

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Group D - St. Vincent's Residential Services
<b>Centre ID:</b>	OSV-0003927
<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 Company Limited by Guarantee
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	Anne Marie Byrne
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 July 2018 09:10 To: 23 July 2018 19:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

The provider was issued with notices of proposal to refuse and cancel registration of the centre on 25 November 2016. The provider submitted a representation on 22 December 2016. This was an announced inspection to identify if the provider was operating the centre in line with the terms of the representation made to HIQA, to inform a registration decision, and to monitor overall compliance with the regulations as set out in the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013.

The provider had commenced a de-congregation plan to support the five residents living in this centre to move on a phased basis. The final details of the de-congregation plan had not been finalised and at the time of inspection a closure date for the centre had not been identified. However, it was anticipated that this information would be available in the coming days following a meeting with the provider's main funder, and that a detailed decongregation plan would be supplied to the chief inspector in the near future.

How we gathered our evidence:

As part of the inspection, inspectors observed practices and reviewed documentation such as health and social care files, medication records, staff training records and health and safety documentation. Inspectors met with all residents who lived in the centre, had conversations with two residents about their life there, and observed the life of other residents in the centre, who did not have the capacity to discuss this. Inspectors also observed that residents and staff appeared comfortable in each others company and there was a friendly atmosphere between them. Staff who spoke with inspectors were knowledgeable of residents' care needs. Inspectors also met with the provider, person in charge and a clinical nurse manager throughout the inspection. Inspectors did not have the opportunity to meet with any residents' families.

Description of the service:

The centre provides high-support residential accommodation for five adults with an intellectual disability. The management team confirmed that the centre was not accepting any new admissions, in line with the service's policy of moving residents from congregated settings to community homes. The centre is made up of a residential unit with a separate but connected apartment. The centre is located in section of a larger building in a campus providing various facilities for people with intellectual disabilities in addition to residential accommodation. Although the provider and staff had provided residents with a comfortable living environment within the existing structure, the centre continued to be institutional in nature and unsuitable to meet residents' needs on a long-term basis.

Overall judgment of findings:

Inspectors found a good level of compliance with the regulations, with eight of the eighteen outcomes inspected being found compliant and six substantially compliant. There were four moderately non-compliant outcomes and there were no major non-compliances.

Residents received a good level of health and social care, and had access to healthcare professionals. There was evidence that residents had good lives and had access to the wider community and to a range of activities in day services. In addition there were safe medication management practices being implemented, there were strong governance arrangements in place to manage the centre, measures were in place to safeguard residents, and staff were suitably trained. There were measures in place to protect residents from risks including fire, although due to the nature of the building fire safety management continued to be an issue that required improvement.

The physical premises was found to be in moderate non-compliance as while improvements had been made to improve the level of comfort for residents, the building did not constitute a suitable long-term dwelling and was not suited to residents' needs. The provider had plans in progress to address this by reducing occupancy on a phased basis, and ultimately closing the centre.

Improvement was also required to service agreements and to assessment of needs to inform the agreements. Some minor improvement was required to documentation, including healthcare intervention records, staff rosters, safeguarding documentation, and the statement of purpose.

Findings from the inspection are explained in the body of the report and actions required are found 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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there were arrangements for consulting with residents and for ensuring that residents were treated respectfully in the centre. However, there continued to be institutional arrangements in relation to meals and laundry.

Inspectors found that residents were consulted with about how they would like to live their lives during house meetings. These meetings took place on a monthly basis and minutes showed that residents had discussed shopping, social role plans, and outings. Staff also used these meetings to share relevant information, such as quality improvement updates and hand hygiene guidance, with residents.

Residents also had access to an advocacy service and there was evidence that this service was being used with residents. Residents confirmed that visitors were welcome to visit them in the centre. There were arrangements to promote residents' privacy and dignity. Each resident had a private bedroom, intimate care plans had been developed for each resident, and it was evident throughout the inspection that staff interacted with residents in a respectful manner.

Inspectors found that residents' religious and civil rights were supported. Mass was celebrated in the centre campus weekly and all residents had the option to attend this. Staff also made arrangements to bring residents, who wished to attend, to Mass in the local area. Assessments had also been carried out to establish residents' wishes around being involved in voting.

However, inspectors found that residents did not have adequate opportunities to

exercise full choice around involvement in domestic activities. Residents were not provided with the option of managing their own laundry in the centre and all laundry was carried out in a central laundry on the campus.

