| Centre name:                      | St. Anne’s Residential Services - Group G |
| Centre ID:                       | OSV-0003950                                  |
| 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:                  | Kieran Murphy                                |
| Support inspector(s):            | None                                         |
| Type of inspection               | Unannounced                                  |
| Number of residents on the       | 5                                            |
| date of inspection:              |                                              |
| Number of vacancies on the       | 0                                            |
| date of inspection:              |                                              |

Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended
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.
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 unannounced and took place over 1 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
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<tbody>
<tr>
<td>21 November 2017 18:00</td>
<td>21 November 2017 19:00</td>
</tr>
<tr>
<td>28 November 2017 10:30</td>
<td>28 November 2017 15:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

Background to the inspection:
This report sets out the findings of an announced inspection of Group G St. Anne's Residential Services. This was the third inspection of this centre by the Health Information and Quality Authority (HIQA).

Description of the service:
There were five residents who had lived together in this house since 2005, with some of the residents moving there from a congregated/institutionalised setting. All of the residents attended a day service with one resident receiving a day service from the house, which was appropriate to their needs. Residents were active in the local community and attended shops, restaurants/pubs and the church.

How we gathered our evidence:
Inspectors met with the five residents who currently lived in this centre. Some residents spoken with said they were happy in the centre and said that they had done loads during the year including going on holidays, dinner dances and parties. The inspector spoke with staff on duty and also reviewed documentation such as policies, procedures and guidelines.

Overall judgment of findings:
Overall this centre provided a good quality of life for residents. All of the residents attended a day service with one resident receiving a day service from the house, which was appropriate to their needs. During the year residents had gone on a holiday to Wexford and staff said this had been very successful.

There was evidence of good communication and contact between the service and families. Families regularly visited residents and some residents spent regular time at their family homes and attended family celebrations.

Since the last inspection a restraint-free environment was promoted. All restrictions in place in the centre had been reviewed as required.

In relation to areas for improvement it was noted that in the records reviewed by the inspector there were a number of outstanding referrals to allied health professionals.

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:**

Residents’ wellbeing and welfare was being maintained by a high standard of care and support.

There were separate assessments of residents’ healthcare needs and social care needs in the personal planning process. In the person centred planning folders there was a summary profile of the resident which outlined things that staff and carers must know about the resident.

It was noted that there was an annual review of each resident’s personal plan by members of the multi-disciplinary team including the occupational therapist, social worker, day service manager therapist and staff team members. The multidisciplinary annual review was also being appropriately used to support residents to develop personal long and short-term goals in relation to the social aspects of life. This review had proved effective so that if the personal goals were not being met, then they could be revised and adjusted. For example, for one resident two referrals had been made at their multidisciplinary review, one for a sensory plan by the occupational therapist; and the second for a psychologist to review support plans for the resident.

In relation to social care needs there were long-term life goals developed each year with the resident. While at first glance these goals appeared to be related to “events” rather than life goals, there was very good rationale and discussion evident for each goal that reflected the resident’s likes and priorities. There was evidence of tracking of these goals during the year.
All of the residents attended a day service with one resident receiving a day service from the house, which was appropriate to their needs. During the year residents had gone on a holiday to Wexford and staff said this had been very successful.

There was evidence of good communication and contact between the service and families. Families regularly visited residents and some residents spent regular time at their family homes and attended family celebrations.

In relation to healthcare needs there were separate assessments for individual healthcare needs with care plans developed as required.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

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

The centre was a seven day residence and provided a home to five residents with varying support needs. The five residents had lived together in this house since 2005, with some of the residents moving there from a congregated/institutionalised setting. There were four men and one woman. The centre consisted of a detached house on the outskirts of a village.

In terms of layout of the house the front porch led to a hallway. There was a large living room which had a couch and a number of armchairs. There was a separate dining room with dining table and chairs. The kitchen was adjacent to the dining room and there was also a utility room. There was a large enclosed garden with patio area, furniture and swings.

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

#### Findings:
The health and safety of residents, visitors and staff was promoted and protected.

There was an incident management system in place and the inspectors reviewed all of the records of incidents from January 2017 to November 2017. There had been 19 reported incidents with most relating to incidents of staff being scratched or hit. There was oversight of reported incidents from the person in charge and the residential services manager.

Since the last inspection it was noted that there had been improvement in relation to the process around risk assessment. Each resident had also participated in identifying specific hazards relating to their lives. These were contained in a personal risk management plan.

