

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | St. Anne's Residential Services - Group P |
| Centre ID: | OSV-0005564 |
| Centre county: | Tipperary |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Daughters of Charity Disability Support Services Company Limited by Guarantee |
| Provider Nominee: | Catherine Linden |
| Lead inspector: | Kieran Murphy |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| 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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

| | |
|------------------------|------------------------|
| From: | To: |
| 21 November 2017 15:30 | 21 November 2017 18:30 |
| 22 November 2017 09:30 | 22 November 2017 13:00 |

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

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| 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 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

Background to the inspection

This was the first inspection of Group P, a centre that had made an application to register as a designated centre with HIQA. It had previously been part of another designated centre but a decision had been made to apply to register this centre as a standalone centre. Group P, 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 could accommodate five residents in this large detached bungalow, in a large town in Tipperary. The house was accessible to all, and had a large kitchen/dining area, a separate sitting room in addition to single bedrooms for each resident. All of the residents' bedrooms were personalised and homely. There was also a large garden that staff said got great use during the summer months.

How we gathered our evidence:

The inspector met with the five residents living in the centre. Residents spoken with said they were happy in the centre and said that they had done loads during the year including going on holidays, dinner dances and parties. The inspector spoke with

staff on duty and also reviewed documentation such as policies, procedures and guidelines.

Overall judgment of findings:

Overall this centre provided a good quality of life for residents.

For residents who had recently been admitted to hospital there was evidence that these residents had been comprehensively supported by the service. The social work department was available to support residents as required. This department had also provided counselling and support to residents in the past year.

Residents were supported to access education, training and lifelong learning. A number of people had undertaken further training and education including certificates in leadership and advocacy from Limerick Institute of Technology. One resident showed all their awards, certificates and scrolls to the inspector. The St Anne's service had coordinated training with the local cardiac first responders group and all residents had participated in this training in their home.

Residents had participated in designing their care plans in an easy read format to make it more accessible to all. These plans were in a story format and gave a good insight into the supports that residents may require.

In relation to areas for improvement the inspector found that while support plans were in place to guide staff in supporting residents, greater psychological input would benefit residents and staff. In addition, the person in charge stated that there had been a recent request made for an increase in staffing to support one resident in relation to a safeguarding issue. This request was in progress at the time of inspection.

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.

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 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):

This was the centre's first inspection by the Authority.

Findings:

Residents' wellbeing and welfare was being maintained by a high standard of care and support.

There were separate assessments of residents' healthcare needs and social care needs in the personal planning process. In the person centred planning folders there was a summary profile of the resident which outlined things that staff and carers must know about the resident. There was also a form in each resident's personal information outlining how they consented to things like medical procedures.

In relation to social care needs there were long-term life goals developed each year with the resident. This plan outlined activities that each resident liked to do and priority goals for the year were also developed. In relation to this goal setting process there was evidence of coordinated input from members of the multi disciplinary team with recommendations in place. There was evidence of tracking of these goals during the year. One resident showed the inspector pictures from their most recent holiday abroad and said that she had a fantastic time.

Residents had participated in designing their care plans in an easy read format to make it more accessible to all. These plans were in a story format and gave a good insight into the supports that residents may require.

Residents were supported to access education, training and lifelong learning. A number of people had undertaken further training and education including certificates in leadership and advocacy from Limerick Institute of Technology. One resident showed all

their awards, certificates and scrolls to the inspector. The St Anne's service had coordinated training with the local cardiac first responders group and all residents had participated in this training in their home. All residents had access to a day centre and the person in charge outlined that the day service was designed to meet each resident's personal needs.

In relation to healthcare needs there were separate assessments for individual healthcare needs like communication, nutrition, mobility, health checks, epilepsy, and eyesight. Based on these assessments there were "plans of care" developed for each healthcare need.

For residents who had recently been admitted to hospital there was evidence that these residents had been comprehensively supported by the service. Following discharge medical notes were available in relation to treatment received and each care plan had been updated accordingly.

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):

This was the centre's first inspection by the Authority.

Findings:

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

The centre could accommodate five residents in this large detached bungalow, in a large town in Tipperary. All residents had their own bedrooms. Residents' bedrooms were bright and furnished and had adequate personal storage space and wardrobes. One bedroom had en-suite toilet and shower facilities. Residents had access to a wheelchair accessible shower, toilet and hand washing facilities and another bathroom.

Communal space included an open plan kitchen, a dining area and a sitting room. The kitchen was well equipped and clean. There were laundry facilities in the house and residents were supported to do their own laundry.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

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

There was an incident management system in place and the inspectors reviewed all of the records of incidents from May 2017 to November 2017. There had been 41 reported incidents with over 50% relating to incidents of "aggression". As required there were risk assessments and care plans in place in response these incidents. There was oversight of reported incidents from the person in charge and the residential services manager.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site.