Inspectors found that there was an effective complaints process. There was a complaints procedure which was also available in user friendly format for residents. There had been a low level of complaints, but any complaints had been suitably recorded and investigated, with the actions taken and outcomes clearly documented.

Residents' finances were managed in a clear and transparent way. All money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed. Receipts were maintained for all purchases.

**Judgment:** Substantially Compliant

### **Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:** Individualised Supports and Care

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

No actions were required from the previous inspection.

#### **Findings:**

There were some residents living in this centre with assessed communication needs and the provider had arrangements in place to ensure these residents could effectively communicate their wishes. Comprehensive communication plans informed staff on how to communicate with residents through gestures, pictorial reference and also guided staff on how to interpret some residents' vocalisations. Residents had access to speech and language services, the Internet, television and radio if they wished. Some residents used electronic tablet devices and were supported to do so.

Throughout the inspection, inspectors observed staff to effectively communicate with residents who had assessed communication needs and residents appeared very comfortable in the company of staff working in the centre.

**Judgment:** Compliant

### **Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:** Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents were supported to maintain relationships with their families and were supported to interact in the local community.

Family and friends could visit residents in the centre at any reasonable time and there were sufficient communal rooms for residents to meet with visitors in private. Some residents also visited and regularly stayed with their families. Residents told the inspector of visits home, having relatives to visit them in the centre and of other interaction with friends.

Families were invited to attend and participate in residents' annual planning meetings and reviews of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues. On weekdays, residents had the option to attend various organised activities outside the centre where they had the opportunity to meet and socialise with their peers.

There was recorded evidence that staff arranged for residents to go on outings, attend entertainment events, dine in local restaurants and visit local shops.

**Judgment:** Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:** Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The person in charge confirmed that agreements for the provision of services had been made with, or on behalf of, all residents. Inspectors viewed a sample of these agreements and found that improvement to their content was required. While the agreements were generally informative, the service provided was not stated in sufficient detail, the appropriate fee for each resident was not clear and details of what was included in the fee were not clearly stated. In addition, there was no evidence available during the inspection to support that the fees were being calculated based on residents'



assessed needs, or the service as described in the statement of purpose.

As this centre had been identified for closure, no further new admissions were being accepted.

**Judgment:** Non Compliant - Moderate

### **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' social wellbeing was maintained by a good standard of care and support. There were records of individualised assessment and personal planning. Residents had opportunities to pursue activities appropriate to their individual preferences both at nearby supported day services and in the community.

Each resident had a personal plan which contained personal information about their backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals.

There was an annual meeting for each resident to discuss and plan around issues relevant to their life and wellbeing. These meetings were attended by residents, their families and their support workers including day service staff.

There were a range of activities taking place in day services and residents' involvement was supported by staff. Residents were involved in activities such as art, cookery, walking and swimming which they enjoyed. Staff also supported residents' access to the amenities in the local community such as shopping, cinema, eating out, meeting their families and leisure outings.

Plans were being developed to transfer residents from the centre to alternative accommodation on a phased basis. The management team and the person in charge were aware of the importance of suitable assessments being completed prior to transition of residents from the centre and their admissions to new accommodation.

**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):**

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

### **Findings:**

During previous inspections, it was found that this centre was unsuitable, as its layout did not meet the needs of residents. This finding related to a number of different failings which continued to be evident at this inspection. It was noted; however, that the provider was involved in an on-going plan to source more suitable accommodation for residents. In the interim, the management team had ensured that the centre was warm, clean, comfortable and personalised.

The centre was made up of two adjoining dwellings in a campus based setting on the outskirts of a large city. The dwellings were clean, bright and comfortable and were furnished to suit residents' assessed needs. One unit provided accommodation for four residents while the other provided separate accommodation for one person. All residents had their own bedrooms. Bedrooms were spacious, bright, personalised and had adequate storage space for residents' belongings.

Some bedrooms did not meet residents' needs for privacy and were not suitable for long-term habitation - due to their design and layout. A large dormitory had been reconfigured to provide separate individual bedrooms for each resident. However, these rooms were not divided to ceiling height, which impacted on residents' privacy. In addition, some bedroom windows were situated at a high level which did not permit residents to look out through them and one window did not have any accessible mechanism to open and close it. Throughout the centre there were several sitting rooms which were well furnished and comfortable. There were also ample spacious, well-equipped bathrooms to suit residents' needs.

