

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Group H - St Vincent's Residential Services
<b>Centre ID:</b>	OSV-0003931
<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>Provider Nominee:</b>	Breda Noonan
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 03 May 2017 12:30 To: 03 May 2017 16:00

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

**Summary of findings from this inspection**

This was the third inspection of this designated centre by the Health Information and Quality Authority (HIQA). The provider was issued with notices of proposal to refuse and cancel registration of the centre on 31 January 2017. The provider submitted a representation on 23 February 2017 outlining their response to the grounds cited in the notices of proposal. A certificate to register this centre has not been granted.

The purpose of this focused inspection was to monitor ongoing compliance in relation to key grounds cited in the notices of proposal. Key failings related to fire safety and the suitability of the premises. With respect to fire safety, adequate steps had been taken by the provider to mitigate against any immediate risk to residents. However, the provider has to date failed to submit a funded, costed and time-bound plan to HIQA to satisfactorily address the identified key failings.

**Description of the service:**

The centre provides high-support residential accommodation for adults with an intellectual disability. The centre accommodates seven residents. The Statement of Purpose for the centre was updated during the inspection to reflect that the centre was not accepting any new admissions, in line with the service's policy of moving on from congregated settings.

The centre is located in a larger building that is only partly occupied by this centre. The rest of this building accommodated two other designated centers (Groups D and G) as well as other facilities such as offices and other rooms for staff use. The centre was located on a campus providing numerous facilities for people with intellectual

disabilities in addition to residential accommodation.

How we gather our evidence:

The inspector spent time and interacted with three residents who were in the centre at the time of the inspection. While residents were non-verbal, residents were comfortable in the presence of staff. Staff demonstrated that they were familiar with each resident's individual means of communication. The inspector also reviewed documentation pertaining to the areas being inspected such as risk assessments, care plans and training records.

Overall judgment of our findings:

Overall, improvement had been made to progress the actions identified at the previous inspection. Improvements identified at the previous inspection to ensure that residents had access to the community were being sustained. Family relationships were being supported by staff. Other actions completed since the previous inspection included the introduction of arrangements to ensure that assessments of need were multidisciplinary, staff training was up to date and an outstanding psychology referral had been completed.

However and as cited as grounds in the notices of proposal to refuse and cancel the registration of this centre, key failings remained largely unchanged since the previous inspection:

Under Outcome 6, the design and layout of the centre was not satisfactory. Natural light was limited, as was satisfactory private and communal space for seven residents. While the fundamental failings of the design and layout of the centre were unchanged, improvements had been made since the previous inspection to the ventilation, and the purpose and use of rooms had been reviewed. As a result, a bedroom that was severely limited in size was no longer in use as a bedroom. Other less frequently used rooms were being reviewed for their suitability to provide additional private or quiet space.

Under Outcome 7, the building was not provided with construction capable of containing a fire where required. Furthermore, the layout did not provide an adequate number of escape routes from some areas of the building in the event of a fire. While the fundamental fire safety failings were unchanged, adequate steps had been taken by the provider to mitigate against any immediate risk to residents. This included increased night-time staffing arrangements. However, further improvements were identified at this inspection to fire safety awareness and fire safety risk assessment.

Under Outcome 14, the provider had failed to submit a funded, costed and time-bound plan to HIQA to satisfactorily address fundamental failings relating to the fire safety and suitability of the premises to meet residents' individual and collective needs.

Since this inspection, the provider has stated in their action plan response that there is a funded plan in place to transition residents from this centre to more appropriate and suitable accommodation in the community by 31 December 2018.

Findings are detailed in the body of this report and should be read in conjunction with the actions 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):**

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

**Findings:**

The inspector reviewed aspects of this outcome as they related to assessment of residents' needs and the personal plan. Some improvement was required to support residents to set and achieve new goals.

An assessment of needs had commenced for all residents. The nursing part of the assessment had commenced and assessment by other members of the multidisciplinary team was scheduled. These assessments would inform any future transfers from the centre.

The person in charge outlined arrangements that had been introduced in relation to an annual review. Residents' personal plans now involved a multidisciplinary review and this arrangement allowed for any outstanding or required assessments to be completed. Examples of recent inputs from speech and language therapy, occupational therapy and psychology were evidenced in care plans.

The inspector reviewed a sample of residents' personal goals in their personal plans. Goals that had been set had been achieved in mid-2016. Goals set that related to community participation and supporting family relationships were being supported on an ongoing basis. While potential new goals had been identified, such as resuming previously enjoyed activities, no new goals had been set since 2016.

**Judgment:**

Substantially 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:**

Overall, and as found on previous inspections, the design and layout of the centre did not meet the needs of all residents. As a result, this outcome will remain at the level of major non-compliance. Natural light was limited in most bedrooms and the limited size and light in unused rooms rendered those rooms unappealing for use as additional private or communal space.

