behaviour support services.

How we gathered our evidence:

Inspectors met with all residents, staff members on duty, the person in charge (on the second day as she was attending a course on the first day of the inspection) and persons participating in the management of the service (a clinical nurse manager and a representative of the provider). Inspectors observed practices, discussed residents' support requirements with staff and reviewed documentation such as personal plans, risk assessments, health plans and documentation pertaining to restrictive practices, medication management and behaviours that challenge. Inspectors observed staff interactions with residents.

Summary of findings:

Overall, improvement found at the previous two inspections had been sustained and further progressed. At the previous inspection, of 18 outcomes inspected, four outcomes were at the level of major non-compliance, 11 moderate and three were compliant. At this inspection, of the 15 previously non-compliant outcomes, 10 were now either substantially or fully compliant.

Previous significant failings that related to notifying incidents and ensuring the premises was accessible for all had been satisfactorily addressed since the previous inspection. Significant premises works had been completed. Residents with a visual impairment were no longer required to attempt to manoeuvre steps and narrow awkward spaces and a new en-suite bathroom and walk-in wardrobe had been created. A new kitchen had been fitted to replace the older kitchen that had been in poor condition, with the colour scheme chosen by residents.

It was demonstrated that emphasis had been placed on increasing the development of residents' life skills, on acquiring new skills and availing of new opportunities in the community. Staff had received training since the previous inspection in a range of areas and a number of staff had also completed an accredited FETAC course in supporting people with an intellectual disability. Of note, the use of restrictive practices had been significantly reduced in the centre.

However, four outcomes were found to be at the level of major non-compliance at this inspection. Two outcomes remained at the level of major non-compliance from the previous inspection (outcomes 5 and 14) and two outcomes have been increased to major non-compliance from the previous inspection (outcomes 8 and 12).

A summary of key failings is as follows:

- a comprehensive assessment of needs had not been completed to meet residents' changing needs and satisfactorily explore the cause of their distress and agitation. An immediate action plan was issued to the provider, who responded appropriately and promptly outlining the actions that would be taken to address the identified failing (outcome 5)
- while physical interventions used involved approved techniques, other strategies outlined in the behaviour support plan were not tried in a timely manner (outcome 8)
- there was a lack of effective oversight to ensure safe medicines management practices in the centre and to protect residents from significant harm associated with poor medicines management (outcome 12)
- the provider had failed to implement their own plan to transfer residents to more suitable accommodation that would better meet their needs. Also, the management

structures in place at the time of the inspection required review to ensure that they were adequate to meet residents' high support needs (outcome 14).

Other improvements were required in areas relating to care planning and ensuring residents had access to psychology where required, which will be discussed in the body of this report and included 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:

At the previous inspection, where consent was required for medical procedures and residents did not have the capacity to consent for themselves, consent was sought by family members instead of this being a clinical decision. Since the previous inspection, this had been satisfactorily addressed. Arrangements were in place to ensure that residents were supported to consent for their own medical procedures where they have capacity to do so. Where it is not possible to obtain such consent, consent was sought with the support of an advocate and with any procedure informed by medical advice.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

At the previous inspection, it was identified that residents' communication needs were not all being met in a timely manner. The action required had been satisfactorily implemented. Inspectors reviewed a sample of care plans and saw that recommendations in relation to communication were incorporated into care plans and were implemented in a timely manner.

However, care plans in relation to communication were inconsistent. Some care plans were comprehensive and contained personalised information in relation to the strategies in place to support residents to effectively communicate. Inspectors saw that some care plans were generic and did not contain sufficient information to guide staff to support residents to communicate. For example, a care plan and associated communication passport included limited information in relation to how the resident communicated happiness, sadness, pain, tiredness, boredom and frustration.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Overall, improvements required to the admissions policy and contracts of care had been satisfactorily addressed since the previous inspection.

At the previous inspection, contracts of care did not outline the fees to be charged. Since the previous inspection, contracts of care had been amended and signed by residents and their representative if appropriate.

