Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Group H - St Vincent's Residential Services
Centre ID:	OSV-0003931
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Lead inspector:	Cora McCarthy
Support inspector(s):	Catherine Glynn
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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

From:	To:
25 July 2018 09:30	25 July 2018 18:30
25 July 2018 09:30	25 July 2018 18:30

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 03: Family and personal relationships and links with the community
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 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

Due to the significant premises issues and fire safety risks identified on several previous inspections and the 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 31 January 2017. The provider submitted a representation on 23 February 2017 outlining their response to the grounds cited in the notices of proposal. The provider submitted an update of progress in July 2018 to the Health Information and Quality Authority.

The purpose of this announced inspection was to monitor ongoing compliance in relation to key grounds cited in the notices of proposal. Key failings related to fire safety and the suitability of the premises. With respect to fire safety, adequate steps had been taken by the provider to mitigate against any immediate risk to residents. However, the provider has to date failed to submit a funded, costed and time-bound plan to HIQA to satisfactorily address the identified key failings.

Description of the service:
The centre provides high-support residential accommodation for adults with an intellectual disability. The centre accommodates seven residents. The Statement of Purpose for the centre was previously updated to reflect that the centre was not accepting any new admissions, in line with the service's policy of moving on from congregated settings.

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

How we gather our evidence:
The inspectors spent time and interacted with three residents who were in the centre at the time of the inspection. While residents were non-verbal, residents were comfortable in the presence of staff. Staff demonstrated that they were familiar with each resident's individual needs. The inspector also reviewed documentation pertaining to the areas being inspected such as fire records, risk assessments, care plans, contracts of care and training records.

Overall judgment of our findings:
Overall, improvement had been made to progress the actions outlined in the representation. Inspectors found a good level of compliance with the regulations, with twelve of the eighteen outcomes inspected being found compliant and three substantially compliant. There were three moderately non-compliant outcomes and there were no major non-compliances.

Residents received a good level of health and social care, and had access to healthcare professionals. There was evidence that residents had good lives and had access to the wider community and to a range of activities in day services. In addition there were safe medication management practices being implemented, there were good governance arrangements in place to manage the centre, measures were in place to safeguard residents, and staff were suitably trained. There were measures in place to protect residents from risks including fire although, due to the nature of the building, fire safety management continued to be an issue that required improvement.

The design and layout of the centre was not satisfactory. Natural light was limited, as was satisfactory private and communal space for seven residents. While the fundamental failings of the design and layout of the centre were unchanged, improvements had been made since the previous inspection to the ventilation, and

the purpose and use of rooms had been reviewed. It was noted; however, that the provider was involved in an on-going plan to source more suitable accommodation for residents. In the interim, the management team had ensured that the centre was warm, clean, comfortable and personalised.

The building was not provided with construction capable of containing a fire where required. While the fundamental fire safety failings were unchanged, adequate steps had been taken by the provider to mitigate against any immediate risk to residents. This included increased night-time staffing arrangements. Fire safety checks and drills were completed and appropriately recorded by staff. Fire safety equipment and emergency lighting were serviced and maintained as required. Staff training was up to date.

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

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

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

Theme:
Individualised Supports and Care

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

Findings:
Residents were consulted with and participated in decisions about their care and about the organisation of the centre. However, there continued to be institutional arrangements in relation to meals and laundry. Residents had access to advocacy services and information about their rights. There was a comprehensive complaints management system in place.

Inspectors noted that residents were treated with dignity and respect.

Inspectors viewed minutes of house meetings which outlined the involvement of the residents in the centre. Visual planners, to support meal choice, were visible on the notice board. Staff were observed providing residents with choice: for example; a resident chose what to have with their cup of tea. However, inspectors found that residents did not have adequate opportunities to exercise full choice around involvement in domestic activities. Residents were not provided with the option of managing their own laundry in the centre and all laundry was carried out in a central laundry on the campus. Staff facilitated residents' individual preferences in relation to their daily routine and assisted residents in personalising their bedrooms. The inspector observed that steps were taken to support and assist residents to provide consent and make decisions about their care and support.

