<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Group G - St. Vincent’s Residential Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003930</td>
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<tr>
<td>Centre county:</td>
<td>Limerick</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Company Limited by Guarantee</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Thelma O’Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Elaine McKeown</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>24 July 2018 11:00</td>
<td>24 July 2018 19:00</td>
</tr>
<tr>
<td>24 July 2018 11:00</td>
<td>24 July 2018 19:00</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
</tr>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

Background to the inspection:

Due to the significant premise issues and fire safety risks identified on several previous inspections and a lack of a specific time bound response by the provider to manage these risks, the provider was issued with notices of proposal to refuse and cancel registration of the centre on 25 November 2016. The provider submitted a response to the notice to refuse and cancel the registration by submitting a representation to HIQA on 22 December 2016 outlining the actions they would take to address the significant risks identified.

HIQA completed another inspection in 2017 where some improvements were found;
however, the premise and fire issues continued to be a significant concern, and failings in the fire regulations were again identified. This was an announced inspection to identify if the provider was operating the centre in line with the terms of the representation made to HIQA in 2016 and to inform a registration decision. Inspectors also reviewed the overall compliance with the regulations as set out in the Health Act 2007 (care and support of residents in designated centres’ for persons (children and adults) with disabilities) Regulations 2013.

Since 2016 the provider had commenced a de-congregation plan to support the six residents living in this centre to move on a phased basis. The provider has made good progress and currently there are two residents living in the centre; one adult and one child. However, the provider has advised inspectors that it will be 2020 before the final two residents will be decongregated from this centre.

How we gathered our evidence:
As part of the inspection, inspectors observed practices and reviewed documentation such as health and social care files, medication records, staff training records and health and safety documentation. Inspectors met with all residents who lived in the centre, they could not tell inspectors about their life there, but staff outlined the residents’ day to day activities and likes and dislikes. Inspectors also observed that residents and staff appeared comfortable in each others company and there was a friendly atmosphere between them. Staff who spoke with inspectors were knowledgeable of residents’ care needs. Inspectors also met with the senior person participating in the management of the centre, the person in charge and a clinical nurse manager throughout the inspection. Inspectors did not have the opportunity to meet with any residents’ families.

Description of the service:
The centre provides high-support residential accommodation for two residents. The management team confirmed that the centre was not accepting any new admissions, in line with the service’s policy of moving residents from congregated settings to community homes. The centre is located in section of a large building in a campus providing various facilities for persons with intellectual disabilities. Although the provider and staff had provided residents with a good quality of life and comfortable living environment within the existing structure, the centre continued to be institutional in nature and unsuitable to meet residents' long term needs, due to the significant structural issues and fire risks identified in the premise.

Overall judgment of findings:
Inspectors found a good level of compliance with the regulations, with sixteen of the eighteen outcomes inspected being found compliant or substantially compliant. There was two outcomes moderately non-compliant and one outcome found to be in major non-compliance. The major non-compliances were found in Fire safety and risk management.

In general, inspectors found the two residents living in this centre were receiving a good quality service; they received a good level of health and social care, and had good access to the community. There was evidence that the residents’ access to the community had increased, since the number of people living in the centre had
reduced in June 2018. In addition there were good local governance arrangements in place to manage the centre, and robust protection measures in place to support residents to feel safe. While there were measures in place to protect residents from risks including fire, due to the layout and absence of the required building compliance, fire safety has continued to be an issue and required significant improvement.

The physical premises was found to be in moderate non-compliance with the regulations as while improvements had been made to improve the level of comfort for residents, the building did not constitute a suitable long-term dwelling and was not suited to residents’ needs.

Improvement was also required to maintain one resident’s privacy in their bedroom. Some minor improvement was required to documentation, including schedule 5 documents. Findings from the inspection are explained in the body of the report and actions required are found in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors reviewed the centres procedures around consultation with residents regarding privacy and dignity issues, advocacy and complaints management and found that all of these issues were well-managed in the centre, with the except of one issue that was found to impact on a resident's privacy in their bedroom.

