

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Group E - St Vincent's Residential Services
<b>Centre ID:</b>	OSV-0003928
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd
<b>Provider Nominee:</b>	Breda Noonan
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	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 monitor ongoing regulatory compliance. 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:
08 November 2016 12:00	08 November 2016 19:45
10 November 2016 11:30	10 November 2016 16:00

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

Outcome 05: Social Care Needs
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 an inspection carried out to monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in July 2014.

How evidence was gathered:

As part of the inspection, the inspector met with all six residents who were residing in the centre. Residents were able to express their views of the service provided both verbally and non verbally. Overall, residents appeared satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspector noted that since the July 2014 inspection, a number of improvements had been made in relation to the documentation maintained around care plans, hazard identification and provision of adequate deputising arrangements.

The inspector spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which could be improved. The inspector spoke with the person in charge and gained an insight into their role in the operation of the centre. The provider met with the inspector and was present for the inspector's feedback at the end of the inspection.

Documentation such as care plans, risk assessments and medication records were

examined.

#### Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aimed 'to provide a homely environment' where residents can live 'with respect and dignity, express their individuality and be integrated in the local'. The inspector found these aims had been achieved.

Accommodation was in a six bedded bungalow located in a cul de sac on a campus based services on the outskirts of a city. The house had two sitting areas, a kitchen, two shower rooms, an office and a garden. The house was well maintained.

Only female residents were accommodated in this service. Residents were able to get out and about on the campus grounds on a daily basis. Transport was available to support residents' avail of trips to local shops and other local amenities.

#### Overall judgment of our findings:

The flexibility around care practices helped to ensure that residents retained their independence yet obtained the support they required as their needs dictated. Some of these needs were complex and included the management of behaviours that challenge. Staff and the person in charge were aware of these complex needs and were committed to supporting each resident to achieve a good quality of life.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going out to activities, enjoying 1:1 engagement with staff and going shopping. Residents had opportunities to spend leisure time together and develop friendships.

The inspector found the service to be in compliance with three of the seven outcomes inspected. Improvements were identified as being required under Outcome 7 (Health and Safety and Risk Management), Outcome 8 (Safeguarding and Safety), Outcome 11 (Healthcare) and Outcome 14 (Governance and Management). The inspector was informed these matters would be addressed as a matter of priority.

These findings are outlined under each outcome in the 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 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):**

No actions were required from the previous inspection.

**Findings:**

Residents or their representatives were involved in an assessment to identify their individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident was provided with yoga classes which helped the resident to relax and thus helped in reducing the friction that could be possible between the resident and another occupant of the house. Providing such an activity for this resident supported the resident with their maladaptive behavioural tendencies.

Care plan goals were documented and tracked as to how their attainment was progressing. This was a matter that had been addressed from the previous inspection of another Daughters of Charity centre. For example, one resident's goal was to go on holidays to a specific seaside resort. The care plan showed that this had been achieved. Also since the previous inspection, much work had been completed in streamlining the plans of care to ensure they were working documents which were up to date with the resident needs.

Residents and their family members were consulted with and involved in the review process. For example, family members were invited to review meetings of the personal care plans so that the relative could be actively involved in the care planning process. In one instance staff met the relative at a location separate to the centre as this was the relative's request.

Residents were provided with a social model of care. They were involved in a varied activities programme which included in-house activities, activities on campus and activities off campus. Residents were facilitated to express their individuality in so far as

practicable. For example, all residents were well groomed and well dressed. It was clear residents were involved in choosing their own clothes and that staff took pride in ensuring each resident was well groomed. Residents decorated their bedrooms according to their taste and preferences.

**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):**

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

**Findings:**

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement and an up to date risk management policy. Both were comprehensive and well written. However, they were not implemented in full. For example, when an incident occurred at work involving an injury to a staff member, staff were not provided with the assistance as set out in the policies. The systems in place to respond to an emergency were not implemented in full on this occasion.

The number of accidents and incidents in the centre was not excessive. There were no significant hazards identified. When accidents and incidents occurred they were documented in a duplicate book and a copy given to senior management staff. In most instances, the control measures taken or planned, to reduce the likelihood or impact of a reoccurrence was well documented. However, in one instance, this section described the incident rather than detailing the controls measures taken.

Weekly health and safety checks were carried out. Defects were noted, reported and addressed. This was a new procedure since the last inspection. When it was identified that the pager system was working less than optimally, measures were taken to upgrade the system.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire.

The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at six monthly intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment.

Emergency lighting was in place.

Day time fire drills documented the time the fire drill took place; however, this did not always occur with the documentation kept in the centre in relation to night time fire practices.

There were satisfactory procedures in place for the prevention and control of infection.

**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:**

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. From what the inspector observed, residents in the centre appeared to feel safe in their home. Any incidents, allegations or suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

Efforts were made to identify and alleviate the underlying causes of behaviours that challenge for each individual resident. Specialist therapeutic interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on improving challenging behaviour and improving the lives of the resident. Most staff were trained in managing behaviours that challenged but five staff were identified as not having up to date training in restrictive practices. Given the nature of residents' needs

and events which had occurred in the centre, updating staff training had not been given the priority indicated.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was carefully monitored to prevent abuse or overuse. Family members were informed of the use of restrictive procedures. The use of medication to manage behaviour that challenged was monitored.

**Judgment:**

Non Compliant - Moderate

**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:**

This was a nurse led service, with nursing staff on duty to support residents at all times. Nurses were assisted in the roles by competent social care staff. Residents' health-care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies.