At the previous inspection, admission policies and practices did not take account of the need to protect residents from abuse by their peers. Since the previous inspection, the organisation's admissions policy had been reviewed and revised and now takes into account the need to protect residents from injury or harm by their peers. Further improvements required to the admissions criteria for this centre will be addressed under Outcome 13: Statement of Purpose.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall, the provider had failed to ensure that a comprehensive assessment of needs had been completed to meet residents' changing needs and satisfactorily explore the cause of their distress and agitation. An immediate action plan was issued to the provider, who responded appropriately and promptly outlining the actions that would be taken to address the identified failing.

At this inspection, inspectors found that where a resident's needs had been increasing since November 2016 and significantly increased over the previous three or four weeks, a comprehensive assessment of needs had not been completed. The person in charge had endeavoured to meet the same resident's immediate needs by arranging for a psychology and physiotherapy assessment to be completed and by liaising with the psychiatrist about the resident's medication and general practitioner regarding the treatment of suspected or actual injuries. A referral had recently been sent to the dietician and the occupational therapist was following up on sensory integration input. Input from the speech and language therapist had not been sought. Overall, on the basis of observation, conversations with staff and the person in charge and review of documentation, a coherent and comprehensive approach involving all persons involved in the provision of care and support to the resident was not evidenced. The actions taken to date were not adequate given the level of distress and agitation being experienced by the resident. This will be further discussed under outcome 8 in the context of behaviour support.

At the previous inspection and unchanged at this inspection, the centre was not suitable for the purposes of meeting the needs of each resident due to the number of residents and the unsuitable mix of residents in the centre. This failing is unchanged and will be further discussed under outcome 14.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Overall, significant works had been completed in the centre since the previous inspection to make the centre more accessible for all and to ensure that all parts of the premises were in a good condition.

At the previous inspection, this outcome was found to be at the level of major non-compliance as the design and layout of the centre did not meet the needs of residents in terms of accessibility. Since the previous inspection, renovations had taken place and an ensuite bathroom had been created with a walk-in wardrobe. Residents with a visual impairment were no longer required to attempt to manoeuvre steps and narrow awkward spaces.

At the previous inspection, the kitchen facilities' were in a poor state of repair, meaning that they could no longer be effectively cleaned. Since the previous inspection, a new kitchen had been fitted with the colour scheme chosen by residents.

At the previous inspection, access to the garden was limited due to the poor condition of the patio area; there were uneven paving stones that needed replacement and some pipe work was visible in parts of the footpath. At this inspection, inspectors observed that the uneven paving stones had been replaced and items that had previously presented a trip hazard had been removed. Additional access to the garden had also been created as part of the aforementioned renovation works.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

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

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

Findings:

Overall, the actions identified at the previous inspection relating to the risk register and fire containment had been adequately progressed or addressed.

At previous inspections, the system in place for the assessment, monitoring and management of risk still required improvement. Since the previous inspection, the person in charge and staff team had received risk assessment training. Risk assessments had been reviewed with the quality and safety officer as part of the annual review in the centre in November 2016. The service was also implementing a new falls risk assessment tool. A new personal evacuation plan has also been developed, which informed a risk assessment.

At previous inspections, arrangements for containing fires were not adequate. Since the previous inspection, fire resistant doors had been installed throughout the centre.

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:

Overall, the use of restrictive practices had reduced in the centre and a psychologist had commenced in the service since the previous inspection. However, at this inspection it was found that while physical interventions used involved approved techniques, other strategies outlined in the behaviour support plan were not implemented in a timely manner.

On the first day of the inspection, an inspector observed three escalated episodes of

approximately 45 minutes to an hour duration whereby a resident became increasingly distressed and agitated, vocalising loudly, engaging in self-injurious behaviour and on one occasion, attempting to hit staff. During an episode observed in the afternoon, there were four staff and up to six residents between the kitchen and adjoining dining area (where the resident was). The resident was observed to become increasingly distressed with the rising noise and activity levels. Staff were observed to repeatedly encourage and physically prompt the resident to sit down on the couch. One-to-one staffing was maintained and staff were supervising the resident closely, particularly when mobilising, to prevent them from injuring themselves or being injured by their peers. On this occasion, staff did not follow the behaviour support plan in a timely manner as the resident was not directed to a quieter area but remained in the dining area for a prolonged period of time (approximately 45 minutes) in a state of increasing agitation and distress. While there was a nominated team leader on each shift, no one person was clearly taking charge of and directing the management of the situation. As part of the provider's response to the immediate action plan issued (under outcome 5), a representative of the provider and the person in charge undertook to review staff practices and responses in this area.