Residents were consulted about how the centre is planned and run. Residents were supported to maximise their independence and personal choice and were involved in decisions regarding their daily care and routines. Resident meetings formed part of the consultation and decision making processes, these occurred on a monthly basis. A separate meeting was held for the adult resident & another for the child resident.

Access to advocacy services and information about residents' rights was also evident within the centre; for example, the identity and contact details of an independent advocate were on display in the centre.

A complaints policy was in place, which was on display in the centre. An easy-to-read version was also available to residents. There was a dedicated complaints log-book. On reviewing this book inspectors observed that no complaints had been made in the centre, but staff demonstrated to inspectors that they were aware of how to manage a complaint appropriately and effectively.

Residents could attend religious services in the local community, staff and transport were made available to facilitate this, as required. The center had a policy on personal belongings and lists of personal belongings had been recorded.
The statement of purpose stated all residents are afforded privacy and dignity in accordance with the Daughters of Charity core values and best practice. Inspectors found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted. However, inspectors found there was a large window panel in one of the residents' bedrooms that allowed an unrestricted view into the bedroom from the hallway. This window was used by staff for safety reasons to observe the resident from outside their bedroom when they were settling to sleep at night; however, the use of this had not been appropriate assessed.

**Judgment:**
Substantially Compliant

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### 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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the residents' communication needs were being met by staff and they had the skills and experience to support the residents in their communication needs.

The inspectors found that each resident had a communication assessment and plan in place, which clearly described how they communicated and how staff should support them. Inspectors spoke with staff about residents' communication needs and found that their knowledge reflected the communication passports reviewed.

Throughout the inspection, inspectors observed residents being supported by staff to express their needs and wishes in a manner which suited their abilities. Inspectors observed staff and residents using communication methods such as sign language, hand gestures, photographs and objects of reference, which reflected communication passports reviewed.

**Judgment:**
Compliant

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

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found residents were supported to have positive relationships with their families and friends. Arrangements were in place for each of the residents to receive visitors in private, and there were no restrictions on family visiting times to the centre. Residents had developed strong links with the local community and were well known by their neighbours and friends.

Contact with family members was encouraged for both residents in the centre and staff supported families to have positive relationships with their family members. Family members were encouraged to visit and be involved in the residents lives, such as attending personal plan meetings and reviews.

Residents had developed links with their local community. Some residents had lived in their residential setting for many years and had a presence in the locality; for example, residents regularly visited the nearby shops, cafes, restaurants and the beach. Family links were encouraged and there was written evidence that the residents' family members were regularly contacted to let them know what was happening for the resident and keep them informed of their daily lives.

**Judgment:**
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Inspectors reviewed the service level agreements in place for the residents and the admission and discharge policy and procedures in the centre. Inspectors found these were in line with the organisations policies and procedures.
Residents' service level agreements were appropriately signed and detailed the care and welfare support to be provided to the resident in the designated centre and the fees to be charged.

There were no new admissions to this centre as the centre was in the process of de-congregation, in accordance with the 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):

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the care and support provided to residents reflected their assessed needs and wishes, and were being met in-line with their personal plan. Residents were supported in moving between residential services.

The provider had ensured that both residents' had up-to-date personal plans that were reviewed annually by members of the multi-disciplinary team. The inspectors reviewed meeting minutes and found that all aspects of the residents' plans had been discussed, including the residents' personal goals. Their current goals were linked to their assessed needs and wishes.

Inspectors found that each residents' personal plans were fully implemented, which demonstrated an improvement in the quality of lives for the residents since the last inspection. This was attributed to the reduction in capacity in the centre and the increase in staffing support for the residents. Activity records showed that residents were supported to enjoy activities within their home; such as, artwork, massage and sensory relaxation - as well as community activities including visits to places of interests, shops and cafes.

One adult had recently moved from the service to another designated centre on the
campus and staff told inspectors how they were supported to move between centres as part of the de-congregation plan.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
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<tbody>
<tr>
<td>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.</td>
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Theme:
Effective Services

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
<tr>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
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Findings:
This centre is situated in a large congregated building. There are three designated centres operating in this premise including day services and staff offices. The provider has acknowledged that the design and layout of this premise is not suitable for residents’ long term residential needs and has a plan to close this centre with all residents moving to more appropriate housing in the community.