The centre had a complaints policy which identified the nominated complaints officer and also included a clear appeals process, as required by the regulations. The policy was displayed prominently on a whiteboard in the kitchen and discussion on complaints, dignity and promoting independence featured regularly in the residents' personal plans.

Interaction between residents and staff was observed and inspectors noted that staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Residents were encouraged and facilitated to have control over their own possessions. There was adequate space provided for storage of personal possessions. An inventory of personal possessions was maintained and updated regularly in line with the centre-specific policy.

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

Findings:
Overall, there were effective communication systems within the centre.

Inspectors reviewed a range of residents' communication plans, including for those residents who were non-verbal, these plans included detail of cues they may use to express enjoyment, dissatisfaction, distress and their general wellbeing. The inspector noted that these plans were reviewed and updated by a speech and language therapist.

Inspectors observed staff and resident interactions and found that staff were demonstrating awareness of these plans in their communication with residents, using both verbal and non-verbal communication methods to effectively interact and engage with residents. Staff were relaxed and positive in their communications and there was a tangible warmth and respect observed between the residents and staff in all interactions.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors found that residents were supported to maintain personal relationships and engage in activities in their local community.

The centre had an up-to-date visitor's policy and provided facilities for residents to meet family and friends in private. Staff told the inspector that residents' families visited regularly, as well as attending annual personal plan reviews and social events, which was reflected in documents reviewed.

Residents access a range of activities in their local community such as personal shopping, restaurants and day trips - which reflected their interests and annual personal goals.

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

Findings:
Each resident had an agreed written contract which included the details of the services to be provided.

Each resident had a written agreement in place in relation to the provision of services that had been agreed and signed by each resident and or their families. The contract of care included the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and the fees to be charged. The contracts detailed that each resident would be assured security of service.

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

Findings:
A sample of residents' personal plans was reviewed. An assessment of the health, personal, social care and support needs of the resident was completed annually and the information recorded as part of the assessment was individualised and person centred. The assessment was completed with input from the multi disciplinary team. The assessment formed the basis of an individual plan of care. A plan of care had been developed for each resident. The plan of care outlined residents' needs in many areas including communication, eating and drinking, mobility, personal care, safe environment, sensory needs, spirituality and relationships. The resident and representatives were consulted with annually which also informed the plan of care.

Goals and objectives were clearly outlined although these were more functional in nature than aspirational. There was evidence of resident involvement in agreeing/setting these goals and also that goals were achieved. The staff member responsible for supporting the resident in pursuing these goals and the timeframe were identified.

The inspector saw that the plan of care was subject to a review on an annual basis or more frequently if circumstances changed. There was evidence to demonstrate that the review was carried out with the maximum participation of the resident and the resident's representatives. The inspector observed that there was annual (and as required) input from the multi disciplinary team

A hospital passport was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The hospital passport was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
On previous inspections, it was found that this centre was unsuitable, as its layout did not meet the needs of residents. This finding related to a number of different failings which continued to be evident at this inspection. It was noted, however, that the provider was involved in an on-going plan to source more suitable accommodation for residents. In the interim, the management team had ensured that the centre was warm, clean, comfortable and personalised.

The centre was in a campus based setting on the outskirts of a large city. The dwellings were clean, bright and comfortable, and were furnished to suit residents' assessed needs. At the time of inspection, the centre accommodated five residents. All residents had their own bedrooms. Bedrooms were spacious, personalised and had adequate storage space for residents' belongings.

A large dormitory had been reconfigured to provide separate individual bedrooms for each resident. All rooms were divided to ceiling height which ensured that residents privacy was maintained. The provision of ventilation in the centre had improved. Devices had been installed to ensure that all windows were accessible for opening. Throughout the centre there were several sitting rooms which were well furnished and comfortable. There were also ample spacious, well equipped bathrooms to suit residents' needs. In addition, spare rooms had changed into relaxation and activity areas for residents.