At the previous inspection, not all restrictive practices had been approved by the relevant committee and those that had been approved were outside of their review date. Since the previous inspection, all restrictive practices had been reviewed, a rationale for their use was provided and alternatives had been tried where appropriate. Of note, the use of restrictive practices in the centre had overall reduced since the previous inspection.

An additional significant improvement since the previous inspection was that a psychologist had commenced in the service to support residents with behaviour support needs. Assessments were commencing on a priority basis, including for two residents in this centre. Dates for assessments for the remaining four residents in this centre were to be confirmed and this is addressed under outcome 11.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

At the previous inspection, the quarterly submission did not include all of the incidents

that are required to be notified to HIQA. Also, serious adverse incidents were not being reported as required by the regulations.

Since the previous inspection, all required notifications had been submitted to HIQA as required. Also, the quarterly submission now contained sufficient information and detail of incidents and restrictive practices in use or occurring in the centre.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Overall, it was demonstrated that emphasis had been placed on increasing the development of life skills, on pursuing the development of new skills and availing of new opportunities. The part of the resident's plan that related to opportunities for education, training and employment needed to be completed to reflect what was happening in practice.

At the previous inspection, the day service provided did not meet the needs of all residents. Following the previous inspection, the suitability of the day service was reviewed and an alternative day programme developed and supported. For example, a day service for one resident was now skills-based rather than task-based, which better met their abilities and areas of interest.

Outstanding since the previous inspection was the need to reflect how residents spent their day and incorporate any work, education, training or skills programmes into their personal plans. The person in charge was following up with the day service in relation to this area.

It was demonstrated that the person in charge and staff team had put a significant focus since the previous inspection on supporting residents' independence and day to day life skills. For example, residents were being actively encouraged to be involved in recycling, loading the dishwasher, preparing drinks, breakfast and tea, putting clothes away and setting the table. External activities were also promoted and supported, including going to the cinema, walking to and from their day service, going to the pub

for a drink and hill walking. Residents had also been supported to attend concerts, festivals and go for overnight stays. Friendships with peers from other houses were supported as were family relationships and trips home.

Judgment:

Substantially 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):

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

Findings:

Overall, a significant improvement was found on this inspection in that residents now had access to a psychologist. Healthcare information had been reviewed and updated since the previous inspection. Further improvement was required to care plans to ensure that they directed the care and support to be provided to residents.

At the previous inspection, lengthy and unexplained delays in receiving reports following assessments by healthcare professionals were identified. On this inspection, inspectors noted that reports were received in a timely fashion. Where reports were not yet complete, the immediate recommendations were recorded in the individual resident's care plan and implemented. The person in charge was proactive in accessing and obtaining reports following assessments by healthcare professionals.

At the previous inspection, the care plans for residents' healthcare needs were not always complete. On this inspection, inspectors saw improvement in some care plans relating to healthcare. However, other healthcare plans seen were not complete and did not contain sufficient information to guide staff in relation to support residents to achieve best possible health. For example, a healthcare plan for a resident who had a long term respiratory condition did not contain information in relation to exercise, nutrition and environmental considerations. A wound care plan did not outline the assessment of the wound, daily management of the wound, wound dressings and evaluation of the wound. The development of comprehensive healthcare plans was required to ensure that each resident's healthcare needs are met by the care provided in the centre due to the skill mix of staff.

Deficits in the provision of a psychology service had been identified on previous inspection. Inspectors noted that a psychologist had recently joined the service. The clinical nurse manager and person in charge outlined that a priority system was in place

across the service and the psychologist had commenced assessments with two residents in this centre. The person in charge and staff members were aware of the progress of these assessments. However, records from multi disciplinary team meetings and referral letters demonstrated that all residents in the centre required support from psychology services and four residents remained on the waiting list for this service.

