<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Anne’s Residential Services - Group D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003947</td>
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<tr>
<td>Centre county:</td>
<td>Tipperary</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Company Limited by Guarantee</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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 2 day(s).

The inspection took place over the following dates and times
From: 08 December 2017 17:30 08 December 2017 18:30 09 January 2018 11:00 09 January 2018 17:00

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

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
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<tbody>
<tr>
<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 11. Healthcare Needs</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
Background to the inspection:
This was the third inspection of Group D, a centre that had made an application to register as a designated centre with HIQA. This was a follow up to the previous inspection in July 2016. Group D was one of a number of designated centres managed by St Anne’s that provides a range of day, residential and respite services in Tipperary and Offaly.

Description of the service:
The centre provided a home to two women and three men in two semi-detached houses based in a community setting in a suburb of a large town in Tipperary. Both houses were side by side and were easily accessible to all. Both houses were really nicely decorated and well maintained. One of the residents showed the inspector his “men’s shed” in the garden where he worked on different projects.

All of the residents were active in the community with one person telling the inspector that they went meetings as part of the local community association. There was easy access to town and residents went regularly to the cinema and local restaurants. One of the residents had a job in a local pub and a number of residents had been supported to attend third level education with certificates on display throughout the centre.
Positive relationships between residents and family members were supported. Residents were supported to spend time with family including overnight trips at weekends and holidays.

The person in charge was suitably qualified and experienced to discharge their role. The person in charge had responsibility for three designated centres in total, including this service. The person in charge was currently undertaking a degree in health and social care. A new residential services manager had been appointed to the service in June 2017. She was a registered nurse with the appropriate skills, knowledge and experience to lead this service.

How we gathered our evidence:
As part of the inspection, inspectors met with the residents and staff members. One resident said showed the inspector pictures from their latest holiday to London and that they “had a great time”. Another resident said to the inspector that he “loved living here” and that “he had everything he needed”. All residents appeared to get on well together and with the staff members.

The staff members who spoke to the inspector had worked for the St Anne’s service for a number of years and were very committed to supporting residents to live fulfilling lives.

The inspector reviewed documentation such as the centre's statement of purpose, person centered care plans, medical records, staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.

Overall judgment of findings:
There were a number of examples of good practices seen and in particular some residents had participated in the Irish longitudinal study on aging which was the first study of its kind in Europe to directly compare the ageing of people with intellectual disability with that of the general ageing population. The service demonstrated also that it was responding effectively to residents’ changing needs through access to a clinical nurse specialist in dementia care.

However, there were inadequate arrangements in place to contain an outbreak of a fire. During the inspection it was observed that fire doors had not been installed. This meant that in the event of a fire, smoke would not be adequately contained.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
**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:**
There was a policy on communication and in the sample of care plans reviewed there was evidence that residents were assisted and supported to communicate.

Each resident had an assessment of communication needs that outlined what supports, if any, that residents required. There were communication strategies in place and residents with hearing impairment were being reviewed by an audiologist every two years. A number of policies were available in easy to read format including the statement of purpose, safeguarding policy and the complaints policy.

The service demonstrated that it was responding effectively to residents’ changing needs through access to a clinical nurse specialist in dementia care. For example, the inspector was informed that one resident with a significant changing need had received excellent input from specialist professionals including reminiscence therapy to promote quality of life and well being for this resident.

Residents who required additional supports with communication needs had access to allied health care as required, including speech and language therapy. Inspectors saw examples of referrals being sent for communication assessments as required.

Residents used communication books with pictures of important things to the resident and also things they liked to do. One resident showed the inspector their memory box with photos of their family and important events like birthdays and holidays. There were communication boards which contained a picture rota of which staff were on duty. There were also pictures available of planned meals and activities.

There were a number of communication forums for residents including the weekly house meetings and residents also attended the local community association meetings.

A number of residents had i-pads to help them to communicate.
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:
Each resident’s wellbeing and welfare was maintained by a high standard of evidence-based care and support.

In relation to residents’ assessed needs there were person centred planning folders were available in an easy to read format in words and pictures. There were separate assessments of residents’ healthcare needs and social care needs in the personal planning process.

In relation to healthcare needs the personal file contained the ”healthcare management plans“ for residents including all relevant healthcare needs for each resident. There was evidence that these healthcare plans were taking into account changes in circumstances and new developments.

In relation to the social care needs of residents, there were person centred plans available for each resident in relation to community/relationships and social inclusion.