There were records to show, and the person in charge confirmed, that all staff had received training in fire safety management. Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Measures to protect residents being harmed were in place. A restraint-free environment was promoted. However, improvement was required as the St Anne's service had noted that while support plans were in place to guide staff in supporting residents, greater psychological input would benefit residents and staff.

The inspector noted that particular safeguarding plans were in place that gave clear direction to protect residents as needed. Staff spoken with by the inspector were aware of safeguarding plans and what steps to take to follow them. The social work department was available to support residents as required following any incident. This department had also provided counselling and support to residents as required in the past year.

In relation to behaviour therapy the St Anne's service itself had identified that while support plans were in place to guide staff in supporting residents, greater psychological input would benefit residents and staff. This issue was still outstanding but the inspector noted that psychology referrals had been made for residents who required it.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

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

In the sample of resident healthcare records seen by inspectors each resident had access to a general practitioner (G.P.). There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents as required.

Residents were referred, as required, to allied health professionals including the occupational therapist, physiotherapist and speech therapist. The service demonstrated that it was responding effectively to residents' changing needs. For example, the

inspector was informed that one resident with a significant changing need had received excellent input from specialist professionals to guide appropriate care, therapies and activities to promote quality of life and well being for this resident.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. The multidisciplinary annual review was also being appropriately used to support residents to achieve the best possible health.

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):

This was the centre's first inspection by the Authority.

Findings:

A single aspect of this outcome, relating to supporting residents with diabetes, was reviewed during the inspection.

As required, residents had a risk assessment in place in relation to the management of diabetes. There was also a clear protocol in place that had been signed by a consultant specialist and the resident's G.P. This protocol had instructions for staff to follow in the event of abnormal blood sugar levels.

During the day of the inspection a nurse was on duty and she clearly outlined the process in place to ensure that diabetes was monitored in consultation with the medical staff in the treating hospital.

The inspector reviewed a sample of incident forms and saw that five medication related errors were identified from May 2017 to November 2017. These had been reported on an incident form and there were arrangements in place for investigating incidents. Each incident had been reviewed by a senior manager in the service with recommendations made, if necessary, to prevent a similar incident happening again.

It was noted that an audit of medicines practice had been undertaken in September 2017. This audit had found evidence of good practice in relation to supply, disposal and administration of medicines.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was managed by a suitably qualified, skilled and experienced person in charge. Effective management systems were in place.

The statement of purpose clearly defined the management structure and identified the lines of authority and accountability. There were regular scheduled senior management team meetings.

The person in charge was a registered nurse in intellectual disability and their remit extended to three designated centres in total. She was available to talk to residents at any time and this was clear during the course of the inspection. 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, in June 2017, completed unannounced visits to the designated centre in relation to the quality and safety of care provided. In addition to an annual review of the quality and safety of care of the service had been completed in November 2017.

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):

This was the centre's first inspection by the Authority.

Findings:

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. However, the person in charge stated that there had been a recent request made for an increase in staffing to support one resident in relation to a safeguarding issue. This request was in progress at the time of inspection.

The person in charge demonstrated a commitment to the maintenance and development of staff knowledge and competencies. All mandatory training was to be provided to staff including fire safety, crisis prevention and safeguarding.

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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|--|
| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee |
| Centre ID: | OSV-0005564 |
| Date of Inspection: | 21 November 2017 |
| Date of response: | 20 December 2017 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

While support plans were in place to guide staff in supporting residents, greater psychological input would benefit residents and staff.

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

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

Clinical Psychologist is now in place in St. Anne's Services. A priority list has been developed and individuals are being assessed according to needs. This priority list is reviewed quarterly with the Service Manager and Principal Psychologist and date for next review of priority list is 18th January 2018. All applicable residents from this area have been referred and will be seen according to priority. One resident has had a full psychological assessment completed and recommendations from same have been incorporated into behaviour management plan. All restrictive practices in this area are scheduled for review on 17.01.2018.

Proposed Timescale: 31/03/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge stated that there had been a recent request made for an increase in staffing to support one resident in relation to a safeguarding issue. This request was in progress at the time of inspection.

2. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

A safeguarding plan is in place for the resident identified as requiring additional supports at key times which includes additional staffing at core hours over the weekend and at holiday period. This is achieved through management of current resources. The safeguarding plan is reviewed by the social worker and person in charge. A business case was submitted to the HSE for funding for additional support. This has been declined and the service will continue to negotiate with the HSE for this support.

Proposed Timescale: 31/01/2018