There was a modern kitchen with kitchen equipment and tableware, with an adjoining well-furnished dining area.

There were separate secure outdoor areas attached to each dwelling. At the time of inspection one of these areas was being restructured to meet a resident's assessed need.

The provider and management team were fully aware of the unsuitability of the centre, and were committed to closing the centre and transitioning residents to suitable

accommodation in the community on a phased basis. A plan to achieve this was in progress, but at the time of inspection a time frame for completion had not been identified. Since the last inspection, the occupancy of the centre had reduced from seven residents to five.

**Judgment:** Non Compliant - Moderate

## **Outcome 07: Health and Safety and Risk Management**

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

**Theme:** Effective Services

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

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

### **Findings:**

The provider had a number of fire safety precautions in place, including, regular fire drills, regular fire checks and internal and external emergency lighting. A well-maintained fire panel ensured that staff would be alerted to the occurrence and location of fire within the centre. Staff who met with inspectors spoke with confidence about how they would respond to a fire in the centre and support residents to evacuate.

Since the last inspection, the provider had introduced a number of measures to reduce to the risk of fire occurring in the centre, including, a reduction on the amount of domestic applications being used in the centre and a system to ensure appliances were charged during the day rather than at night. A sample of fire drills were reviewed by inspectors, which demonstrated that staff could effectively evacuate residents from the centre in a timely manner. Each resident had a personal evacuation plan, which gave clear guidance on the level of support each resident required in the event of an evacuation and these plans were readily located for those assisting with the evacuation to access. Although there was a fire procedure displayed in the centre, it did not adequately guide on how staff would respond to fire in the centre. This was brought to the attention of the person in charge, who rectified this subsequent to the inspection. All staff had received up-to-date fire safety training.

Prior to this inspection, the provider gave a written update to the chief inspector informing that since the last inspection, no structural changes were made to the centre to address fire containment relating to opening ceilings, compartmentalisation or fire retardant doors. In response to this, inspectors observed that the provider had put alternative fire containment measures in place to ensure the safety of residents in the event of a fire. Smoke seals and self-closing devices to some doors in the centre ensured that smoke would be contained in the event of a fire. Increased staffing arrangements at night ensured that adequate staff were at all times available in the centre to respond to fire in a timely manner. Furthermore, a number of additional staff based on the campus setting were appointed with the responsibility of assisting with an

evacuation in this centre. Although the provider had a risk assessment in place to monitor and review these fire safety precautions, it was unclear from this risk assessment what impact these measures were having on the management of the specific fire risks relating to the centre.

Incident reporting was promoted in the centre and incidents were regularly reviewed by the person in charge. The provider had arrangements in place to ensure residents' specific risks were identified, assessed, managed and regularly reviewed. A risk register was in place for the review of organisational specific risks and the management of these risks were reviewed regularly by the person in charge. Inspectors found that the person in charge a good knowledge of the risk management system and he had system available to him to report high-rated risks to senior management to review. However, some improvement was required to some organisational risk assessments to ensure they adequately described the specific risks being managed.

**Judgment:** Non Compliant - Moderate

### **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):**

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

### **Findings:**

In response to some safeguarding concerns identified in the months prior to this inspection, the provider had put safeguarding plans in place to safeguard vulnerable residents who live in this centre. The person in charge informed inspectors that since the introduction of these plans, no further safeguarding incidents had occurred, which he attributed to increased staff supervision arrangements. Although staff were aware of the arrangements in place to safeguard vulnerable residents in the centre, improvements were required to the safeguarding plans to ensure they adequately described the specific supervision arrangements in place.

There were a number of physical and environmental restrictions in place at the time of this inspection. Staff spoke with confidence on the appropriate application of these restrictions and the person in charge reported that there has been a significant reduction in the use of physical restraints, with the last application recorded in August 2017. The person in charge had ensured staff received additional training and support in

relation to the specific restrictions in place within the centre. Although restrictive practices were regularly reviewed by multi-disciplinary teams, it was unclear from the documentation available what the outcome of review was for each restriction in place. Furthermore, although there was documentation available to inform staff of the restrictions in place for residents, this documentation did not clearly guide staff on how to appropriately apply these restrictions in practice.

Where residents experienced behaviour that challenges, these residents received regular assessment and had clear behaviour support plans in place. Multi-disciplinary teams were available to support staff in the management of these behaviours. The person in charge told inspectors that since the number of residents living in this centre had reduced in recent months, this had a positive impact for some residents who presented with behaviour that challenges.