Residents were supported to develop and maintain personal relationships and strong links with the wider community. Residents were supported to participate in a range of activities in the local and wider community including meals out, swimming, Special Olympics training and events, basketball, walking, horse riding and adult education classes. Some residents had undertaken further training and education including certificates in computers, horse riding and advocacy. All of the residents attended a day service that was appropriate to their needs and one of the residents worked part-time in a local pub.

The residents were active members of the community association within the housing
estate and took part in annual social events like the “street barbeque” in the neighbourhood.

Families were encouraged to be involved in the lives of residents. Residents were facilitated to keep in regular contact with family through telephone calls and family members were made welcome when visiting. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

The residential personal plans also had the annual person centred planning meeting. This planning meeting, with the resident at the core of the process developed community inclusion and lifestyle goals for the year. In the records seen by the inspector the goals were person centred, appropriate and were realistic. The goals identified what supports the person needed to achieve these goals and also had a timeframe identified to achieve these goals.

Staff stated that families were kept informed of residents’ well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident.

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

**Findings:**
The location, design and layout of the centre was suitable for its stated purpose and met needs in a comfortable and homely way.

The centre comprised two adjoining domestic two-storey houses located in a mature housing development. The centre was located in the suburbs of a large town close to local amenities and transport links.

Both houses were side by side and were easily accessible to all. Both houses were really nicely decorated and well maintained. One of the residents showed the inspector his “men’s shed” in the garden where he worked on different projects.
**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):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
There were inadequate arrangements in place to contain an outbreak of a fire. St Anne’s service had engaged a fire safety engineering consultant to undertake a fire safety risk assessment in this centre in February 2015. This report noted that all existing room doors were non-fire rated. This meant that in the event of a fire, smoke would not be adequately contained. During the inspection it was observed that fire doors had not been installed.

The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:  
- servicing of fire alarm system and alarm panel October 2017  
- fire extinguisher servicing and inspection October 2017  
- servicing of emergency lighting October 2017

There were records to show that all staff had been trained in fire safety within the last year. There was an emergency policy which outlined the arrangements in response to emergency situations. Fire evacuation maps were available and on display. There were regular fire evacuation drills being undertaken involving the residents and each resident had a personal emergency evacuation plan in place.

The inspector reviewed the incident reporting records from January 2017 to January 2018 and saw records for eight reported, five of which related to medicine management errors. There was evidence that incidents were being followed up appropriately.

The inspector noted that there had not been any complaints received in 2017.

**Judgment:**  
Non Compliant - Major

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

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

The inspector reviewed a sample of resident healthcare files. Each resident had access to a general practitioner (GP). There was evidence in the healthcare records that the GP was reviewing residents’ health needs as required. There was also regular blood testing for residents on particular medications to ensure that the levels were within recommended ranges.

The GP requested review of residents’ healthcare needs by consultant specialists in acute healthcare as required. There was excellent coordination of residents’ healthcare needs between the residents’ consultant specialist and the GP.

There was evidence that residents had access to specialist care from the psychiatry team led by the consultant psychiatrist.

There were specialist allied health professional reports available to guide staff on how to support residents from speech and language therapists and from occupational therapists, particularly in relation to adaptations to the environment that may be required.

It was noted by the inspector here was documentation available in the centre in relation to wardship and what the wardship extended to.

**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.
Leadership, Governance and Management

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

Findings:
The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The proposed management arrangements were effective to ensure that the service being provided to residents was being adequately monitored.

The person in charge was suitably qualified and experienced to discharge their role. The person in charge had responsibility for three designated centres in total, including this service. The person in charge was currently undertaking a degree in health and social care.

A new residential services manager had been appointed to the service in June 2017. She was a registered nurse with the appropriate skills, knowledge and experience to lead this service.

St Anne’s as service provider had completed an unannounced visit to the designated centre in relation to the quality and safety of care, in addition to an annual review of the quality and safety of care of the service.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.
A planned staff rota was made available to the inspector. The staffing levels had been determined in accordance with the each individual resident’s needs. The person in charge demonstrated a commitment to the maintenance and development of staff knowledge and competencies. There was training planned for all staff on how to support residents with dementia.

**Judgment:**
Compliant

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## Closing the Visit

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

### Acknowledgements

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

**Report Compiled by:**

Kieran Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
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-0003947</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>08 December 2017 &amp; 09 January 2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>05 March 2018</td>
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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 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 doors throughout the premises were not fire doors and could not be guaranteed to restrict the spread of fire and smoke in the event of a fire emergency.

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 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
The Daughters of Charity Service has committed to installing the requisite fire doors throughout the Service, this incorporates Group D, Cluain Glas. It is estimated that completion of these works will be completed by July 2018.

**Proposed Timescale:** 30/07/2018