There was a modern kitchen with kitchen equipment and tableware, with adjoining well-furnished dining area. Residents were observed and showed inspectors facilities available in their centre. Residents spoken with and were observed to be comfortable and happy in their There was a separate secure outdoor area attached to the centre.

At the time of inspection,the provider and management team were fully aware of the unsuitability of the centre. Plans were in place for closing the centre and transitioning

residents to suitable accommodation in the community on a phased basis. A plan to achieve this was in progress; however, at the time of inspection a time frame for completion had not been identified. Since the last inspection, the occupancy of the centre had reduced from six residents to five.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
On previous inspections, it was found that this centre was not constructed in a manner capable of protecting the escape routes from the effects of heat and smoke and containing a fire should one occur. This finding continued to be evident at this inspection. It was noted; however, that the provider had implemented key fire safety features such as a fire alarm, fire panel, emergency lighting and fire resistant doors. There were also regular fire drill carried out at different times of the day and personal egress plans were in place for each resident. There was an adequate number of escape routes which were observed as being clear and available for use on inspection.

The centre had suspended ceilings throughout constructed of ceiling tiles which were not capable of containing a fire within the room below should one occur. The roof space above the suspended ceiling was largely continuous as the majority of the internal walls within the centre terminated at the level of the ceiling and did not continue up to meet the roof. This meant that in the event of a fire, heat and smoke would be able to enter the roof space from the room of the fire and travel unchecked throughout the centre bypassing all the walls and doors provided below.

The inspector viewed documentation relating to the fire safety maintenance and evacuation procedures in place within the centre. Fire equipment and fire hydrant system was serviced annually, most recently in Dec 2017. The fire panel was serviced quarterly, most recently in July 2018. Emergency lighting was serviced quarterly, most recently in June 2018. Records of daily, weekly and monthly fire checks were to be maintained in line with the centre's fire policy. These checks included inspection of the fire panel, escape routes, fire doors, emergency lighting and fire equipment.

There was a fire evacuation procedure in place and was displayed throughout the centre. The needs of the residents in the event of an evacuation had been assessed and recorded by staff in personal evacuation plans (PEEPs). Staff were aware of the fire

evacuation procedures and each resident's individual PEEP. However a recommendation from a allied health professional to implement a support had not been adhered to.

Records viewed on inspection indicated that there was a regular programme of monthly fire drills in place. Discussions with staff members indicated that fire drills were conducted in line with best practice and included simulated evacuations based on particular scenarios. The inspector noted that a detailed description of the fire drill, duration, participants and any issues identified was maintained for many fire drills. One issue identified was a resident's resistance to leaving the building during the fire drill, this was reviewed at team meeting and a plan actioned.

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. There was a robust incident management system in place and inspectors reviewed a sample of incidents reports. Inspectors noted that incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from adverse events.

There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety within the centre. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

Vehicles for residents' use were available and records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:

Systems were in place to protect residents from being harmed or suffering abuse. Supports were in place to ensure that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults.. The policy identified the designated safeguarding officer. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team.

The was an intimate care policy in place for each resident, which outlined how residents and staff were protected and which was reviewed regularly.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents' representatives outlined that residents were safe in the centre.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. The person in charge and provider demonstrated comprehensive knowledge in relation to the recording and appropriate investigation of such incidents in line with national guidance and legislation.
Staff stated that there was an open culture of reporting within the organisation and all staff received ongoing training in safeguarding of vulnerable adults.

The contact details for the designated safeguarding officer and the confidential recipient were clearly displayed in the centre. Measures were in place to assist and support residents to develop the knowledge, self-awareness, understanding and skills needed for self care and protection.