**Judgment:** Substantially Compliant

### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:** Safe Services

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

No actions were required from the previous inspection.

#### **Findings:**

Inspectors observed that the person in charge had given the chief inspector notice in writing within three working days of adverse incidents occurring in the designated centre in accordance with Regulation 31.

**Judgment:** Compliant

### **Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:** Health and Development

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

No actions were required from the previous inspection.

#### **Findings:**

Residents were supported to develop further skills appropriate to their abilities.

Residents had the option attend day services, although the centre was staffed throughout the day to allow residents the choice of staying at home in the centre if they preferred to. Staff made activities, such as art, relaxation therapies and music available to residents. There was transport available at both units in the centre and during the inspection some residents went out with staff for walks and shopping.

Residents were supported by staff to undertake activities of daily living, such as personal shopping, gardening and personal hygiene, at a level suited to their abilities. Although the residents in this centre did not opt to attend formal educational courses, some were using their computer technology with the support of staff. There was a gym and a swimming pool in the grounds of the centre, and some residents enjoyed using these facilities. None of the residents had employment in the community, but residents' involvement in activities - such as helping with mailing, was supported as appropriate.

Other activities, independent of the centre, also took place and residents went out with staff for meals, swimming, to the cinema, for outings and for shopping.

**Judgment:** Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:** Health and Development

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

No actions were required from the previous inspection.

#### **Findings:**

Inspectors found that residents' healthcare needs were well met and that residents had access to suitable healthcare support as required.

All residents had access to the services of a doctor on the campus. Records showed that all residents had an annual health check carried out and had further medical consultations as required. Referrals to other medical consultants were also made, when required.

Residents had access to healthcare services, including physiotherapy, speech and language therapy, chiropody, psychology and occupational therapy. Referrals for these services were being made as the need arose. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice. In addition, other external healthcare services were arranged, such as visits with an optician and audiologist.

Support plans were developed for residents' assessed healthcare needs, such as epilepsy care, weight management support and dysphagia.

Residents' nutritional needs and weight were kept under review and any identified issues were addressed. For example, referrals to the speech and language therapist were made as required, recommendations were recorded and these were being implemented. During the inspection the inspector saw residents eating meals that had been prepared to meet their needs. However, there were institutional catering practices in the centre, which did not support residents to fully take part in the preparation and cooking of their own food - if they so wished. Although there was a domestic style kitchen in the centre, residents had limited opportunity to prepare their own meals, if they wished to with the exception of breakfasts, light snacks and occasional evening teas being prepared. Residents had all their main meals supplied by a central kitchen, and delivered to the centre daily.

**Judgment:** Substantially Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:** Health and Development

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

No actions were required from the previous inspection.

### **Findings:**

There were safe medication management practices in place to safeguard residents.

Inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of 'as required' medications was prescribed with clear guidance on administration. All medication on prescription sheets, including discontinued medication, had been reviewed and signed by a doctor. There were colour photographs of each resident available to verify their identity if required.

There were suitable arrangements for the ordering, storage and return of unused and out-of-date medications.

Various audits were carried out to review the quality and safety of medication management in the centre, and these indicated a high level of compliance.

At the time of inspection, none of the residents required medication to be administered crushed or medication requiring strict controls. All residents had been assessed for

suitability to administer their own medication.

**Judgment:** Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:** Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose that described the service being provided to residents. However, it did not clearly state some of the information required by the regulations. The statement of purpose was being reviewed annually by the person in charge, and was available in the centre to residents and their representatives.

**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):**

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

**Findings:**

While the provider was taking measures to improve the quality, safety and comfort of the service, suitable systems had not been achieved to ensure that the service provided was consistently safe and suited to residents' needs.

Notices of proposal to refuse and cancel registration of the centre had been issued to the provider based on a failure to submit a funded, costed and time-bound plan to HIQA



to satisfactorily address failings relating to restrictive practices, provision of a service that satisfactorily met residents' assessed needs, fire safety and the premises. On this inspection, inspectors found that the provider had introduced suitable measures to address several of these failings, although a final plan to satisfactorily address all of the issues had not yet been completed. The provider explained that plans were being developed to address issues relating to fire safety, risk management and premises. It was expected that these plans would be finalised with timescales in the coming week, and would be forwarded to the chief inspector in HIQA.

The provider had established a clear management structure, supports were available to staff and there were systems in place to review and improve the quality of service.

