

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group E - St Anne's Residential Services
Centre ID:	OSV-0003948
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Catherine Linden
Lead inspector:	Julie Hennessy
Support inspector(s):	Kieran Murphy
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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: 20 June 2017 09:30 To: 20 June 2017 13:30

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was the fifth inspection of this designated centre. This inspection was the third inspection following the issuing of notices of proposal to refuse and cancel registration of the centre that were issued by the Health Information and Quality Authority (HIQA) to the Daughters of Charity. The previous inspection took place on 31 May and 1 June 2016. This inspection was a focussed inspection that specifically followed up on the progress against three outstanding actions from the previous inspection that related to the appropriate placement of residents, required fire safety improvement works and the provision of adequate facilities for residents.

Description of the service:

The centre comprises two community houses and can accommodate 10 residents. One house is a two-storey dwelling that can accommodate five residents. The second house is a single-storey dwelling that can also accommodate five residents. Residents' care needs included support in relation to behaviour that may challenge.

How we gathered our evidence:

Inspectors visited both houses and met those present at the time of the inspection. Inspectors met with the person in charge of the centre, the house manager in one house and staff on duty. A representative of the provider attended a meeting at the close of the inspection. Staff described how residents were supported to use verbal and non-verbal communication to express their choices, feelings and wishes. Inspectors also reviewed relevant documentation, including support plans, personal

plans and staff training records.

Overall judgment of our findings:

Sustained and significant improvement has been demonstrated in this centre over the course of three successive inspections, including this inspection. While this was a focussed inspection on three key actions, conversations with staff, observations and review of personal plans demonstrated that there were effective systems in place to ensure the delivery of safe quality care in this centre. The person in charge demonstrated that they had oversight of the care and support being provided in the centre with an emphasis on quality of life outcomes for each individual resident.

However, three outcomes were identified at the level of major non-compliance at this inspection, due to the absence of a fully funded plan to address previously identified failings:

- while significant progress had been made in one house to ensure that residents lived in an environment that met their assessed needs, a fully funded plan was not in place to ensure that this was the case for all residents. As a result, individual residents were living in a more restrictive environment than they required (outcome 5);
- satisfactory progress was not evidenced in relation to identified fire safety failings. While some key fire improvement works had been completed, a representative of the provider confirmed that a funded plan was not in place to implement all of the recommendations made by an external fire consultant in 2015. As a result, this outcome has been increased to the level of major non-compliance at this inspection (outcome 7);
- the provider has failed to submit a fully funded plan to address on-going non-compliances in this centre, as required to progress the registration of this centre (outcome 14).

Despite affording the provider two opportunities to submit an acceptable action plan, the provider failed to satisfactorily respond to the major non-compliances identified. The provider's response to regulations 5(3), 28(3)(a) and 23(1)(c) have not been published as they were dependent on funding.

Improvements were also required to ensure that residents had access to bathrooms of an adequate standard to meet their assessed needs. A timeframe for completion of these works had passed and reassurance was provided by the close of this inspection that these works would proceed without further delay. Also, a training needs analysis was required to ensure that staff training needs were fully identified to meet residents' assessed needs and support requirements.

Findings are discussed in the body of this report and required actions to be taken to address any non-compliances are outlined in the action plan at the end of this 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):

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

Findings:

Inspectors reviewed the progress being made to address a failing that was identified at the previous inspection to have been at the level of major non-compliance. Overall, while progress was evidenced, the plan in place was not fully funded and as a result, satisfactory reassurance was not provided that the plan to address this failing would be implemented in full.

At previous inspections, it was found that the designated centre was not suitable for the purposes of meeting the assessed needs of each resident. The impact on residents was that in one house, the environment had been identified by a psychologist as not being conducive to supporting residents to progress and to reduce levels of behaviours that may challenge on a consistent basis. In the second house, individual residents were living in a more restrictive environment than they required.

Since the previous inspection, a plan was submitted in relation to the transition of some residents to more suitable accommodation. In the first house, the failing had been satisfactorily addressed with residents having been transferred to more suitable accommodation and renovation works having been completed to the house to meet the needs of any remaining residents. In the second house, there was evidence that a planned move had been integrated into a resident's personal plan and that goals were being set and achieved to support the planned transition. However, this plan was not fully funded and reassurance was not provided that the planned move would go ahead. As a result, the plan cannot be accepted by HIQA and this failing remains at the level of major non-compliance.

Judgment:
Non Compliant - Major

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:

Inspectors reviewed the progress being made to address a failing that was identified at the previous inspection that related to the completion of works required to a bathroom to meet residents' assessed needs. Overall, satisfactory progress was not evidenced at the time of the inspection. However, a representative of the provider provided satisfactory reassurance before the end of the inspection that this would be progressed without further delay.

