### Centre name:
Group E - St Anne’s Residential Services

### Centre ID:
OSV-0003948

### Centre county:
Tipperary

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
Daughters of Charity Disability Support Services Company Limited by Guarantee

### Lead inspector:
Conor Dennehy

### Support inspector(s):
Gary Kiernan

### Type of inspection:
Announced

### Number of residents on the date of inspection:
10

### 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.
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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<tr>
<td>03 July 2018 11:00</td>
<td>03 July 2018 17:15</td>
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<td>03 July 2018 11:00</td>
<td>03 July 2018 17:15</td>
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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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<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 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 inspection:**
This was the sixth inspection of this designated centre. The previous inspection took place on 20 June 2017. This inspection followed up on the progress against outstanding actions from the previous inspection that related to the appropriate placement of residents, the provision of measures for fire containment and the premises provided.

**Description of the service:**
The centre is comprised of two community houses which can accommodate 10 residents. One house is a single-storey dwelling that can accommodate five residents while the second house is a two-storey dwelling that can also accommodate five residents. The centre provides residential care for residents with an intellectual disability and behaviour support needs.

**How we gathered our evidence:**
Inspectors visited both houses and met with five residents present at the time of the inspection. Inspectors met with the person in charge of the centre, the house manager in one house, six other staff members on duty and a representative of the
provider. Inspectors also reviewed documentation such as residents' personal plans, incidents reports and one questionnaire completed by a resident. Staff practice and interactions with residents was observed in one of the houses.

Overall judgment of our findings:
Sustained improvement has been demonstrated in this centre over the course of four successive inspections, including this inspection. From discussions with staff, observations and a review of personal plans inspectors were satisfied that there were effective systems in place to ensure the delivery of safe quality care in this centre. The person in charge demonstrated that they had oversight of the care and support being provided in the centre which was supported by the overall governance structure in place.

Good practice was evidenced in the following areas:
- adjustments that had been made to ensure that the premises provided was suited to residents' needs (outcome 6)
- the support given to residents to support their behaviour and the review of any restrictive practices (Outcome 8)
- the staffing skill mix that had been put in place to support residents (Outcome 17)

However, one outcome remained at the level of major non-compliance at this inspection, as previously identified failings had not been sufficiently progressed since the June 2017 inspection:
- there continued to be inadequate provision for fire containment in both houses of the centre (Outcome 7)

Findings are discussed in the body of this report and required actions to be taken to address any non-compliances are 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):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that residents’ rights and dignity were promoted in the designated centre while residents were also consulted in relation to the running of the centre.

The provider had policies in place in relation to complaints and a process for addressing complaints was in operation in the designated centre. Evidence was seen that the provider took action in response to complaints raised on behalf of residents. For example, a complaint was made about the road surface leading up to one house of the centre. Although this road was not the responsibility of the provider, they had highlighted this issue to the relevant body who were seen to be carrying out improvement works to the road on the day of inspection.

Throughout the inspection, residents were seen to be treated in a respectful manner by staff present. Inspectors spoke to a number of staff members in both houses of the centre who discussed residents and their needs in an appropriate manner. Staff were also seen to respect the choices of residents. For example, one resident requested to have a meal outside and this was facilitated.

Residents were involved in the running of the centre through resident meetings which were held on a weekly basis. Inspectors reviewed a sample of minutes from such meetings where issues including activities and menus were discussed.

Inspectors also saw evidence that residents were supported to engage in a wide variety of activities of their choice. Examples of such activities included, overnights stays,
attending concerts, holidays, sporting activities and dance classes.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
A personal planning process was in place to identify and provide for the needs of residents. However, as at the previous inspection, the needs of one resident were not being adequately met in their current environment.

Inspectors reviewed a sample of personal plans for residents in the centre. It was noted that these plans had been informed by relevant assessments, clearly outlined the supports to be provided to residents and were developed in a person centred way with the participation of residents. Plans were available in accessible format. Evidence was also seen that personal plans were subject to a multidisciplinary review.

Previous inspections had identified that the needs of all residents living in the centre were not being met. The provider had taken steps to address this and the number of residents in the centre had reduced from 12 to 10. However, during the June 2017 inspection it was identified that one resident’s needs were not met in this centre. While efforts were being made to provide for this resident, they were still in centre at the time of the present inspection.

This matter was kept under constant review by the provider and a plan was in place to transition this resident to another designated centre. However, as this transition had not happened at the time of this inspection, the overall finding from the previous inspection remains unchanged. It was noted though that a transition process had commenced for this resident which was part of their personal plan. For example, the resident was supported to meet the people that it was proposed they would be living with in the future while the resident’s independence skills were being encouraged.
Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
The previous inspection had found the recommendations of an occupational therapist had not been carried out in a bathroom in one house of the centre to ensure that the needs of all residents were met. This bathroom was seen by inspectors during this inspection and it was noted that the bathroom had been renovated as recommended.