The quality and safety of care was being monitored. All accidents and incidents were recorded and kept under review within the centre for the purpose of identifying trends. Unannounced visits to the centre were carried out every six months to review the quality of service and compliance with legislation. Action plans were developed to address any deficits found during these audits. The required actions identified at recent audits had either been addressed by the person in charge or were at an advanced stage of completion. Annual reviews of the service, which included feedback from residents and their families, were also being carried out.

The management team had carried out a risk analyses of the service and had ensured that staff attended relevant training.

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. The person in charge was the manager of two adjacent centres and had an office in this centre. He was very knowledgeable regarding the individual care and support needs of each resident, and it was also evident that residents knew him. There were arrangements to cover the absence of the person in charge and there were robust out-of-hours arrangements in place to support staff.

The provider and management team had acknowledged that the centre did not meet the long term needs of residents and they were working on progressing the transition of residents to more suitable centres and safe environments.

**Judgment:** Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:** Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Suitable arrangements were in place to cover the absence of the person in charge when required.

**Judgment:** Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:** Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that the centre was resourced to meet the assessed needs of residents living there. Residents had access resources such as transport, staffing and equipment suitable to meet their assessed needs.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection, and staff had received training appropriate to their roles. However, inspectors found that some improvement was required to the staff roster.

Records viewed by inspectors showed that there were adequate staff on duty to meet residents' assessed needs. There was a clinical nurse manager based in the centre to support staff and oversee the quality of care and an on-call system was also available to

provide additional staff support at night and at weekends. Staff who spoke with the inspector stated that they felt supported in meeting the needs of residents through the current staffing arrangement. Although there was a planned and actual staff roster in place, it required improvement to ensure it clearly stated the start and finish times worked by staff in the centre.

Training records demonstrated that staff had received training and refresher training in areas such as behaviour support, fire safety, manual handling and safeguarding and regular staff supervision arrangements were also in place.

**Judgment:** Substantially Compliant

### **Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:** Use of Information

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

No actions were required from the previous inspection.

### **Findings:**

Overall, inspectors found that records required by the regulations were maintained in the centre, and were accessible, legible and well-maintained. However, improvement was required to the recording of some information to ensure that it was sufficient to guide practice and meet the requirements of the regulations.

During the course of the inspection, a sample of documents, such as staff training records, medication records, health and safety records, operational policies and healthcare documentation were viewed and were found to be suitable. All records requested during the inspection were made available to inspectors in a timely manner.

Improvement was required to the recording of some nutritional plans of care, as some information was not recorded in sufficient detail to guide staff. For example, a weight management plan of care did not clearly identify the health issue that needed to be addressed, and another plan included inaccurate information about a food item acceptable for a restricted diet. This information was not consistent with the knowledge of staff displayed on the day of inspection and presented a risk that some staff may not be clear on required care interventions. In addition, records of the food supplied to residents was not being recorded in sufficient detail to determine if the diet was

satisfactory and having regard to any special dietary needs.

Inspectors reviewed a sample of Schedule 5 policies and procedures available at the centre during the inspection. These were found to be up-to-date, accessible to staff and met the requirements of Schedule 5 of the regulations. One policy was out of date, but was under review at the time of inspection and was expected to be updated and circulated to staff within the next two weeks.

There was a directory of residents in place; however, inspectors observed that the addresses and genders of residents living in this centre was not recorded. This was brought to the attention of the person in charge, who provided written assurances the day subsequent to the inspection that this had been rectified.

There was an informative guide for residents, although it required some improvement as it did not include all the information required by the regulations.

**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:***

Jackie Warren  
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 Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0003927
<b>Date of Inspection:</b>	23 July 2018
<b>Date of response:</b>	03 September 2018

### 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Practices in relation to laundry were institutional in nature. Residents did not have the opportunity to launder their own clothes in the centre if they chose to.

#### 1. Action Required:

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

Under Regulation 12 (3) (b) you are required to: Ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.

**Please state the actions you have taken or are planning to take: The laundry facilities were removed from this centre as a control measure to the risk of fire. The laundry has been located in a facility approximately 50 meters from the centre. The residents are offered choice to attend the laundry throughout the day if they so wish, some choose to attend. Residents assist in putting away their own clothes when laundered.**

**Proposed Timescale: 24/07/2018**

#### **Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The agreements for the provision of service did not clearly state all the information required by the regulations.