At the previous inspection, an occupational therapist had completed an environmental assessment of the bathroom in one house and its suitability to meet the needs of all residents. Improvement works were identified, which included a new toilet, toilet grab-rails, a larger bath, bath grab-rails, a wet room with sloping floor and a shower unit and a towel radiator. Sensor lighting was also recommended. These works were also required to support behaviours that may challenge. The final report was dated 26 January 2016. Following the previous inspection, a date for commencement of these works was provided; 31 October 2016. At this inspection, inspectors found that these works had not yet commenced. This was discussed with a representative of the provider, who confirmed that required works had been approved and should have been completed. Satisfactory reassurance was provided that these works would proceed without further delay. A revised completion date was requested from the representative of the provider, to be submitted as part of their action plan.

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:

Inspectors reviewed the progress being made to address a failing that was identified at the previous inspection that related to fire safety. Overall, satisfactory progress was not evidenced. A representative of the provider confirmed that a funded plan was not in place to implement all of the recommendations made by an external fire consultant in 2015. As a result, this outcome has been increased to the level of major non-compliance at this inspection.

The provider had commissioned a fire risk assessment from an external consultant in 2015, which identified fire improvement works in this centre. At this inspection, inspectors reviewed the progress being made against the remaining actions, which a representative of the provider stated in their previous action plan would be completed by the 30 June 2017. Inspectors found that a number of actions had been completed, including upgrading of the fire alarm and emergency lighting systems. A representative of the provider confirmed that they did not have the required funds to complete the remaining items. These actions related to works required to ensure the protection of escape routes and fire containment, including fire stopping. An updated fire risk assessment by a suitably competent person was requested, which would also consider any outstanding actions and changes made to the design and layout of the centre since the previous inspection.

Judgment:

Non Compliant - Major

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):

Findings:

A major non-compliance was found at this inspection due to the failure of the provider to submit a fully funded plan to address on-going non-compliances in this centre, as required to progress the registration of this centre.

As previously mentioned under outcomes 5 and 7, the provider has progressed a number of required actions to improve fire safety and to transfer residents to more suitable accommodation where required. However, a representative of the provider outlined that the funds were not available to complete all of the required fire safety improvement works or to ensure that the transfer would proceed as planned. Also, the date by which a transfer of a resident to more suitable accommodation had previously been provided as September 2017 and at this inspection, the representative of the provider outlined that a revised date of April 2018 was now being provided. These outstanding actions were also identified in the provider's annual review for 2016.

Judgment:

Non Compliant - Major

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):

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

Findings:

One aspect of this outcome was inspected as it related to staff training.

At the previous inspection, a review of training records identified that a small number of staff required training in relation to fire safety and positive behaviour support. At this inspection, staff had completed or were scheduled to complete mandatory training, including any new staff. However, it was not clear whether a training need analysis had considered the full range of training that staff may require to support residents assessed needs, for example, in relation to autism, communication and sensory needs.

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:

Julie Hennessy
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-0003948
Date of Inspection:	20 June 2017
Date of response:	02 August 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 05: Social Care Needs

Theme: Effective Services

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

The designated centre was not suitable for the purposes of meeting the assessed needs of each resident. A fully funded plan was not in place to facilitate the transfer of residents to more suitable accommodation, based on their assessment of needs.

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

1. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

Proposed Timescale:

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Bathroom works that had been recommended by an occupational therapist to meet individual resident's assessed needs had not been completed by the previously agreed date of October 2016.

2. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Since inspection the Provider Nominee has reviewed the bathroom with the Director of Logistics with a view to full implementation of the occupational therapist recommendations to meet the assessed needs of all residents in this centre.

The plan is to proceed with immediate effect.

Proposed Timescale: 30/09/2017

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:

Adequate arrangements were not in place for containing the spread of smoke or fire in the event of a fire.

3. 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:

Proposed Timescale:**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Adequate arrangements were not in place for maintaining all means of escape, building fabric and building services.

4. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

We have reviewed the report by the fire consultant and confirm that the key risks identified have been addressed in each of the residences including upgrading the fire alarm systems to L1 standard. The fire detection system and emergency lighting systems have been tested by a competent person for 2017.

The Service is committed to addressing the remaining issues as outlined in the consultant's report. A costed plan in relation to the outstanding works for each of the centres was submitted to the HSE on 20/07/17 seeking additional resources with a view to completing the works. The HSE have indicated that they have forwarded this request to the Social Care National office and we are awaiting a response.

Proposed Timescale: 31/10/2017**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:**

The provider had failed to submit a fully funded plan to address on-going non-compliances in this centre, as required to progress the registration of this centre.

5. 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:

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:

It was not clear whether a training need analysis had considered the full range of training that staff may require to support residents assessed needs, for example, in relation to autism, communication and sensory needs.

6. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Training needs identified in this centre in relation to Autism, communication and sensory needs are being addressed through the training department and will be addressed at the target group in this area. September 2017 training is being provided in St. Annes in relation to Autism (ASD) to support residential staff in this area and further training on September 24th in Autism (ASD) to day service staff will promote continuity and a universal understanding.

Further training re Autism will be provided in this centre at house meetings September 2017 by CNM3. Training needs analysis in March 2017 identifies training needs and the above training needs will be implemented in 2017.

Proposed Timescale: 31/12/2017