<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Anne’s Residential Services - Group R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005643</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>
</tr>
<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Company Limited by Guarantee</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<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 unannounced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 08 December 2017 12:30  To: 08 December 2017 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Details</th>
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<tbody>
<tr>
<td>05: Social Care Needs</td>
<td></td>
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<tr>
<td>06: Safe and suitable premises</td>
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<tr>
<td>07: Health and Safety and Risk Management</td>
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<tr>
<td>11: Healthcare Needs</td>
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<tr>
<td>14: Governance and Management</td>
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<td>17: Workforce</td>
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</tbody>
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Summary of findings from this inspection
Background to the inspection:
This was the first inspection of Group R, a centre that had made an application to register as a designated centre with HIQA. Group R 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. 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.

Description of the service:
At the time of the inspection there were two men and three women living in the centre. The centre was based on the outskirts of a large town and had easy access to services in the community including shops, restaurants and activities in the local town. Some residents worked in local businesses in the town. All of the residents had access to a day service and for a number of residents there had been a transition period while they went to a new day service.

The service said that families made great efforts to support the residents through regular contact and a number of residents went home at weekends and for 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, the inspector met with all five residents and staff members. 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 the inspector found 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 to guide appropriate care, therapies and activities to promote quality of life and well being for this resident.

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.
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. The person centred plans seen by the inspector were in an easy to read format and each plan included information regarding:
- Living arrangements
- work
- relationships
- consent
- privacy
- health goals
- natural supports
- safety

In the sample care plans seen there was evidence of resident and family involvement in the setting of the goals following the care planning process. There were agreed time-frames in relation to achieving identified objectives with named staff members responsible for pursuing objectives with residents. In relation to this goal setting process there was evidence of coordinated input from members of the multi disciplinary team with recommendations in place.

In relation to healthcare needs there were separate assessments for individual healthcare needs like communication, nutrition and health checks. Based on these
assessments there were “plans of care” developed for each healthcare need. These plans were also available in picture/easy-to-read format.

**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 needs in a comfortable and homely way.

There were five people living in the centre which was bright, clean and well maintained. There was a large kitchen/dining area which opened out to a large garden. There was also a sitting room with comfortable couches and a television. Two residents had their bedrooms downstairs. There were three other bedrooms upstairs. All bedrooms had en-suite toilet and shower facilities and all of the bedrooms were well decorated and had personal effects. It was noted that the flooring in one resident’s bedroom had been upgraded to a lighter colour in response to a recommendation from an occupational therapist to facilitate the resident, who had visual impairment, to distinguish between objects.

**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:
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 had been made available to the person in charge in May 2017. 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. However, 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 December 2017 and saw records for 15 reported, 50% of which related to medicine management errors. There was evidence that incidents were being followed up appropriately. The person in charge had undertaken a review of all incidents in the house every three months. All incidents were being recorded on a risk management database. In particular it was noted that the residential services manager had undertaken a thorough review and follow up on the most recent medicine management incident.

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

Judgment:
Non Compliant - Major

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. However, some improvement was required in relation to input from allied healthcare professionals.

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. Families were consulted with and kept informed following healthcare appointments.

There was evidence that residents had access to specialist care from the psychiatry team led by the consultant psychiatrist. In the sample healthcare files seen by the inspector the psychiatry team reviewed residents’ medication at regular intervals.

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 to guide appropriate care, therapies and activities to promote quality of life and well being for this resident.

There was a policy on nutrition and hydration. Inspectors saw evidence of reviews by the speech and language therapist with reports detailing safe swallow recommendations and advice on food consistency. Current nutritional assessments which were completed by a dietician were available for a number of residents.

In relation to behaviour therapy, while there were support plans were in place to guide staff in supporting residents, multidisciplinary input into these support plans would benefit residents and staff. The inspector noted that psychology referrals had been made for residents who required it. It was also noted that an occupational therapy referral for sensory input for one resident had been made in March 2017 and was outstanding.

Judgment:
Substantially 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 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

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**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:**
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. All mandatory training was to be provided to staff including fire safety, crisis prevention and safeguarding.

**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-0005643</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>08 December 2017</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:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 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 Daughters of Charity Service has committed to installing the requisite fire doors throughout the Service, this incorporates Group R Richmond. It is estimated that completion of these works will be completed by July 2018.

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

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some improvement was required in relation to input from allied healthcare professionals.

2. **Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
In relation to Allied Healthcare referrals all outstanding issues have been followed up. In relation to one residents sensory input referral the Occupational Therapist has commenced an assessment of their sensory processing needs. The Occupational Therapist is currently completing a PAL instrument for occupational profiling which will evaluate the level at which the resident is engaging with activity e.g. participatory, exploratory, sensory etc. Following same advice will be offered on how best to support the resident when engaging in activities.

**Proposed Timescale:** 05/03/2018