Inspectors observed that a resident was prescribed pain relief on an 'as required' basis. Staff with whom inspectors spoke confirmed that the resident was receiving this medicine on a regular basis. A dose range was prescribed for this medicine; one or two capsules were to be administered as required. A pain assessment tool was available. Senior staff outlined that the assessment tool was to be completed before and after the administration of pain relief. However, inspectors noted that the tool was not consistently completed. In addition, the pain assessment tool in use stated that it was to be used 'for measurement of pain in people with dementia who cannot verbalise' and it had not validated for use for persons with an intellectual disability. Furthermore, a care plan had not been developed to guide staff in supporting this resident with pain management and to administer an optimal dose of pain relief.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Overall, effective oversight was not demonstrated at the time of inspection to ensure safe medicines management practices and to protect residents from associated harm.

On the first day of the inspection, an inspector was unable to reconcile the quantity of medicine in the centre with the medication administration record and the centre's 'drug ordering sheet'. Therefore, it could not be confirmed that the resident had received this medicine as prescribed. This was brought to the attention of the clinical nurse manager who arranged for another clinical nurse manager who oversaw medicines management across the service to review the discrepancy. A report of this review was made available to the inspectors on the second day of the inspection. However, the review was not multifactorial and focussed on a single issue rather than a systems-based approach. Therefore, it was not demonstrated that all aspects of the medicines management cycle had been reviewed to ensure that the medicines management practices were safe.

Medicines were not stored securely at all times. On the first day of the inspection, it was noted that the fridge containing prescribed medicines was unlocked.

The person in charge outlined that a medicines management audit was completed annually which examined all areas of the medicines management cycle. Additional audits had recently commenced which examined distinct areas of the medicines management cycle such as documentation and error management and the person in charge outlined that these would be completed quarterly. Inspectors reviewed the report from the most recent annual medicines management audit which had been completed in May 2016. The report identified areas for improvement and included an action plan to address these areas. However, inspectors noted that some aspects of the action plan had not been implemented. For example, the audit identified that the fridge was unlocked at the time of the audit and the 'drug order sheet' had not been completed correctly.

At the previous inspection, it was identified that prescription records transcribed by nursing staff were not always accurate. The action outlined in the action plan had not been satisfactorily implemented. An inspector reviewed a sample of transcribed prescription records and saw that one record did not contain the date the second nurse independently checked the prescription transcribed.

At the previous inspection, photographs used to identify residents were not recent and the action outlined in the action plan had been satisfactorily implemented.

Judgment:

Non Compliant - Major

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:

At the previous inspection, improvements were required to the Statement of Purpose in order to accurately describe the specific care needs that the designated centre is intended to meet, the person in charge, the criteria used for admission to the designated centre, including the centre's policy and procedures (if any) for emergency admissions and the facilities for day care. Since the previous inspection, the Statement of Purpose had been reviewed and revised. Most of the previous areas highlighted for

improvement had been addressed. However, further improvement was required to accurately describe the criteria used for admission to this centre, including the centre's policy and procedures (if any) for emergency admissions.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

While previously identified failings relating to the introduction of new managers to this centre, the annual review and the monitoring of the centre had significantly improved since the previous inspection, the provider had failed to implement their own plan to transfer residents to more suitable accommodation that would better meet their needs. In addition, the management structures in place at the time of the inspection required review to ensure that they were adequate to meet residents' high support needs.

As previously mentioned under outcome 5, the centre did not meet the needs of all residents. Two residents had been identified as requiring more suitable accommodation either to protect them from injury or harm by their peers or to better support their abilities. The provider had identified a plan to reduce the number of residents in this centre from six to five by the end of March 2016. This plan had also proposed to address the need to move one resident as a matter of priority from this centre to a more appropriate environment due to their vulnerability. At the time of this inspection, the plan remains outstanding with no confirmed date for the transfer to take place. Since the previous inspection and due to increased needs of a resident since November 2016, the impact of this unsuitable placement on all residents residing in this centre has increased.