At this inspection, the nature of the failing was unchanged. However, improvements were noted in a number of areas in line with the provider’s response to the notices of proposal to refuse and cancel registration of this centre.

The provision of ventilation in the centre had improved. Devices had been installed to allow for previously out-of-reach windows to be opened. An extractor fan had been installed into a shower room where there was no window. These measures had a demonstrable improvement on the circulation of fresh air and the control of odour in the centre.

The person in charge had sought support in relation to reviewing the purpose and use of rooms in the centre. As a result, a previously identified failing where a resident’s bedroom did not provide adequate size and space had been addressed. The same resident showed the inspector their new room, which they were very happy with and which was bright and provided ample space for personal belongings, personal effects and any required equipment.

While the person in charge was considering the use of less frequently used rooms to provide additional private or quiet space, the limited size and light in those rooms rendered them potentially unappealing for this purpose.

The provider was in the process of submitting updated floor plans and a Statement of Purpose to HIQA that reflected these changes.

**Judgment:**

**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:**

Aspects that related to fire safety management and risk management were inspected on this inspection. Overall, previous findings relating to fire containment were unchanged. Also at this inspection, improvements were required to fire safety awareness and a current fire risk assessment was required for this centre.

The person in charge and provider representative confirmed that failings, identified on a previous inspection by the HIQA fire and estates inspector relating to the construction of the building and fire containment, were unchanged. The building was not constructed in a manner capable of containing a fire, should one occur. The escape routes were not constructed in a manner capable of being maintained free from heat and smoke in the event of a fire. The provider had taken interim measures to mitigate against any immediate risk.

At this inspection, the inspector reviewed ongoing compliance with other fire safety arrangements and precautions, including those that related to staff training, fire detection, evacuation and maintaining, reviewing and testing of fire equipment.

Fire safety checks were completed and recorded by staff. Some improvements were required to ensure that documentation was completed as required. For example, records of practice drills were not fully complete and the time taken to evacuate during one drill was not specified. Fire safety equipment and emergency lighting were serviced and maintained as required. Staff training was up to date.

New personal emergency evacuation plans had been introduced into the centre and had been completed by the staff team for each resident. Practice fire drills took place regularly. Where a resident may refuse to cooperate in the event of a fire, input had been sought from the multidisciplinary team. In turn, recommendations from members of the multidisciplinary team were being trialled. For example, a social story relating to fire drills had been devised with the speech and language therapist, the occupational therapist had approved a transport chair that could be used and the psychologist had recommended a fire drill familiarisation programme, which involved fortnightly practice drills. However, while these steps were proving successful during the day-time, adequate reassurance was not provided that there was a personal emergency evacuation plan in place to evacuate any resident who refused to cooperate at night-



time.

The provider had commissioned a fire risk assessment to be completed for this centre in 2014 by an external consultant. However, the fire risk assessment available in the centre had not been developed by a suitably competent person in the area of fire safety. The risk rating did not align with the previous consultant's risk assessment and structural failings had not been included. Also, the inspector found that a number of relevant hazards had not been included in the risk assessment. This included the absence of fire doors in what are considered high-risk rooms (such as the laundry), a key left in an internal fire door and the inappropriate storage of a full oxygen cylinder in an escape route. These findings indicated a lack of fire safety awareness and the need for increased input and oversight from suitably qualified persons in this area to support the staff team. This finding is all the more important given the underlying fundamental structural fire containment deficits in this centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

A key ground cited in the notices of proposal to refuse and cancel registration of the centre concerned a failure of the provider to submit a funded, costed and time-bound plan to HIQA to satisfactorily address key failings as they related to fire safety and the premises. While the provider was working with their main funder and endeavouring to identify suitable alternative accommodation within their own service for residents, this action had not progressed in any concrete way.

An assessment of needs had commenced for all residents to support any future transfer of residents from this centre. The inspector viewed a sample assessment which would be completed with full multidisciplinary team input.

The inspector reviewed the report of the annual review for this centre completed in October 2016. The action plan in place identified key issues, and the previous person in

charge had progressed actions under her remit. Fundamental failings that related to the premises were highlighted in the annual review but, as indicated above, no corresponding plan was available. A new person in charge had commenced in the centre since the annual review was completed. There was one action from the annual review that related to the auditing of care plans and this action was outstanding. This was discussed with the person in charge and the representative of the provider. Actions identified at the previous inspection, except for failings relating to the construction, design and layout of the premises itself, had been completed. The representative of the provider had scheduled an unannounced visit to this centre. The inspector noted that only one unannounced visit had taken place in 2016 and not two, as required by the regulations. This was also discussed with the representative of the provider.

**Judgment:**

Non Compliant - Major

### **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 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-0003931
<b>Date of Inspection:</b>	03 May 2017
<b>Date of response:</b>	01 June 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:**

Where residents had achieved their goals for 2016, new goals had not been set.