#### **2. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

**The service manager will arrange review of the contract for the provision of services with the assistant chief executive officer and the finance director, to ensure it includes the service provided and fees to be charged, and details of what is included in this fee.**

**Proposed Timescale: 31/10/2018**

**Theme:** Effective Services

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

There was no evidence available during the inspection to support that service fees were being calculated based on residents' assessed needs, or the service as described in the statement of purpose.

#### **3. Action Required:**

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

charged are in line with those set out by the Health Service Executive, as per the appendix on each contract of care. Each resident in the centre has had the Residential Support Services Maintenance and Accommodation Contributions completed, (RSSMAC). The service manager has discussed this with the service Director of Finance. A review of each RSSMAC assessment will be completed for each resident by the person in charge .

**Proposed Timescale: 15/10/2018**

#### **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The design and layout of the centre did not meet the needs of residents.

#### **4. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The action plan response submitted by the provider for this action was unacceptable as it did not address the issue identified.

**Proposed Timescale:**

#### **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 provider failed to ensure that risk assessments:

- adequately described the measures in place to contain fire in the centre
- adequately described the specific risks being managed in the centre

#### **5. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated 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: Risk assessments and the fire action plan were reviewed post inspection, and update re same given to the inspectors by the person in charge as requested. The Director of Logistics who is also a qualified fire engineer will meet with**

**the service manager and person in charge regarding the fire risk assessments in the centre and the impact of the current control measures on the management of fire.**

Part of the action plan response submitted by the provider for this action was unacceptable as it did not address all the issues identified.

**Proposed Timescale:**

**Theme:** Effective Services

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

The building was not constructed in a manner capable of containing fire

**6. 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:**

The action plan response submitted by the provider for this action was unacceptable as it did not address the issue identified.

**Proposed Timescale:**

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The provider failed to ensure that the documentation in place to support the use of restrictive practices:

- adequately informed on the outcome of the review of each restrictive practice in place
- adequately guided staff on the appropriate application of restrictive practices

**7. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take: The service manager has met with the chairperson of the restrictive practices committee. Where restrictive practice are in place each practice will have its own individual discussion document completed. The Person in Charge, at monthly multi-disciplinary team meetings will raise as an agenda item the use of restrictive practices and document a review date where this discussion has taken place and any changes or recommendations that have been made.**



Part of the action plan response submitted by the provider for this action was unacceptable as it did not address all the issues identified.

**Proposed Timescale:**

**Theme:** Safe Services

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

The provider failed to ensure safeguarding plans adequately described the control measures in place to protect vulnerable residents from abuse.

**8. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take: The person in charge with the social worker will review current safeguarding plans to ensure each provides clear instruction to all staff on how to support the residents and manage the safeguarding issue.**

**Proposed Timescale: 30/08/2018**

**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:**

The systems in the centre did not support residents to take part in the preparation and cooking of their own food if they so wished.

**9. Action Required:**

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

The action plan response submitted by the provider for this action was unacceptable as it did not address the issue identified.

**Proposed Timescale:**

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not clearly state some of the information required by the regulations.

**10. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take: The statement of purpose was reviewed to include the information required and submitted to the authority post inspection.**

**Proposed Timescale: 26/07/2018**

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Suitable systems had not been achieved to ensure that the service provided was consistently safe and suited to residents' needs.

**11. 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 action plan response submitted by the provider for this action was unacceptable as it did not fully address the issue identified, and did provide a time frame to to achieve compliance.

**Proposed Timescale:**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The person in charge failed to ensure the planned and actual roster clearly indicated the start and finish times worked by staff in the centre

**12. Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota,

showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take: This action was completed on the day of inspection.**

**Proposed Timescale: 24/07/2018**

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The residents guide did not include the terms and conditions relating to residency in the centre.

**13. Action Required:**

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

**Please state the actions you have taken or are planning to take: Residents guide has been reviewed and submitted to the authority.**

**Proposed Timescale: 24/08/2018**

**Theme:** Use of Information

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

Some plans of care, based on residents' assessed needs, were not recorded in sufficient detail to guide.

**14. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take: Specific plans of care have since inspection been reviewed to include all necessary information.**

**Proposed Timescale: 24/07/2018**

**Theme:** Use of Information

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

Records of the food supplied to residents was not being recorded in sufficient detail to

determine if the diet is satisfactory and having regard to any special dietary needs.

**15. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The action plan response submitted by the provider for this action was unacceptable as it did not address the issue identified.

**Proposed Timescale:**