At the previous inspection, significant improvement was required in order to facilitate the person representing the provider and the person in charge to fulfil their responsibilities in relation to ensuring that the service provided was safe, consistent and effectively monitored. Since the previous inspection, the person in charge had received a

formal induction to the centre and the service and was being supported in her role by persons participating in the management of the service (clinical nurse manager or CNM3 and the quality and safety officer). Other supports in terms of training and support were also available as required.

At the previous inspection, the person in charge had only very recently commenced in the centre (10 weeks prior to the inspection) and not received an adequate induction to the service being provided. The person in charge was now established in the role and was the person in charge for this centre and one other centre, comprising two high-support houses in total. The person in charge had the required skills, experience and qualifications to meet the requirements of the regulations. The person in charge is a clinical nurse manager (CNM2 grade) and qualified in intellectual disability nursing. She had relevant previous experience at clinical nurse manager level supporting residents with behaviours that may challenge. The person in charge had also completed a diploma in health services management for nurses and was at the time of inspection completing a course in clinical leadership.

The reporting relationships were clearly defined in the centre. Care staff reported to the house manager, who was a clinical nurse manager (CNM1). The house manager reported to the person in charge (CNM2), who in turn reported to a clinical nurse manager (CNM3 grade). The CNM3 reported to the assistant director of services, who also represented the provider in their interactions with HIQA. Since the previous inspection, a new assistant director of services had commenced in the service. As this senior manager had previously worked on secondment in this role, this arrangement provided for continuity of management of the service as senior level.

However, due to unforeseen circumstances, the house manager post was temporarily vacant and the CNM3's area of responsibility had doubled to include 15 designated centres. The failings identified in this report indicate that the supports to the centre required review. This was discussed at the feedback meeting at the close of the inspection and the representative of the provider outlined that contingency plans were being developed that involved replacing those vacancies.

At the previous inspection, a copy of the annual review of the quality and safety of care and support in the designated centre had not been made available to residents (or their representatives, as appropriate) and did not provide for consultation with residents and their representatives. An inspector reviewed the most recent annual report from November 2016, which considered all aspects of care and welfare in the centre and identified any outstanding actions.

At this inspection, an inspector the report from the most recent unannounced visit in the centre, which had been completed by the person in charge and a person participating in the management of the service (the CNM3). While this visit had considered key areas of quality and safety of care being provided, it had not discussed some key areas relevant to governance and management of the centre, particularly the on-going placement issues and their impact on residents in the centre. A representative of the provider acknowledged at the feedback meeting at the close of the inspection that they had identified the unannounced visits as an area for development.

At the previous inspection, a certificate of planning has not been submitted to HIQA, as required under the regulations. This has since been submitted.

Judgment:

Non Compliant - Major

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):

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

Findings:

At the previous inspection, the skill mix of staff required review in order to ensure that it was appropriate to the number and assessed needs of the residents. The action required from the previous inspection had been satisfactorily implemented. All care staff, who had not previously possessed a formal qualification in relation to the role of a care assistant, had been facilitated to complete an appropriate course and had attained a formal qualification. Based on observations and a review of the roster, inspectors were satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents.

At the previous inspection, mandatory and required training, while scheduled, had yet to be completed in relation to oxygen therapy for all staff, and other training was required for a new staff member. On this inspection, inspectors saw that six staff had completed training in oxygen therapy and seven remaining staff members were scheduled to complete this training by the end of June 2017. A staff member who had recently commenced in the centre had not yet completed infection prevention and control training and this had been scheduled within an acceptable timeframe.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

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

Theme:

Use of Information

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

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

Findings:

Overall, the actions from the previous inspection had been progressed. Further improvement was required to the organisation's policy as it related to the decision making process around the spending of residents' monies and the streamlining of information.

At the previous inspection, relevant healthcare records were not easily accessible. Since the previous inspection, healthcare records had been streamlined and were now included in each resident's file.

At the previous inspection, the residents' guide did not include the terms and conditions relating to residency. Since the previous inspection, the residents' guide had been revised to include the terms and conditions relating to residency and resubmitted to HIQA.