This designated centre is a mixed designated centre, previously, the centre accommodated seven residents, but now there is only one child and one adult living in the centre. Inspectors found that improvements had been made to the décor of the centre to make it age appropriate for the residents. One resident was moved to another bedroom in the centre which had improved the ventilation and light in their bedroom.

Bathroom facilities were shared among two residents, where previously they were shared among five. While this was an improvement, the location of the bathroom was not easily accessible to the residents from their bedroom, as it was at the far end of the designated centre and may impact on their intimate care needs.

Judgment:
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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</tbody>
</table>

Theme:
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors reviewed the providers response to the notice of proposal to cancel and refuse the registration of this centre due to fire risks and found they had not taken adequate measures to address the fire safety risks identified in this centre. While some additional fire safety measures were implemented to enhance fire evacuation procedures, the overall fire risks remain in the centre.

It was noted in the independent fire consultants report in 2014 and in the HIQA notice to cancel and refuse the registration of this centre in 2016 that in the event of a fire, this premises is not constructed in a manner capable of containing fire or preventing the spread of fire and smoke throughout the building. Since the last inspection the provider had taken measures to reduce the capacity in this centre from six to two residents and increase the staffing supervision to improve fire evacuation procedures; In addition, activities that increased the risk of fire in the centre were no longer occurring, such as laundry activities and cooking meals. However, despite the providers interim safety measures, the construction of the building remains an issue, in that there are no fire doors in the centre and deficiencies identified in the fire separation of this designated centres and other rooms in the building have not been addressed. For example, there is an absence of fire breaks in the attic between all of the rooms in this building, which creates the risk of fire spreading through the whole building in the event of a fire.

The means of escape, particularly from the residents bedrooms was a concern in the current configuration of this centre. While there were two fire exit doors to the outside of the designated centre, the escape routes from the residents’ bedrooms were identified as being an significant risk in the event of a fire, due to the layout of the bedrooms being "inner rooms". The single bedrooms were not accessed from a corridor, but instead could only be accessed through two sitting rooms. This meant that the occupant of the single bedrooms could potentially be unable to escape should a fire occur in the rooms outside of their bedroom doors.

In addition, both residents required assistance of staff to evacuate and one resident requires two staff for transfers in the event of a fire, and while the completed fire drills demonstrated the residents could evacuate swiftly with the two staff present, inspector were told that a second staff was based in the centre at night, but they are required to relieve their colleagues in other designated centres for their breaks; which effectively means leaving a single staff member to respond to a fire when the alarm is initially activated.

The fire detection and fire panel is not located in the designated centre, but in another area of the building. This issue was not identified on the fire evacuation procedure or fire drills conducted in the centre. Inspectors also found the repeater panel provided to staff did not identify the exact location of the fire when the alarm went off. This could
create confusion if the location of fire or smoke could not be located on the fire panel in such a large building and parts of the building is no longer in use. Inspectors were notified that the fire alarm system was activated on eight occasions in the last year, but were deemed false alarms. Although the service manager advised inspectors that the system has been serviced, the number of false alarms could create a risk in the staff’s response in the event of an actual fire.

Inspectors also reviewed the risk management policies and procedures in place in the centre and found there were appropriate arrangements in place to identify record, and investigate risks in the centre. Inspections reviewed the accidents and incidents since the last inspection and found no evidence of any serious accidents or incidents in this centre.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were no safeguarding concerns in the centre. Inspectors found residents were safe in this centre from abuse. Inspectors found residents living in this centre were well cared for and there were safeguarding policies and procedures in place to protect the residents. Staff demonstrated to inspectors that they were aware of the procedures to follow in the event of a concern being raised.

There was an environmental restriction in place for one resident who was at risk of falls at the time of this inspection. A bedrail was assessed as being required as a safety precaution. This restriction was regularly reviewed by multi-disciplinary team and the organisation's human rights committee.

Judgment:
Compliant
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):
No actions were required from the previous inspection.

Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, had been reported to the Health Information and Quality Authority. Records were available on the day of inspection for review.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Residents' 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):
No actions were required from the previous inspection.

Findings:
Inspectors found that each resident’s personal choice of social activities was promoted in the centre and the activities residents were participating in reflected their interests and personal goals. Residents were supported to participate in education and training opportunities.

Inspectors reviewed residents’ activity records and found that since the previous inspection residents had increased opportunities for social activities in the local community. Residents had individualised staff support since another resident was discharged from the centre. This allowed staff to facilitate the residents’ chosen activities. Staff told inspectors that they found the reduction in resident in the centre beneficial in supporting the current residents’ personal choices.

Previously, residents’ access to activities in the local community was at times affected by the availability of suitably accessible vehicles. On this inspection, inspectors found that
the centre had full access to a suitable wheelchair accessible vehicle when required. This had greatly benefitted residents and their quality of life had improved.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that residents' healthcare needs were well met and that residents had access to suitable healthcare support as required.

The two residents had access to the local general practitioner. Records showed that all residents had regular medical consultations as required. Referrals to other medical consultants were also made, when required for residents.

Residents had access to healthcare services, including physiotherapy, speech and language therapy, chiropody, psychology and occupational therapy. Referrals for these services were being made as the need arose. Reports from these reviews were recorded in residents’ personal files and recommendations were used to guide practice.

Inspector found that the two residents’ food and nutritional requirements were being met in this centre. However, there were institutional catering practices in the centre, residents had all their main meals supplied by a central kitchen, and delivered to the centre daily, which did not encourage the choice or opportunity to support one of the resident’s in this centre to fully take part in the preparation and cooking of their own food if they so wished.

**Judgment:**
Substantially Compliant

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

Findings:
There were policies and procedures in place for the management of medication in the designated centre.

The inspector reviewed a sample of files and found that the prescription sheets and the recording sheets were in line with requirements of the regulations. Nursing staff were employed to administer medications to residents in this centre. There were robust systems were in place regarding stock control, disposal, ordering and collecting of medical products.

Student nurses were frequently allocated to this centre on work experience and and administer medication under the supervision of the qualified staff nurse in the centre.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre’s statement of purpose now reflected the service and facilities provided and met the requirements of Schedule 1 of the regulations.

Inspectors found there was a written statement of purpose that accurately described the service provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care was being provided, reflected the diverse needs of residents.

Judgment:
Compliant
Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors reviewed the quality of care and experience of the residents in this centre and found that significant improvements in their day to day activities and quality of life had occurred since the last inspection. While the provider was taking measures to improve the quality, safety and comfort of the service, suitable systems had not been achieved to ensure that the service provided was consistently safe and suited to residents' needs.

Notices of proposal to refuse and cancel registration of the centre had been issued to the provider in 2016 based on its continued failure to appropriately govern and manage the designated centre. In particular, HIQA found the provider was not ensuring the safety, care, support and welfare of the residents residing in this centre, and was not providing a suitable and accessible premises to meet the residents' assessed needs.

On this inspection, inspectors found that the provider had introduced appropriate measures to address several of these failings. Inspectors found that many of the issues around the internal facilities, support and supervision, social integration, and transport issues have been addressed. However, the significant fire issues were not addressed. This is a concern given that the provider has recently advised HIQA that the remaining residents will continue living in this centre and the decongregation of the residents from this centre will not occur until 2020.

The provider had established a clear management structure, supports were available to staff and there were systems in place to review and improve the quality of service. The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. The person in charge was the manager of two other designated centres, one which was located out in the community. She was very knowledgeable regarding the individual care and support needs of each resident, and it was also evident that residents knew her well. The person in charge promoted quality improvements, by completing regular audits of the quality of care and service delivery in the centre. In the absence of the person in charge, arrangements were in place for the clinical nurse managers to manage the centre and they were also available to provide...
support and supervision to the person in charge.