Individual residents' healthcare needs were appropriately assessed and most of these needs were met by the care provided in the centre. Residents had access to allied health care services which reflected their diverse care needs. This included nutritional support from a clinical nurse specialist in nutrition, physiotherapy, dietetic support and occupational therapy. Also available to residents was psychological and psychiatric support.

However, it was evident from the documentation that in non urgent cases, referral for occupational therapy (OT) had a significant delay. For example, one resident was referred to OT for a sensory assessment in September 2015 and continued to be on a waiting list for this assessment in November 2016.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. End-of-life care was provided in a manner that met the needs of the resident and in line with best practice. This included staff remaining with a resident if they were admitted to an acute hospital at the end of their life.



Food was nutritious, appetising, varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. The inspector saw that meal times were positive social events.

Regular health checks were accessed by residents and included, medication review, blood levels profiling and routine health screening. Residents were assessed for dementia support if there was an indication for this. The psychiatry team offered support in this regard.

**Judgment:**

Non Compliant - Moderate

**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:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. At the time of this inspection no residents were in a position to be responsible for their own medication.

A system was in place for reviewing and monitoring safe medication management practices. Medication errors were recorded and learning took place from adverse incidents and near misses which had occurred.

**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):**

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

**Findings:**

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. While in general these systems worked well, there was a significant incident involving a staff member suffering a physical assault, where the systems did not adequately support the staff involved, did not investigate the incident appropriately or adhere to the centres policy on occupational injury.

There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

There was a defined management structure which identified the lines of authority and accountability in the centre.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents could identify the person in charge.

**Judgment:**

Non Compliant - Moderate

**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:**

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. Staffing levels took into account the statement of purpose and size and layout of the building. There was an actual and planned staff rota.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. For example, staff received training in infection control, medication management and nutritional assessment. This was in addition to the mandatory training requirements. However, as discussed under Outcome 8, some staff had not received updated training on managing behaviours that challenge and de-escalation techniques.

Education and training provided reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability. Staff were trained and qualified in intellectual disability. Overall, staff were competent to deliver care and support to residents because their learning and development needs had been met.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example staff reported there were regular staff meetings and that these meetings were well attended and provided for open discussion.

**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:***

Margaret O'Regan  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
<b>Centre ID:</b>	OSV-0003928
<b>Date of Inspection:</b>	08 and 10 November 2016
<b>Date of response:</b>	13 December 2016

### 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 is failing to comply with a regulatory requirement in the following respect:**

There was inadequate identification, recording and investigation of, and learning from, one serious incident which occurred.

**1. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management

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

policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The nominee provider has met with senior manager's post the inspection to reiterate the service response in supporting staff following injury/incident at work and addressed the issue of inadequate support to staff on the day by a senior manager. The nominee provider has arranged for a company who supply and install personal alarm systems to present its product to executive team members on the 15/12/2016 with a view to replacing the current system as there was a failure of that system to alert senior management to the incident on the day of incident. Following the inspection a senior nurse manager met with staff in the centre to review the incident and complete a debriefing with the staff team involved. The nominee provider has raised the issue of serious incidents and serious physical assault with the executive team and the need to have a service approach to reviewing these incidents to ensure learning from serious incidents for all areas.

The person in charge as part of a quality improvement initiative is developing a structured debriefing process to support staff following incidents in the work place, this is due for completion in May 2017, but will be a draft document for piloting in this centre by February 2017.

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

In one instance, the accident and incident book did not include details of the control measures to prevent a reoccurrence of the incident.

**2. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

A senior manager met with the staff team post the inspection and outlined the need to include control measures in the accident form to prevent reoccurrence or reduce the likelihood of reoccurrence of incidents. Person in charge at each staff meeting will continue to reflect and have learning from all incidents at the staff meetings.

**Proposed Timescale:** 15/12/2016

**Theme:** Effective Services

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

Day time fire drills documented the time the fire drill took place; however, this did not always occur with the documentation kept in the centre in relation to night time fire practices.

**3. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The nominee provider has addressed this with the Health and Safety officer and the night managers providing support to the centre. Future night time fire drills will include the time the drill took place and the duration of the fire drill.

**Proposed Timescale:** 15/12/2016

**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:**

Not all staff had received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**4. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The person in charge has scheduled all staff to attend training in the therapeutic management of aggression and violence. Refresher dates will also be scheduled as appropriate for all staff by the person in charge with the staff member and training co coordinator.

**Proposed Timescale:** 19/01/2017

**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:**

There was a significant delay in a resident accessing occupational therapy for a sensory assessment.

**5. 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:**

The nominee provider has consulted with the Assistant Chief Executive Officer and the Head of Occupational Therapy regarding this delay. A date will be scheduled to complete the assessment. An external therapist will be contracted to complete the assessment if necessary.

**Proposed Timescale:** 28/02/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

There was a significant incident involving a staff member suffering a physical assault, where the management systems did not adequately support the staff involved, did not investigate the incident appropriately or adhere to the centres policy on occupational injury

**6. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The nominee provider has met with senior manager's post the inspection to reiterate the service response in supporting staff following injury/incident at work and addressed the issue of inadequate support to staff on the day by a senior manager. The nominee provider has arranged for a company who supply and install personal alarm systems to present its product to executive team members on the 15/12/2016 with a view to replacing the current system as there was a failure of that system to alert senior management to the incident on the day of incident. Following the inspection a senior nurse manager met with staff in the centre to review the incident and complete a debriefing with the staff team involved. The nominee provider has raised the issue of serious incidents and serious physical assault with the executive team and the need to have a service approach to reviewing these incidents to ensure learning from serious incidents for all areas.

**Proposed Timescale:** 31/01/2017