At the previous inspection, the policy in relation to access to education, training and development of residents did not meet the requirements of the Regulations. Also, the complaints policy required review as it does not demonstrate a risk-based approach to the management of anonymous complaints. Since the previous inspection, these policies had been revised. In addition, a protected disclosure policy had been introduced.

At the previous inspection, a complete record of all charges to residents and the amounts paid by or in respect of each resident was not maintained in the centre. At this inspection, while this failing had been addressed, decisions where costs were met by residents while on holiday was not clearly documented, for example, where residents paid for family or friends. This was also not addressed in the organisation's policy, which only outlined the policy in relation to what staff costs may or may not be met by residents. Other information was available that demonstrated that it was the resident's choice to determine with whom they went on holiday.

At the previous inspection, improvement was required to the streamlining of documentation to ensure ease of retrieval and to ensure that key information would not be missed. While this failing had been significantly progressed since the previous

inspection, inspectors found that there was duplication and repetition of information pertaining to the same topic (e.g. residents' weight, diet or individual risks) across different documents. This made it difficult to ensure that the guidance that would be expected to be available in a specific document (e.g. a risk assessment, a care plan, a behaviour support plan) would be easy to access and retrieve when required and not be located elsewhere.

At the previous inspection, not all records relevant to the care that was being delivered to residents in the centre were maintained in the centre. Also, there had been lengthy and unacceptable delays in receiving reports following assessments. Finally, documentation pertaining to a review of residents' accommodation was not available in the centre. At this inspection, these failings had been satisfactorily addressed.

Records relating to the administration of medicines were not consistently completed, in line with the centre's policy. Where a resident was prescribed a dose range (one or two capsules, for example), the actual dose administered was not recorded. The times of administration were not consistently completed in the 24-hour clock format, in line with the centre's template.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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-0003951
Date of Inspection:	28 and 29 March 2017
Date of response:	19 April 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 02: Communication

Theme: Individualised Supports and Care

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

Care plans in relation to communication were inconsistent.

1. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all

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

times to communicate in accordance with the residents' needs and wishes.

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

The person in charge has commenced auditing all care plans with the support of the Speech and Language Therapist. Support will be provided to key workers to ensure all communications plans are completed to the same standard. Further training will be provided to staff on record keeping and care planning.

Proposed Timescale: 31/05/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The provider had not put in place adequate arrangements to meet the assessed needs of each resident.

2. 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:

The provider has submitted a plan to HIQA on 31.3.17 in respect of an alternative environment and transfer to a new designated centre for two of the residents in this centre. It is anticipated that the centre will be ready for registration inspection as a new designated centre by the end of the year.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

The person in charge had not ensured that a comprehensive assessment of needs had been completed to reflect a resident's changes in need.

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:

A comprehensive review with the multidisciplinary team and the HSE was undertaken on the 7.4.17 of all assessments and arrangements in place to support one resident's

changing needs. An action plan was agreed following this meeting. The resident continues to be supported by staff and the medical team to meet their health care needs. Speech and Language Therapy and the Dietician have reviewed their plan of care. Psychology has commenced input with the resident and staff. A further review of the action plan will take place in two months.

Proposed Timescale: 23/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

While physical interventions used involved approved techniques, other strategies outlined in the behaviour support plan were not tried in a timely manner.

4. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The person in charge discussed the behaviour support plan with staff at meeting on 04/04/17 and will further discuss at staff team meeting on 26/04/2017.

Proposed Timescale: 28/04/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The part of the resident's plan that related to opportunities for education, training and employment had not been completed.

5. Action Required:

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

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

The Nominee provider has communicated with day services in order to provide a summary document of day services goals and activities which can be included in the plan of care.

Proposed Timescale: 31/05/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Dates for assessments for four residents in this centre were to be confirmed.

6. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The nominee provider has arranged a meeting with psychology for the 20.4.17 to review all current referrals prioritise assessments and agree dates for assessments of these four residents.

Proposed Timescale: 28/04/2017

Theme: Health and Development

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

Effective interventions were not in place to support residents with pain management.

Care plans for residents' healthcare needs were not always complete.

