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Group B - St Anne's Residential Services, OSV-0003945, 14 February 2018

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Group B - St Anne's Residential Services, OSV-0003945, 14 February 2018', [report], Health Information and Quality Authority, 2018-05-01, Disability Services Report, Disability, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-04-12 04:08:29
Link to Item	https://hdl.handle.net/20.500.14765/87520

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group B - St Anne's Residential Services
Centre ID:	OSV-0003945
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 February 2018 16:00	14 February 2018 18:15
15 February 2018 10:30	15 February 2018 14:30

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 11. Healthcare Needs
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of Group B, a centre that had made an application to register as a designated centre with HIQA. This was a follow up to the previous inspection in July 2016. Group B was one of a number of designated centres managed by St Anne's that provides a range of day, residential and respite services in Tipperary and Offaly.

Description of the service:

The centre provided a home to three women and four men in two semi-detached houses based in a community setting in a suburb of a large town in Tipperary. Both houses were side by side and were easily accessible to all. Since the last inspection some minor improvement works had been undertaken in relation to decor and accessibility issues and both houses were really nicely decorated and well maintained.

The person in charge was suitably qualified and experienced to discharge their role. The person in charge had responsibility for three designated centres in total, including this service. The person in charge was currently undertaking a degree in health and social care. A new residential services manager had been appointed to the service in June 2017. She was a registered nurse with the appropriate skills, knowledge and experience to lead this service.

How we gathered our evidence:

As part of the inspection, inspectors met with all the residents and staff members. One resident said that they liked living here and enjoyed their routine. The inspector reviewed documentation such as the centre's statement of purpose, person centered care plans, medical records, staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.

Overall judgment of findings:

All of the residents attended a day service that was appropriate to their needs. Some of the residents were 'actively retired' and enjoyed staying at home a couple of days a week and were supported to enjoy a slower pace of life. The service demonstrated also that it was responding effectively to residents' changing needs through access to a clinical nurse specialist in dementia care.

However, there were inadequate arrangements in place to contain an outbreak of a fire. During the inspection it was observed that fire doors had not been installed. This meant that in the event of a fire, smoke would not be adequately contained.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support.

At the last inspection it was identified that the personal care planning process required improvement. Improvements had been completed and the person centred plans seen by the inspector were in an easy to read format. Each person centred plan included information regarding:

- background information
- work information
- relationships
- choice around daily routine
- privacy
- health goals

In the sample care plans seen there was evidence of resident and family involvement in the setting of the goals following the care planning process. There were agreed time-frames in relation to achieving identified objectives with named staff members responsible for pursuing objectives with residents. The goals, and achievement of same were included in picture format. A more formal structure was also in place relating to multi-disciplinary into residents' personal plans.

In relation to healthcare needs the personal file contained the "healthcare management plans" for residents including all relevant healthcare needs for each resident. There was evidence that these healthcare plans were taking into account changes in circumstances

and new developments.

One of the residents who spoke to the inspector said that they had great links with the community and residents enjoyed going to the cinema, shopping and to the pub. All of the residents attended a day service that was appropriate to their needs. Some of the residents were 'actively retired' and enjoyed staying at home a couple of days a week and were supported to enjoy a slower pace of life. One of the residents had recently wanted to 'do up their room' and there was clear financial decision making support documentation available in relation to this.

As required residents used communication books with pictures of important things to the resident and also things they liked to do. There was a recommendation from a speech therapist that residents use an i-pad as required to support their communication and memory.

Families were very involved in the lives of residents either through phone calls or visits home. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

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):

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

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met needs in a comfortable and homely way.

The centre comprised two adjoining domestic two-storey houses located in a mature housing development. The centre was located in the suburbs of a large town close to local amenities and transport links. Both houses were side by side and were easily accessible to all. Since the last inspection some minor improvement works had been undertaken in relation to decor and accessibility issues and both houses were really nicely decorated and well maintained.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management*The health and safety of residents, visitors and staff is promoted and protected.***Theme:**

Effective Services

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

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

Findings:

There were inadequate arrangements in place to contain an outbreak of a fire. As on the previous inspection it was observed that fire doors had not been installed which meant that in the event of a fire, smoke would not be adequately contained.

The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of including servicing of fire alarm system and alarm, fire extinguisher servicing and the servicing of emergency lighting.

There were records to show that all staff had been trained in fire safety within the last year. There was an emergency policy which outlined the arrangements in response to emergency situations. Fire evacuation maps were available and on display. There were regular fire evacuation drills being undertaken involving the residents and each resident had a personal emergency evacuation plan in place.

One of the residents with a hearing impairment demonstrated to the inspector the use of the specialised smoke alarm. There was a vibrating pad placed under the pillow which activated when the smoke alarm sounded. This was interconnected with the conventional audible alarm. If one of the alarms sensed smoke, all alarms sounded and the pad vibrated.

Judgment:

Non Compliant - Major

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:

Residents were being supported to achieve and enjoy the best possible health.
Residents were supported to age with dignity and respect.

Care plans identified the spiritual needs of residents and in particular plans for residents' care at end of life. There was evidence of good communication with the resident and their families around this process.

The person in charge outlined that there was a general practitioner (GP) who reviewed residents, as required, in the centre. The inspectors reviewed a sample of resident healthcare files and found evidence of regular GP reviews.

There were up to date records of referrals to consultant specialists maintained for all residents and in particular there was evidence of follow up communications with hospitals in relation to procedures.

There was evidence that residents were referred, as required, to allied health professionals including the speech and language therapist, occupational therapist and dietitian.

The service demonstrated that it was responding effectively to residents' changing needs through access to a clinical nurse specialist in dementia care. For example, the inspector was informed that one resident with a significant changing need had received excellent input from specialist professionals including appropriate adaptations to the environment as required.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The proposed management arrangements were effective to ensure that the service being provided to residents was being adequately monitored.

The person in charge was suitably qualified and experienced to discharge their role. The person in charge had responsibility for three designated centres in total, including this service. The person in charge was a registered nurse in intellectual disability.

A new residential services manager had been appointed to the service in June 2017. She was a registered nurse with the appropriate skills, knowledge and experience to lead this service.

St Anne's as service provider had completed an unannounced visit to the designated centre in relation to the quality and safety of care, in addition to an annual review of the quality and safety of care of the service.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003945
Date of Inspection:	14 & 15 February 2018
Date of response:	05 March 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 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 doors throughout the premises were not fire doors and could not be guaranteed to restrict the spread of fire and smoke in the event of a fire emergency.

1. Action Required:

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

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The Daughters of Charity Service has committed to the installation of the requisite fire doors throughout the Service, this incorporates Group B. This has been prioritised and a schedule for completion is being developed.

Proposed Timescale: 30/07/2018