Inspectors found that the service manager was also very knowledgeable about the centre, including the day to day activities of the residents and staff working in the centre. The annual review of the service was completed and the six-monthly unannounced audit had been completed by the service manager and most of the actions identified during the audit had been addressed

**Judgment:**
Non Compliant - Moderate

### Outcome 15: Absence of the person in charge

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The provider had arrangements in place to ensure the centre is effectively managed in the absence of the person in charge. There was no occasion the person in charge was absent from this centre for more than 28 days.

**Judgment:**
Compliant

### Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Inspectors found there were consistent staff and an adequate skill mix available to residents in this centre. There were regular staff meetings in the centre and regular support and supervision between staff and the person in charge of the centre. All staff had received the required training; although the schedule two documents were not maintained in line with the regulations.

Inspectors reviewed the staffing rosters maintained in the centre and observations allowed inspectors conclude that there was adequate numbers and skills mix of staff available to meet the assessed needs of residents. Inspector saw that during the day and at night there were up to two staff available to support residents in the centre. However, the deployment of staff at night required review as discussed in outcome 7. Staff were employed in a manner that met residents’ assessed needs and allowed for supervision of staff.

Staff were subject to formal supervision on an annual basis. A sample of supervision notes viewed demonstrated to inspectors that the supervision process held staff accountable for their actions, while also seeking to identify appropriate routes for skill development.

There was evidence of regular and good communication between the management team and the staff to promote continuity of care for the residents. Staff met by the inspectors were aware of the residents' needs and wishes, and interacted with residents in a sensitive manner.

Staff possessed a range of suitable skills, training and qualifications to care for residents in accordance with the ethos of the center, as described in the statement of purpose. The staff compliment included a range of professions including nurses, healthcare assistants and other ancillary support staff. Records of staff training were reviewed by inspectors and found to be complete.

A review of staff files was completed in the organisations head office, three staff files were reviewed as part of the process, further improvement was required as the provider had not completed up to date vetting of all staff files as required.

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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the provider had met most of the requirements to maintain records and documentation in the centre. In general documentation was maintained to a very good standard, and all of the residents individualised records were maintained in the centre as required. While there were policies and procedures in place this centre, they were not kept up to-date.

A residents guide was available in an easy-to-read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, the contract to be agreed and the complaints process.

Inspectors found that records that related to residents and staff, were comprehensive and maintained and stored securely in the center.

The person in charge was aware of the requirements in relation to the retention of records.
A directory of residents was available which also met the requirements of the regulations.
The centre had written operational policies that were required and specified in schedule 5; however, the inspectors noted that the review date had expired on some of these policies. The person in charge gave an assurance that policies were currently being reviewed at a national level in the organisation.

**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:**
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003930</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>24 July 2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20 September 2018</td>
</tr>
</tbody>
</table>

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
One resident's privacy and dignity was not maintained with the use of an observation window in their bedroom.

1. Action Required:

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1 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:**
The practice of using the observation window to monitor the residents safety will be reviewed at the next multi-disciplinary meeting for the resident on 26/09/2018, all procedures and guidelines regarding restrictive practices will be followed, the curtain will be closed at all times outside of the recorded observation times.

**Proposed Timescale:** 26/09/2018

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### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
This centre is situated in a congregated building. The building is institutional in size and designed and does not promote the residents’ safety and dignity.

**2. Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
The provider has submitted a plan to the authority outlining the time frame for the closure of the centre. This closure will occur when the national de-congregation process has housing in place. The timeframe for this is September 2020.

**Proposed Timescale:** 30/09/2020

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### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The registered provider did not make adequate arrangements for the testing of fire safety equipment, or replacing faulty fire equipment as the fire alarm was activated on at least eight occasions over the past year, which were deemed as false alarms.

**3. Action Required:**
Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.
Please state the actions you have taken or are planning to take:
The service manager can confirm that the system installed is at Irish Standards and undergoes all required testing and servicing, all records were available to inspector on the day. The service manager has met with the Director of Logistics regarding the unplanned activation of the alarm system. The Director of Logistics will organise the alarm contractor to review the system and complete a maintenance test and review all activations of the alarm, and address any issues raised.

**Proposed Timescale:** 07/09/2018

**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Access to residents' bedrooms were located within other rooms, which did not provide adequate means of escape.