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 person in charge will audit all healthcare plans of care and provide support to key workers to ensure all healthcare plans are completed to the same standard. Further training will be provided to staff on record keeping and care planning. The nominee provider will consult with the multidisciplinary team and Director of Nursing to seek advice on the most appropriate pain management tool to meet the needs of these residents. A guideline on pain management will be made available to staff.

Proposed Timescale: 30/06/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The fridge used to store medicines was observed to be unlocked.

8. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The fridge used to store medicines is locked and is located in an office which is locked when in use.

Proposed Timescale: complete

Proposed Timescale: 19/04/2017

Theme: Health and Development

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

There was a lack of effective oversight to ensure medicines were administered as prescribed:

- a review of a medicines discrepancy was not multifactorial and focussed on a single issue rather than a systems-based approach
- action plan following a medicines management audit had not been fully implemented
- transcribed prescription records were not accurate.

9. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A further medication audit has been completed on 03/04/2017 actions commenced and will be discussed with staff at house meeting on 26/04/2016. The person in charge will review action plans from audits and medication error reviews with staff at staff/house meetings. The transcription records have been amended and the procedure for transcribing is included in the medication policy.

Proposed Timescale: 28/04/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Further improvement was required to the Statement of Purpose to accurately describe the criteria used for admission to this centre, including the centre's policy and procedures (if any) for emergency admissions.

10. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose has been updated and submitted to HIQA

Proposed Timescale: 19/04/2017

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:

The provider had failed to implement their plan to reduce the number of residents in this centre from six to five by the end of March 2016. This plan had also proposed to address the need to move one resident as a matter of priority from this centre to a more appropriate environment due to their vulnerability. A costed timebound plan to transfer another resident to accommodation to better meet their abilities was also not in place.

11. 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 has submitted a plan to HIQA on 31.3.17 in respect of an alternative environment and transfer to a new designated centre for two of the residents in this centre. It is anticipated that the centre will be ready for registration inspection as a new designated centre by the end of the year.

Proposed Timescale: 31/12/2017

Theme: Leadership, Governance and Management

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

While unannounced visits had been completed as required, improvement was required to ensure that such visits satisfactorily considered all aspects of the safety and quality of care and support provided in the centre and included a plan to address any concerns regarding the standard of care and support.

12. Action Required:

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

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

The nominee provider will review the format of the unannounced visit to include a summary of governance issues with clear actions

Proposed Timescale: 31/05/2017

Theme: Leadership, Governance and Management

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

As detailed in the findings, it was not demonstrated that the management structures in place at the time of the inspection were adequate to meet residents' high support needs.

13. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The nominee provider will ensure that the management structures in place will be maintained both in the short term and long term through redeployment and recruitment where necessary. The nominee provider will ensure that the management structures in place will be maintained both in the short term and long term through redeployment and recruitment where necessary.

Proposed Timescale: 30/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Mandatory and required training, while scheduled, had yet to be completed in relation to oxygen therapy for all staff, and infection prevention and control training was required for a new staff member.

14. Action Required:

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

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

Training has been completed for staff in oxygen therapy on 6.4.17. Training in Infection Prevention and Control is scheduled for 30.05.2017 for one staff.

Proposed Timescale: 30/05/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The organisation's policy did not satisfactorily take account of the decision making process around the spending of residents' monies.

15. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Director of Finance is currently reviewing the patient private property account policy.

Proposed Timescale: 01/07/2017

Theme: Use of Information

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

Further improvement was required to the streamlining of documentation to ensure ease of retrieval and to ensure that key information would not be missed.

16. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of

the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

The person in charge with staff will review each of the resident's care plans ensuring key information is not missed. Information where appropriate will be archived. Staff to attend further training in record keeping and care planning and records are maintained in line with the service policy on records management.

Proposed Timescale: 30/06/2017

Theme: Use of Information

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

Where a resident was prescribed a dose range (one or two capsules, for example), the actual dose administered was not recorded.

The times of administration were not consistently completed in the 24-hour clock format, in line with the centre's template.

17. Action Required:

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

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

The person in charge has spoken to all staff in relation to medication administration records and medication management policy.

Proposed Timescale: complete

Proposed Timescale: 19/04/2017