

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0004963
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Michelle Doyle
Lead inspector:	Philip Daughen
Support inspector(s):	Julie Hennessy;
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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: 17 September 2015 11:00 To: 17 September 2015 13:30

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

Outcome 07: Health and Safety and Risk Management

Outcome 14: Governance and Management

Summary of findings from this inspection

This was an unannounced inspection, which took place over one day. The centre was inspected, practices were observed and documentation was reviewed. The purpose of this inspection was primarily to check the adequacy of fire precautions in the centre.

This centre provides residential accommodation for adult residents with mild to moderate intellectual disability within the community and as part of a household.

The centre comprised one building of traditional masonry construction with a pitched roof. The building, which was originally one dwelling house, had since been subdivided into two houses. Three residents lived in each of the two houses, and each resident had their own bedroom. Each house had shared living, kitchen, dining and bathroom facilities. One of these houses was single storey. The other house was two storey with two of the three bedrooms being located upstairs. In both houses, the front door was the sole point of entry to or exit from the house. In both houses, the front door opened into the communal living and kitchen area directly, and all bedrooms were accessed from that communal area.

Numerous examples of good practice in relation to fire safety management and maintenance procedures were seen during the inspection. However, inspectors also identified numerous non-compliances relating to the fire precautions in place within the centre. Many of these were serious in nature. One of these non-compliances lead the inspector to instruct the provider nominee to take immediate steps to mitigate the risk identified. These are detailed within the findings of the report.

In addition, aspects of the provider's application for registration of the centre had not

been satisfactorily addressed since the previous inspection and have been included for action in this report.

The Authority did not agree the action plan with the provider despite affording the provider the opportunity to submit a satisfactory response. The provider's response to actions required with respect to Regulation 28(2)(c) and 28(3)(a) under Outcome 7 were not accepted by the Authority.

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 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:

In general, the previous inspection found a number of fire safety related failings, particularly failings relating to the building. Many of these had already been identified by the provider's technical representative. On this inspection, inspectors found the provider had failed to take adequate steps to address these failings.

Inspectors were shown around the centre by residents, while a staff member provided documentation to inspectors and answered the inspectors' questions.

The number of escape routes from the building was inadequate due to its layout. All bedrooms were inner rooms. This means the sole escape route from the bedrooms was through another room, and not by way of a hall, landing, corridor or other area largely free from materials that can burn. In this particular case the sole escape route was through the kitchen and living areas which contained multiple possible sources of fire such as cooking, laundry and other electrical equipment. These kitchen and living areas were not provided with any automatic fire detection equipment such as a smoke or heat detector. In the event of a fire within these areas, particularly at night, the delay in the alarm being raised due to this equipment not being in place could result in the residents being trapped in their bedrooms. Inspectors also found that while all final exit doors had thumb-turn locks which would allow timely use in the event of a fire, a number of internal doors had key locks that would potentially prevent a timely escape in the event of a fire if the door was locked and the resident could not find their key.

The construction of the building was inadequate to protect escape routes and prevent and contain the movement of fire and smoke throughout the building. Fire doors were not provided where required within the building. The attic space was undivided between the two houses and within each house. Therefore, if a fire started in one part of the building, fire and smoke could potentially enter the attic space and travel unseen to other parts of the building. Rooms and other spaces used for the storage of materials that can burn, such as linen, were not constructed in a manner capable of containing a

fire.

Inspectors noted that first aid fire fighting equipment, such as fire extinguishers, had been provided within the centre. A member of staff who spoke with inspectors was familiar with this equipment. Emergency lighting was provided in a number of areas, but not throughout the centre, and there were service records relating to same.

A fire alarm system had been installed within the centre. Inspectors observed that the coverage of the automatic detection part of the fire alarm system did not extend throughout the entire building where necessary, including escape routes. There were service records to indicate that the system had been maintained when required.

Inspectors examined the procedures to be followed in the event of a fire and spoke with residents about these. Inspectors found in the main that the capabilities of the residents had been considered by the centre from a fire safety perspective. The residents were familiar with the procedure and inspectors found records indicating regular fire drills were being conducted in the centre. Inspectors could not find records to indicate that night-time conditions had been simulated as part of any drill. Inspectors noted that the fire procedure was displayed both in pictorial and in written format. The pictorial format required review as it referred to self closing doors, of which there were none in this centre.

There was a comprehensive programme of fire safety and health and safety checks in place within the centre, with numerous checks carried out on a daily and weekly basis. Inspectors also found certificates to indicate that the boiler was serviced on a regular basis and that the electrical installation within the building had recently been checked by an electrician. Inspectors found that the cooking equipment was well maintained and the clothes dryers were free from lint build up.

Due to the risk presented by the layout of the building, coupled with the absence of any automatic fire detection in the kitchen and living areas as described above, the inspectors served an immediate action at the conclusion of the inspection on the provider nominee. This instructed the provider to take immediate steps to mitigate the risks, directing the provider to extend the fire alarm coverage to include automatic detection within the kitchen and living areas. The provider nominee response was to pledge to complete the necessary work by 25 September 2015. The provider nominee informed the Authority on that date that these steps had been taken.

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):

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

Findings:

One aspect of this outcome was included during this inspection, due to its' relevant to the provider's application to register the centre.

A certificate of planning compliance for the two buildings that comprise the designated centre had not been submitted to the Authority. This was also identified at the previous inspection. This is a requirement under Regulation 5(3)(c) of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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:

Philip Daughen
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 Ltd.
Centre ID:	OSV-0004963
Date of Inspection:	17 September 2015
Date of response:	13 November 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The means of escape in the event of fire were not adequate in the following respects:

The building layout did not provide sufficient means of escape from the bedrooms due to the access to same being solely through the kitchen and living areas.

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

The escape routes were not adequately protected with fire resistant construction.

The use of key locks on some escape route doors could potentially hinder escape in a timely fashion in the event of a fire.

1. 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:

Proposed Timescale:

Theme: Effective Services

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

The provision of fire resistant construction and fire doors to contain fire and prevent the movement of fire and smoke throughout the centre was not adequate.

The fire alarm system was not adequate as the provision of automatic detection did not extend to all areas of the building.

2. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Proposed Timescale:

Theme: Effective Services

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

Inspectors could not find evidence among the fire drill records that night time conditions had been simulated as part of the fire drill program.

3. 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:

The fire manager completed a fire drill on 23.09.15 following installation of the upgraded fire alarm system simulating night time conditions

Proposed Timescale: 23/09/2015

Theme: Effective Services

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

The text and pictorial versions of the fire procedures displayed were contradictory in nature.

4. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The fire manager will ensure the pictorial versions of the fire procedures will be amended to be site specific.

Proposed Timescale: 06/11/2015

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:

A certificate of planning compliance for the two buildings that comprise the designated centre had not been submitted to the Authority as required under Regulation 5(3)(c) of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

5. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

A certificate of planning compliance for the one dwelling that comprises the designated centre will be submitted to the Authority as required under Regulations

Proposed Timescale: 06/11/2015