A policy was in place to support residents with behaviour that challenges, this required review and updating. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. The training matrix indicated that training in the management of behaviour that is challenging was mandatory for all staff.

The policy in relation to restrictive practices was made available to the inspector. The policy was comprehensive and was in line with evidence-based practice. Staff were knowledgeable in relation to the policy. Where restrictive practices were in use, the use was guided by a centre-specific policy and followed an appropriate assessment.

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:
It is a requirement that all serious adverse incidents are reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required.

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):
No actions were required from the previous inspection.

Findings:
There was a policy in place on access to education, training and development which was made available to the inspector. A number of day services were available to residents in line with their needs. Staff outlined that residents attended an activation day service on campus for a number of hours each week. A number of activities were provided in the day services including swimming, music, arts and crafts, relaxation, exercise classes, life skills and beauty therapy.

The person in charge outlined that each resident's educational, training and employment goals were discussed at the annual review of the resident's personal plan.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
All residents were supported to achieve and enjoy the best possible health. Comprehensive assessment of healthcare needs were completed for all residents in their personal plans.

All residents had access to a general practitioner of their choice and were supported to attend their GP when the need arose. Annual health checks were completed for all residents. Referrals to allied health professionals were facilitated through the GP, such as chiropody, psychology and psychiatry. No residents required a dietetic service but they were actively engaging in healthy eating plans, with support from staff.

Individualised support plans were in place for all residents' assessed healthcare needs. These plans were clear and provided detailed guidance to direct staff. Access to allied healthcare services was evident for residents and such services had been provided in a timely manner.

Residents were able to access snacks and drinks of their choice at any time in the centre. Inspectors were informed by residents that they chose their meals at weekly meetings and were involved in the preparation and cooking of meals.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
Inspectors found that residents were protected by safe medication management policies

and practices.

The person in charge had supported residents to access a pharmacist of their choice and they had support in their dealings with the pharmacist. The person in charge had completed risk assessments for residents and assessments to reflect their capacity to self-medicate.

Inspectors reviewed a sample of residents' medication files. These were clear and legible and noted that medication information was filed appropriately, with all interventions and guidelines as provided by the pharmacist. Inspectors found that the person in charge and staff were informed and aware of local policies and procedures that were in place for all residents. The prescription sheets for a number of residents were viewed by an inspector who found that each medication was accompanied by a signature from a GP, medication was administered in the required timeframe and discontinued medication was signed off by a GP.

There were procedures in place in relation to ordering, collection and storage of medication for residents. The person in charge informed the inspector, that they had commenced a new system of ordering and the collection of medicines, to ensure stock control was monitored and reduced medication errors. Audits were completed as scheduled by the person in charge. In addition, the pharmacy also provided frequent audits of the medication practice and documentation 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 inspector found that the statement of purpose was informative, described the services provided in the designated centre and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and was available in the centre to residents and their representatives.

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):

Findings:
There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. A person was nominated to represent the provider and was the person in charge's line manager. There was evidence of regular contact between the person in charge and her line manager. The person in charge was also appointed as the person in charge in one other centre which was also located on the campus. 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.

The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge was a registered nurse in intellectual disability (RNID) with a number of years' experience working in the sector. The person in charge was employed full time. The person in charge demonstrated an in-depth knowledge of the residents and the residents were very comfortable in her presence.

The provider had arranged for an unannounced visit to the centre in the last six months to assess quality and safety of the care and support in the centre. The most recent unannounced visit had been completed in November 2017. Inspectors noted that actions arising from this visit were being progressed.

The annual review of the quality and safety of care in the centre had been completed in January 2018. The review was comprehensive and based on the standards and regulations. Areas for improvement were identified and actions completed in a timely fashion. There was evidence of ongoing quality assurance and improvement through regular audits in areas such as restrictive practices, health and safety, incident management and medicines management.

On this inspection, inspectors found that the provider had introduced appropriate measures to address several failings outlined in the previous report. 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.