**1. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

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

reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Goals of each resident in their Person Centred plans will be reviewed by the person in charge and the key worker of each resident, where goals are achieved and outcome reached prior to the next annual Person centre plan meeting, a new goal with the resident will be identified and progressed.

**Proposed Timescale:** 30/06/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The design and layout of the premises did not meet the aims and objectives of the service and the number and needs of residents.

**2. 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:**

There is a meeting scheduled for 30/05/2017 to identify the suitability of one resident to transfer to another centre thus reducing the number of residents to six in this centre. Through the Service Reform Fund there is funding available to purchase additional houses by the service. The service is working with the HSE to source appropriate housing, progress to purchase three houses, which will support the transfer of the remaining residents from this centre.

**Proposed Timescale:** 31/12/2018

**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:**

The fire risk assessment available in the centre had not been developed by a suitably competent person in the area of fire safety.

**3. 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:**

The Director of Logistics who is also a fire engineer will review the current fire risk assessment and update it. This review will be completed with the maintenance supervisor, the Person in Charge and the Provider Nominee.

**Proposed Timescale:** 12/06/2017

**Theme:** Effective Services

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

The escape routes were not constructed in a manner capable of being maintained free from heat and smoke in the event of a fire.

**4. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Through the Service Reform Fund there is funding available to purchase additional houses by the service. The service is working with the HSE to source appropriate housing, progress to purchase three houses, which will support the transfer of residents from this centre.

There is additional night staffs to support the centre, this staff will remain in place until all residents have transferred from the centre.

The Provider Nominee and Director of Logistics have reviewed the centre to establish other measures to control the risk of fire, the laundry services will be removed from the centre to another area on campus, where staff have full access to laundry machines for the sole use of centre H, this will be completed by 10/06/2017. Until same is in place laundry will not be carried out at night time in the centre when all service users are present.

**Proposed Timescale:** 31/12/2018

**Theme:** Effective Services

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

The building was not constructed in a manner capable of containing a fire should one occur.

**5. 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:**

Through the Service Reform Fund there is funding available to purchase additional houses by the service. The service is working with the HSE to source appropriate housing, progress to purchase three houses, which will support the transfer of residents from this centre.

There are additional night staffs to support the centre; this staff will remain in place until all residents have transferred from the centre.

The Provider Nominee and Director of Logistics have reviewed the centre to establish other measures to control the risk of fire, the laundry services will be removed from the centre to another area on campus, where staff have full access to laundry machines for the sole use of centre H, this will be completed by 10/06/2017. Until same is in place laundry will not be carried out at night time in the centre when all service users are present.

**Proposed Timescale:** 31/12/2018

**Theme:** Effective Services

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

As detailed in the findings, improvement was required to the recording of fire safety management plans and fire drills.

**6. Action Required:**

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

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

Staff team have been met by the person in charge regarding the facts and detail to be recorded when logging of fire drills. Actual times, actual numbers of residents and staff to be logged, not approximate times.

**Proposed Timescale:** 06/06/2017

**Theme:** Effective Services

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

Adequate reassurance was not provided that there was a personal emergency evacuation plan in place to evacuate any resident who refused to cooperate at night-time.

**7. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The evacuation of residents in particular those who may refuse to co-operate with a fire evacuation was reviewed. Measures put in place to ensure all residents, with particular emphasis on night evacuations, are supported to evacuate in a timely manner. Full night time evacuation fire drill completed post inspection on 31/05/2017.

**Proposed Timescale:** 31/05/2017

**Theme:** Effective Services

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

Findings indicated a lack of fire safety awareness and the need for increased input and oversight from suitably qualified persons in this area to support the staff team.

**8. Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Additional support from the fire manager and the Health and safety officer has been assigned to support the staff team in Group H. The health and safety officer is meeting with staff teams on the 29/05/2017 and the 30/05/2017 and will support the team around identifying and managing fire related hazards within the centre. The centre fire risk assessment was updated by the person in charge and more appropriate risk ratings identified post the inspection with the support of the health and safety officer. Hazards such as the oxygen cylinder and the key in the internal fire door were immediately removed post inspection. The person in charge and the health and safety officer are scheduled to review all risk assessments for the centre on 10/06/2017.

**Proposed Timescale:** 10/06/2017

**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 funded, costed and time-bound plan to HIQA to satisfactorily address key failings as they related to fire safety and the premises.

**9. 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:**

There is a meeting scheduled for 30/05/2017 to identify the suitability of one resident to transfer to another centre thus reducing the number of residents to six in this centre. Through the Service Reform Fund there is funding available to purchase additional houses by the service. The service is working with the HSE to source appropriate housing, progress to purchase three houses, which will support the transfer of residents from this centre.

**Proposed Timescale:** 31/12/2018