Both houses of the designated centre were generally well presented on the day of inspection. However, in one house it was observed that there was some areas which required some maintenance, for example, some floor panels in the sitting room were damaged. Inspectors were informed by the person in charge that maintenance work was ongoing in the house.

Judgment:
Substantially Compliant

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

Theme:
Effective Services

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

Findings:
While efforts were being made to promote the health and safety of residents, there
continued to be a lack of fire containment in the designated centre.

A fire alarm system, emergency lighting and fire fighting equipment including fire extinguishers were present in the centre. Inspectors saw records of certificates of maintenance carried out by external bodies for the fire alarm, emergency lighting and the fire extinguishers. Emergency lighting was seen to be operational on the day of inspection while fire exits were also observed to be unobstructed. Training records indicated that all staff had been provided with training in fire safety.

However, as highlighted in previous inspections, adequate arrangements were not in place for containing the spread of smoke or fire. While the provider had commenced a schedule of works across their designated centres in the area to install such fire containment measures, such work had not been carried out in this centre at the time of inspection.

Fire drills were being conducted at regular intervals and all residents had personal evacuation plans (PEPs) in place. While reviewing drill records it was noted that one resident had refused to participate in the most recent fire drill. This resident’s evacuation plan (PEP) had not been updated to reflect to this. This was brought to the attention of staff who reviewed this before the close of inspection. However, this area continued to require review to ensure that appropriate arrangements were in place if the resident refused to evacuate in the event of a fire.

The provider had policies in place relating to health and safety and risk management which had been reviewed on previous inspections. Health and safety audits were being carried out in addition to weekly health and safety checks in both houses of the centre. Systems were in place for recording, review of and learning from accidents and incidents occurring in the centre. The provider also had a health and safety committee in place where issues could be raised.

A comprehensive centre wide risk register was in place. This risk register contained risk assessments which described the risk in question and the various control measures to respond to the identified risk. Risk assessments relating to individual residents were also in place and, in a sample of these read by inspectors, it was noted that all risk assessments had been reviewed within the previous 12 months or sooner if required.

Audits were also carried out in the area of infection control and hand gels were seen to be available throughout the designated centre. Training records indicated that all staff were provided with training in hand hygiene.

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:**
Inspectors were satisfied that residents were appropriately safeguarded within the designated centre.

Where required residents had behaviour support plans in place which outlined the support to be provided to residents. Staff members spoken to during this inspection demonstrated a good understanding of how to assist residents manage their behaviour. Training records reviewed also indicated that staff had received additional training in behaviour support since the previous inspection.

The number of restrictions within the centre had decreased since previous HIQA inspections but some restrictive interventions were in use in the designated centre at the time of this inspection. Evidence was seen that the current restrictive interventions in place were regularly reviewed and assessed in line with best practice to determine if the restriction was still needed and to identify less restrictive interventions where possible.

Appropriate arrangements were in palace to safeguard residents in the centre from abuse. For example, intimate care plans for residents were in place to direct staff care in this area, training records indicated that all staff working in the centre had been provided with relevant training while staff spoken to demonstrated a good knowledge of how to respond to any safeguarding issues. Residents were observed to be comfortable in the presence of staff members present on the day of inspection.

**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:
Inspectors saw evidence that residents’ healthcare needs were being appropriately provided for.

As part of the personal planning process each resident had assessments carried out for various health related issues. Where required a plan of care was put in place which clearly outlined the supports that a resident was to receive. For example, where necessary residents had care plans in place regarding epilepsy which included indicators of possible seizure activity. Staff members spoken to on the day of inspection demonstrated a good understanding of residents' healthcare needs and how to support them.

From reviewing residents’ personal plans it was clear that residents’ healthcare needs were kept under regular review. Residents were also facilitated to attend appointments with allied health professionals such as general practitioners and opticians, where required. Records were maintained of such appointments along with details of any referrals that had been made.

Inspectors saw evidence that residents were supported to buy, prepare and cook their own meals if they wished to do so. Residents were involved in choosing their meals for the week ahead through weekly resident meetings while inspectors were also informed that some residents were involved in food shopping. Residents were also observed being encouraged to prepare their own 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:
The provider had ensured that appropriate medicines management systems were in place in the designated centre.

Policies relating to medicines management were in place within the provider that guided practice in this designated centre. Medicines were administered by staff who had received relevant training in this area including the administration of emergency rescue
medicine. Arrangements were also in place for the monitoring of stock levels and the return of disused or out of date medicine.

Appropriate secure storage facilities for medicines were available in both houses of the centre. Suitable storage was also available for medicines which required refrigeration if necessary. Records seen by inspectors indicated that temperature checks for such storage were carried out on a daily basis.