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:
A clinical nurse manager was identified to deputise for the person in charge, she had previously been the person in charge. The clinical nurse manager demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge. The provider was aware of the requirement to notify the Chief Inspector of the proposed absence from the designated centre in line with the regulations

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The inspector found that centre was adequately resourced to ensure the safe and effective delivery of care and support in accordance with the statement of purpose.

Sufficient resources were available to support residents to achieve their goals. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the statement of purpose.

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:
Overall, inspectors found the centre was suitably staffed and had the skill mix required to meet the needs of the residents at the centre. There was an actual and planned rota of staffing in place, which was regularly updated. However, further improvement was required as staff files did not contain information required by schedule 2 of the regulations.

Inspectors reviewed the staffing and skill mix of the centre and noted that this was in line with the statement of purpose, and reflected in the actual and planned rota. Staff reported that there was flexibility within the centre to increase staffing, depending on the needs of the residents, and the planned activities in and outside of the centre.

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 Garda vetting of all staff as required.

Throughout the inspection, warm and respectful interactions were observed between residents and staff. Staff with whom the inspector spoke demonstrated a good knowledge of their roles and were competent to deliver care, as their learning and development needs had been met.

A training matrix was maintained which demonstrated the types of staff training conducted within the centre. Staff had received training and refresher training in areas such as behaviour support, manual handling, infection control, safeguarding and fire safety. All staff were found to have up-to-date training at the time of inspection.

The education and training available to staff enabled them to provide care that reflected contemporary evidenced based practice.

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:
The centre had effective systems in place for the recording of residents' information. Plans and assessments were clearly defined and well documented. Information in the centre was accessible and in easy-to-read versions. The required policies and procedures were available in the centre; however, some of these required review. Improvement was also required to record keeping in order to fully reflect all work completed by staff to support residents. For example, actions completed by staff following an MDT were not clear and did not reflect the improvements reported by staff.

The inspector reviewed the schedule 5 policies and procedures held in the centre. While all of these were available, a number of the policies required review or amendment, to meet the requirements of the regulations.

Information was available to residents such as residents' guide, statement of purpose and recent audit reports. Where required these were also in a format suitable for residents' communication needs, as identified in their personal plans.

The person in charge provided evidence of the insurance certificate and contract for the centre which protected residents, staff and visitors attending the centre.

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:

Cora McCarthy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003931
Date of Inspection:	25 July 2018
Date of response:	08 September 2018

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Practices in relation to laundry were institutional in nature. Residents did not have the opportunity to launder their own clothes in the centre if they chose to.

1. Action Required:

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

Under Regulation 12 (3) (b) you are required to: Ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.

Please state the actions you have taken or are planning to take:
The laundry facilities were removed from this centre as a control measure to the risk of fire. The laundry has been located in a facility approximately 50 meters from the centre. The residents are offered choice to attend the laundry throughout the day if the so wish, some choose to attend. Residents assist in putting away their own clothes when laundered. These practices have been carried out since the transfer of the laundry.

Proposed Timescale: 24/08/2018

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

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

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

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:
As detailed in the findings, the building was not constructed in a manner capable of containing a fire should one occur.

3. 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 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

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.

4. 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 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. Residents will be prioritized and one will transfer as per the submitted plan by December 2019.

Proposed Timescale: 30/09/2020

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 failed to ensure that all staff had up-to-date vetting as required.

5. 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:** Not all policies and procedures held in the centre had been subject to regular and timely review. **6. 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
Theme: Use of Information **The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:** The provider had failed to ensure that records reflected all support provided by staff at the time of inspection. **7. 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 and Clinical nurse manager 3 will meet with the staff team and deliver training regarding accuracy and detail required when updating or completing resident's documentation, and documenting the follow up to multi-disciplinary recommendations. All information regarding the residents will be documented and recorded to ensure consistency and that all support staff are fully informed of supports necessary for each resident.
Proposed Timescale: 30/09/2018