4. **Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
The Director of Logistics has reviewed the existing plan and layout of the centre and the bedrooms. There will be an additional exit door from each bedroom going directly to the outside of the building constructed. This will allow evacuation in an emergency directly out of the building.

**Proposed Timescale:** 13/10/2018

**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The centre was not constructed in a manner capable of containing fire and preventing the spread of fire and smoke throughout the building in the event of a fire.

5. **Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
The centre has been reviewed by the Director Of Logistics and the persons participating in management on a number of occasions over the past years. A number of fire safety measures have been put in place which include, upgrade of the fire alarm system, new fire exit from the centre directly leading to the outside, regular documented servicing of the fire alarm system, additional night staff to support evacuation at night time,
removal of the laundry and cooker from the centre to reduce the risk of a fire starting in the centre. There are monthly fire evacuations drills completed and recorded for the centre. There are guidance documents for all staff on procedures and responses fire alarms for the centre.

All staff in the centre have completed fire safety training, and refresher training is scheduled for all staff as required.

The Director of Logistics has reviewed the existing plan and layout of the centre and the bedrooms. There will be an additional exit door from each bedroom going directly to the outside of the building constructed. This will allow evacuation in an emergency directly out of the building. These doors will be completed by 13/10/2018.

The provider has submitted a plan to the authority outlining the time frame for the closure of the centre. This closure will occur when the national de-congregation process has housing in place. The timeframe for this is September 2020.

**Proposed Timescale:** 30/09/2018

**Theme:** Effective Services

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

The provider did not have an robust fire evacuation plan in place to address the potential evacuation issues that could arise in the centre when the fire alarm was activated

**6. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The Director of Logistics, the service manager and the Person in Charge will together review the fire evacuation plan when the two new fire exit doors from the bedroom have been constructed.

**Proposed Timescale:** 20/09/2018

**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:**

The catering arrangements in the centre did not support residents to take part in the preparation and cooking of their own food if they so wished.

**7. Action Required:**

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable
and practicable, to buy, prepare and cook their own meals if they so wish.

**Please state the actions you have taken or are planning to take:**
There is a sandwich toaster and a microwave available in the centre which the residents use. One resident prepares breakfast and snacks in the kitchen area. The centre has its own vehicle and one resident participates in shopping and the purchase of foods of their choice, and also enjoys meals out. One resident doesn't take food orally. The cooker was decommissioned as a fire safety measure previously, and the authority were informed of this at previous inspections.

**Proposed Timescale:** 15/09/2018

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider has failed to adequately manage the fire safety risk in this centre, or to put a decongregation plan in place to ensure residents living in this centre that are at risk, are prioritized to move from the centre.

**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 centre has been reviewed by the Director Of Logistics and the persons participating in management on a number of occasions over the past years. A number of fire safety measures have been put in place which include, upgrade of the fire alarm system, new fire exit from the centre directly leading to the outside, regular documented servicing of the fire alarm system, additional night staff to support evacuation at night time, removal of the laundry and cooker from the centre to reduce the risk of a fire starting in the centre. There are monthly fire evacuations drills completed and recorded for the centre. There are guidance documents for all staff on procedures and responses fire alarms for the centre.
The Director of Logistics has reviewed the existing plan and layout of the centre and the bedrooms. There will be an additional exit door from each bedroom going directly to the outside of the building constructed. This will allow evacuation in an emergency directly out of the building. These doors will be completed by 13/10/2018. All staff in the centre have completed fire safety training, and refresher training is scheduled for all staff as required.
The provider has submitted a plan to the authority outlining the time frame for the closure of the centre. This closure will occur when the national de-congregation process has housing in place. The timeframe for this is September 2020.
Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider had not completed up to date vetting of all staff files as required.

9. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
The service manager has reported this non-compliance to the Director of Human Resources, all garda vetting for staff in the centre will be updated.

Proposed Timescale: 31/10/2018

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The operational policies required by Schedule 5 are not up to-date and require review.

10. 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 provider is currently co-ordinating the review teams for these policies. All policies will be up to date by the end of November.

Proposed Timescale: 30/11/2018