A sample of prescription and administration records were reviewed by inspectors. It was found that these contained the required information such as the medicines’ names, residents’ date of birth and the name of the relevant general practitioner. Records indicated that medicines were administered at the time stated in the prescription sheets.

A system was in place for the recording of and responding to medicines errors. Arrangements were also in place for the auditing of medicines within the centre. For example, the provider had ensured that their own internal audits were carried out while an audit was also carried out by an external pharmacist.

**Judgment:**
Compliant

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

**Findings:**
Appropriate governance arrangements were in place to ensure that the service provided was appropriate to residents’ needs.

A suitably skilled, experienced and qualified person in charge was in place who was aware of the needs of residents living in the centre. Since the previous inspection, the person in charge had been appointed to a similar role in another designated centre. However, the person in charge worked full time, was based in the inspected centre and was adequately supported by the organisational structure in place. As such the increased remit of the person in charge was not found to have a negative impact on the running of this centre.
A clear management structure was in place within the designated centre which was known to staff and residents. The person in charge was supported by a house manager in each house of the centre and was in frequent contact with them. In turn the person in charge reported to a Clinical Nurse Manager 3 and the Services Manager. The person in charge met with them regularly where any issues related to the running of the centre could be highlighted.

Systems for auditing were in place in the designated centre and inspectors saw records of completed audits in areas such as health and safety and medicines management. The person in charge also carried out quarterly review of accidents and incidents in the centre to identify trends. Where necessary, such trends were discussed at regular staff meetings and were also highlighted to the provider’s multidisciplinary team if required.

Since the previous inspection the provider had carried out two unannounced visits to the centre, most recently in April 2018. Reports of these unannounced visits were maintained which included an action plan to respond to any issues found. An annual review had also been carried out since the previous inspection which included consultation with residents and families.

**Judgment:**
Compliant

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<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
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<tbody>
<tr>
<td><em>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.</em></td>
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**Theme:**
Responsive Workforce

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<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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<tbody>
<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
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**Findings:**
Inspectors were satisfied that the needs of residents were met by appropriate levels and a skill mix of staff who demonstrated a good understanding of residents.

A skill mix of care assistants and nurses was in place in the designated centre. Planned and actual staff rosters were available in the centre which were reviewed by inspectors. These rosters indicated that a continuity of staff was provided for within the centre. From reviewing information relating to residents, observing practice and speaking to staff members, inspectors were also satisfied that there were appropriate numbers of staff to meet the needs of residents.
Staff members spoken to during the inspection demonstrated a good knowledge of residents and how to support them. Inspectors reviewed training records relating to the staff members working in the centre. These records indicated that all staff had received up to date training in mandatory and other areas such as fire safety, safeguarding, medicines administration, epilepsy and hand hygiene. Since the previous inspection additional training had been provided to staff in the area of behaviour support.

During the inspection staff members and residents were observed interacting in a caring, positive and warm manner. Staff were seen to provide appropriate support to residents if required and demonstrated a good knowledge of residents' needs. Residents met by inspectors appeared comfortable in the presence of staff members.

Arrangements were in place for staff to receive supervision and formal supervision meetings with staff took place throughout the year. Records of such meetings were maintained which were reviewed by inspectors. Staff team meetings were also taking place at regular intervals.

Inspectors were informed that there were no volunteers involved with the centre at the time of the inspection.

Judgment:
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:

Conor Dennehy
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

<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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003948</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>03 July 2018</td>
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<tr>
<td>Date of response:</td>
<td>21 August 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 05: Social Care Needs

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The assessed needs of one resident were not being met in their current environment.

1. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

Please state the actions you have taken or are planning to take:
This resident will transfer to a new designated centre registered with HIQA and the timeframe for this centre to be available is 2019
Transition plan remains in place.
The ACEO is in regular contact with the HSE in relation to funding requirements. It is anticipated that this transition will be completed by end of first quarter 2019.

Proposed Timescale: 31/03/2019

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:
Some maintenance work was required in one unit of the centre.

2. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
One area is in the process of ongoing refurbishment incorporating new flooring, kitchen, painting and general redecorating.

Proposed Timescale: 30/09/2018

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:
Adequate arrangements were not in place for containing the spread of smoke or fire in the event of a fire.

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:
As part of the service overall improvement plan Group E will have full fire improvement completed within scheduled timeframe.
Proposed Timescale: 28/09/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The evacuation arrangements for one resident required review.

4. 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 Person in Charge will conduct a review of this resident’s evacuation plan in the context of his current presentation and history to date in relation to fire drills. Support will be sought from suitably qualified personnel to ensure that evacuation takes place during regular fire drills.

Proposed Timescale: 31/08/2018