St Anne’s service had engaged a fire safety engineering consultant to undertake a fire safety risk assessment in this centre in February 2015. It was noted that many of the recommendations from this report had been implemented. Following the inspection photographic evidence had been submitted by the St Anne’s service to show that outstanding fire stopping measures had been implemented.

The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:
- servicing of fire alarm system and alarm panel October 2017
- servicing of emergency lighting October 2017
- fire extinguisher servicing and inspection October 2017

All staff had received fire training. Fire evacuation maps were available and on display in each house. Each resident had a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire. A yearly fire drill undertaken by St Anne’s fire safety manager in November 2017 outlined that a supervised evacuation drill had taken place and was described as a “well constructed drill”. There were records to show that monthly fire drills were taking place.

#### Judgment:
Compliant
## Outcome 08: Safeguarding and Safety

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

### Theme:
Safe Services

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

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

### Findings:

Measures to protect residents being harmed were in place. A restraint-free environment was promoted.

It is a requirement of the regulations that all serious adverse incidents, including safeguarding issues are reported to HIQA. Since the last inspection six safeguarding issues had been submitted to HIQA. Documentation in relation to these incidents was reviewed during the inspection. All incidents had been followed up by the service in accordance with their safeguarding policy with safeguarding plans put in place as required.

The St Anne’s policy and guidelines on the review of restrictive interventions was made available to inspectors. The policy outlined that the organisation aspired to a restriction free environment.

The service provider was obliged to notify HIQA on a quarterly basis of any occasion on which restraint was used (such as physical, environmental or chemical). There was a restrictive practices review log for each resident that recorded all restrictions available in the centre.

There was a risk assessment available in relation to each identified restraint on the restraint log and oversight of each restriction was provided by means of a review by the multi-disciplinary team. There was a good example of the service promoting a restraint free environment. One resident had recently had a restriction removed by replacing a “simple wrist hold needed during personal care” with more appropriate training for staff to support the resident.

### Judgment:
Compliant

## Outcome 11. Healthcare Needs

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were supported on an individual basis to achieve and enjoy the best possible health.

In the sample of resident healthcare records seen by inspectors each resident had access to a general practitioner (G.P.). There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents as required.

There was evidence of coordination of care between allied health professionals and the consultant specialist in neurology in relation to the management of epilepsy but also in relation to the review of the use of restrictive devices.

Residents were referred, as required, to allied health professionals including the occupational therapist, physiotherapist and speech therapist. However, in the records reviewed by the inspector there were a number of outstanding referrals to for example the speech and language therapist for a communication assessment and the dietitian for a nutrition assessment.

The multidisciplinary annual review was also being appropriately used to support residents to achieve the best possible health.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The centre was managed by a suitably qualified, skilled and experienced person in charge. Effective management systems were in place.

The person in charge was a registered nurse in intellectual disability and their remit extended to three designated centres in total. 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. The statement of purpose clearly defined the management structure and identified the lines of authority and accountability. There were regular scheduled senior management team meetings.

St Anne’s as service provider had, in May 2017, completed an unannounced visit to the designated centre in relation to the quality and safety of care. There was a prepared written report available in relation to various issues that had been reviewed including: family involvement, resident views, staff views, and review of social care, risk management, safeguarding, healthcare, medication, governance and workforce. This review had ensured that some issues were identified and addressed.

An annual review of the quality and safety of care of the service had been completed in October 2017. This report had a detailed action plan to address any deficiencies identified including the availability of additional transport vehicles at the weekend.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Staffing levels had been determined in accordance with the each individual resident’s needs.

A planned staff rota was made available to the inspector. The staffing levels had been determined in accordance with the each individual resident’s needs.
The person in charge demonstrated a commitment to the maintenance and development of staff knowledge and competencies. All mandatory training was to be provided to staff including fire safety, crisis prevention and safeguarding.

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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003950</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>21 November 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19 December 2017</td>
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</tbody>
</table>

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 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In the records reviewed by the inspector there were a number of outstanding referrals to allied health professionals.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
Since inspection the PIC and House Manager have followed up on all outstanding referrals.

There were recommendations from MDT meetings held on the 17.11.17 for three residents to be referred to Speech and Language Therapist. All three residents were reviewed by Speech and Language Therapist on the 30.11.2017 and recommendations from same will be actioned and incorporated into plan of care where necessary.

Following discussion with Speech and Language Therapist it was agreed that one resident will be referred for a feeding assessment to determine if a dietician input is necessary. Referral for same submitted on the 15.12.2017 and we are awaiting appointment.

**Proposed Timescale: 31/01/2018**