

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Anne's Residential Services - Group Q
Centre ID:	OSV-0003091
Centre county:	Offaly
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 1 day(s).

The inspection took place over the following dates and times

From: 26 October 2017 12:00 To: 26 October 2017 17:30

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the first inspection of Group Q, 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 Q, 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 Offaly. There were two residents with mobility issues and there was a wheelchair accessible entrance. The house had a large kitchen/dining area and a separate sitting room in addition to single bedrooms for residents. All of the residents’ bedrooms in both houses were personalised and homely. There was a large garden where residents said that they had barbeques in the summer.

How we gathered our evidence:

The inspector met with four of the five residents living in the centre. Residents spoken with said they were happy in the centre and said that they did lots of things in the locality and went to work each day. 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. The centre was managed by a suitably qualified, skilled and experienced person in charge and effective management systems were in place. The service demonstrated that it could respond effectively to residents' changing needs. For example, the inspector was informed that one resident had recently had a significant changing need. On reviewing the healthcare records there was 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. St Anne's service had engaged a fire safety engineering consultant to undertake a fire safety risk assessment in this centre in February 2015. It was noted that many of the recommendations from this report had been implemented. However, this report had recommended that all doors opening onto the entrance halls/corridors be replaced by fire doors. 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.

One resident had been admitted to this house in the last year. As part of this transition process the St Anne's service had ensured that the resident's individual needs had been appropriately assessed in relation to support needs in personal, healthcare and social activities. On this inspection there was evidence that this resident had settled in very well and was happy with the move. The other residents living in the centre had been consulted at the time and there had been an extended transition period so that all residents could adjust to the move.

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.

In relation to social care needs there were long-term life goals that were 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. Examples of goals included things like strengthening family relationships, community inclusion, spirituality and well-being. There was a linked plan that identified specific activities for residents to achieve the long-term life goals. For example, in relation to community inclusion the plan included things like attending a

Daniel O'Donnell concert, attending the local theatre group and going for spa treatments in a local hotel.

In relation to healthcare needs there were separate assessments for individual healthcare needs like epilepsy, foot care, continence, oral care, mental health and mobility. 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 residents' needs in a comfortable and homely way.

The centre could accommodate five residents in this large detached bungalow, in a large town in Offaly. There were two residents with mobility issues and there was a wheelchair accessible entrance. The house had a large kitchen/dining area and a separate sitting room in addition to single bedrooms for residents. All of the residents' bedrooms were personalised and homely. There was a large garden where one resident said that they had barbeques in the summer.

The person in charge said that residents had picked out new furniture for the main living room and these were to be delivered in the near future.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

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. In addition, some improvement was required in relation to the process for risk assessment.

There was an incident management system in place and the inspectors reviewed all of the records of incidents from January 2017 to October 2017. There had been nine reported incidents without any real pattern to the incidents. There was oversight of reported incidents from the person in charge and the residential services manager.

There was a process in place for hazard identification and assessment of risk throughout the designated centre. On each resident's personal folder specific hazards relating to their lives had been identified. However, these risk assessments were not kept up to date to reflect one resident's changing healthcare needs, for example.

St Anne's service had engaged a fire safety engineering consultant to undertake a fire safety risk assessment in this centre in February 2015. It was noted that many of the recommendations from this report had been implemented including thumb turn locks being put on all final exit doors and fire safety training for all staff. However, this report had recommended that all doors opening onto the entrance halls/corridors be replaced by fire doors. However, 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.

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.

Procedures were in place for the prevention and control of healthcare associated infections. Medical equipment and supplies were stored in secure areas. Staff demonstrated a knowledge and understanding of how to prevent and control the spread of any healthcare associated 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):

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

Findings:

Measures to protect residents being harmed or suffering abuse were in place and appropriate systems were in place to respond to allegations, disclosures or suspected abuse.

There were policies in place to protect residents from being harmed or suffering abuse. As part of the induction process to this centre all staff were to receive training on the prevention, detection and reporting of abuse. 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.

There was a policy on supporting residents with challenging behaviour. The inspector saw records to show that staff had received training on dealing with positive approaches to behaviours that challenge.

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):

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 the inspector each resident had access to a general practitioner (G.P.) The service demonstrated that it could respond effectively to residents' changing needs. For example, the inspector was informed that one resident had recently had a significant changing need. On reviewing the healthcare records there was 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 evidence that residents were supported to attend appointments in acute general hospitals and had been referred to consultant specialists if required, for example in relation to supporting residents with epilepsy. Protocols for emergency rescue medication had been recommended by the consultant specialist.

Residents were referred, as required, to allied health professionals including the occupational therapist and physiotherapist. In response to residents' changing needs referrals had recently been submitted for an updated communication assessment by a speech and language therapist.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. The inspectors noted that residents were referred for dietetic review as required. Residents said to the inspector that they liked cooking the meals in the evening time.

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 charged. 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 was aware that they were required to complete two unannounced visits 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.

While awaiting registration the provider had arranged for an unannounced visit to this centre in October 2017 to assess the quality and safety of care provided to residents. This contained a review, with a detailed action plan to address any deficiencies identified. One of the issues identified was to follow up on referrals of residents to allied health professionals, including a review by a psychologist. Each action had a timeline with a named person having responsibility to implement the action.

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:

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. It was noted that there had been an increase in staffing to support one resident to access day services on a more consistent basis. There were three staff on duty in the evening to facilitate

activities in the community.

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

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

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003091
Date of Inspection:	26 October 2017
Date of response:	29 November 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 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:

Some improvement was required in relation to the process for risk assessment.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Since inspection the PIC and the CNM3 have reviewed the risk assessments in this area with particular focus on changing health care needs. Ongoing monitoring of same will take place in line with change and at a minimum six monthly.

Proposed Timescale: 29/11/2017

Theme: Effective Services

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

There were inadequate arrangements in place to contain an outbreak of a fire.

2. 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:

Within this centre there are robust systems in place in the management and prevention of fire.

All residents have a personal evacuation plan .

All staff are trained and up to date re fire management.

Monthly fire evacuation practice take place and documented.

Twice yearly observed evacuations take place Evacuation times are noted to be good with evidence of learning following these evacuations

Storage is monitored to avoid clutter build up. There is no storage in vulnerable areas eg attic.

Fire fighting equipment is available in the home eg fire extinguishers and fire blanket.

Fire alarm system in the home.

An external engineers report on the area identified areas for improvement

The PIC has completed and maintained an action plan re same and has actioned all achievable interventions.

The remaining issues in the home namely, fire doors, fire panel upgrade and attic insulations etc will be actioned by the service with completion date March 2018

Proposed Timescale: 31/03/2018

