



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	St. Anne's Residential Services - Group G
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	31 May 2019
Centre ID:	OSV-0003950
Fieldwork ID:	MON-0021270

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Anne's Residential Services - Group G operates from a bungalow, located in the outskirts of a village. The centre provides a residential service for up to five adults, male and female, with intellectual disabilities. Each resident has their own bedroom and other facilities in the centre include a kitchen, dining room, a lounge, a utility room and bathroom facilities. Staff support is provided by a social care leader, a nurse and care staff. The centre cannot provide for emergency admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
31 May 2019	08:30hrs to 16:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The inspector met all five residents who were living in this designated centre. These residents did not communicate verbally with the inspector so it was not possible to get their views directly regarding the designated centre where they lived and the service they received. However, the inspector did have an opportunity to observe all residents in their environment, their interactions with staff and some of the care they received.

On arrival at the centre, four residents were present and preparing for breakfast. While breakfast was being readied by staff members on duty, these residents moved freely in the centre where possible. Residents were supported to have their breakfast by staff members on duty who were seen to provide appropriate support and engage warmly with residents. After breakfast residents were supported to leave the designated centre by vehicle to attend their day service in a nearby town.

The fifth resident received their day service in the centre and they were present throughout the majority of this inspection. Staff members who remained with the resident during the day were seen to support the resident in an appropriate and respectful manner. During the inspection it was observed that the resident was encouraged and supported to go on short walks while the resident also went on an outing with staff to a nearby village.

At the end of inspection all five residents were present in the centre. It was observed that they were given opportunities to relax if they wished to do so. Based on observations during this inspection, residents appeared content in their environments.

Capacity and capability

Overall the inspector was satisfied that residents were well supported while living in this designated centre and this was helped by the overall governance arrangements in place. It was noted though that the person in charge arrangements required review to ensure effective administration of this centre while improvement was also needed regarding the provision of refresher training for staff members.

The designated centre was overseen by a suitably qualified and experienced person in charge who was not present on the day of inspection. They had been appointed to this role in March 2018 and was responsible for a total of two designated centres. For the current designated centre, the person in charge was supported in their role by a house manager. While the remit of the person in charge was not found to have

a significant adverse impact on how residents were supported, it was noted that this arrangement required review to ensure the effective administration of this designated centre. For example, some actions found on this inspection were the responsibility of the person in charge such as the maintenance of personal plans.

Some of the areas for improvement identified by this inspection had also been found by the provider's own management systems to monitor the quality and safety of care and support provided. These included requirements of the regulations such as annual reviews and provider unannounced visits along with audits in areas such as medicines and infection control. Evidence was seen that issues identified by such management systems were acted upon to improve the service provided to residents. For example, a recent provider unannounced visit had identified that personal plans required improvement. This was reflected in an action plan to address such issues identified with time frames and responsibilities assigned for specific actions. It was seen that some actions arising from this unannounced visit had already been completed such as carrying out a fire drill.

It was also evident that the provider had put in place a clear organisational structure which provided for clear lines of authority and accountability. This structure ran from senior management to staff working in the centre with residents. Overall the inspector was satisfied that the staffing arrangements were sufficient to meet the need of the residents living in the centre. The provider had also avoided an excessive use of casual, short-term, temporary and agency staff by ensuring that a consistency of staff was provided. This was evident from a review of rosters maintained in the designated centre and from talking to staff members present. Such a consistency of staffing helped to ensure a continuity of support for residents.

The staff members present on this inspection were observed to provide residents with appropriate care where required. Staff members spoken with also demonstrated a good knowledge of the residents that they supported. To ensure staff were provided with the necessary knowledge and skills to support residents, training was provided to staff in areas such as manual handling, medicines and fire safety. It was noted though that some staff members were overdue refresher training in such areas although efforts had been made to ensure that staff received this training later in 2019.

It was also noted that arrangements were in place to ensure that staff were supported and supervised to perform their duties in supporting the residents living in this centre. As part of this staff members underwent regular supervision with a written record maintained of such supervisions. The inspector reviewed a sample of these and noted that they covered issues such as person centred planning, performance development and health and safety. Staff meetings also took place at frequent intervals where issues which impacted on the running of the designated centre and the lives of residents were discussed.

Regulation 14: Persons in charge

A suitable person in charge was in place who met the requirements of the regulations in terms of their experience and qualifications. The person in charge was responsible for a total of two designated centres at the time of this inspection. This arrangement required review to ensure effective administration of this centre. For example, some areas for improvement found on this inspection related to the maintenance of some documentation such as residents' personal plans.

Judgment: Substantially compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents which included a continuity of staff. Planned and actual rosters were maintained in the designated centre. Staff files were held centrally by the provider and so were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training in areas such as fire safety, safeguarding, medicines, manual handling and infection control but some staff were overdue refresher training in some of these areas. Arrangements for staff to receive supervision were in place and records reviewed indicated that this was happening regularly.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had management systems in place to review the quality and safety of care and support provided. These included audits in specific areas and regulatory requirements such as provider unannounced visits and annual reviews. The provider had ensured that unannounced visits were being carried out at six month intervals as required while annual reviews were noted to include consultation with residents and their families where possible. A clear organisational structure was also in place for this designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A sample of contracts for the provisions of services were reviewed. While these outlined the services to be provided it was noted that they did not clearly set out the fees to be charged to residents. Since the previous HIQA inspection in November 2017 there had been no admissions to this designated centre.

Judgment: Substantially compliant

Quality and safety

The inspector was satisfied that residents were well supported while they were living in the designated centre. It was noted though that some improvement was required in relation to residents' personal plans and the documentation in place relating to specific needs such as communication and positive behaviour support.

Overall, arrangements were in place to support the health, personal and social care needs of residents. For example, the promotion of health was supported and residents were facilitated to access a range of allied health professionals such as dietitians, physiotherapists and speech and language therapists. Residents were also encouraged and supported to engage in social activities such as participating in Special Olympics programmes, outings, trips away from the centre and attending their day services. Additional transport had also been made available to the designated centre prior to this inspection to facilities these.

The needs of residents were set out in their individual personal plans which are intended to outline the supports necessary to provide residents with a good quality of life while also giving guidance for staff on how to support residents. The inspector reviewed a sample of these plans and found evidence of good guidance in some areas. It was noted though that some aspects of the personal plans required improvement. For example, some parts of the personal plans were not reviewed in over a year and for some identified goals it was not stated who was responsible for following up on these goals or when this was to happen.

The personal plans reviewed contained guidance in specific areas relating to residents' individual needs such as communication and positive behaviour. It was noted though such guidance required some improvement to ensure that clear and current guidance was available for staff. For example, one resident had two communication plans which contained some different information while a positive behaviour support plan for one resident had not been updated to reflect input from a relevant allied health professional. However, while such areas were in need of improvement, the inspector was satisfied that they did not pose a high risk to residents as staff present demonstrated a good knowledge of the residents and how

to support residents in communicating and how to engage in positive behaviour.

It was also seen that attempts were made to involve residents in their personal plans and present them in an accessible format. For example, photographs of goals or activities which residents had completed were provided to residents either in picture frames or embroidered into soft furnishings. In addition, it was noted that active efforts were being made to consult with residents regarding the running of the designated centre in a manner that reflected the communication abilities of residents. For example, residents were encouraged to select the activities or meals which they wanted with the aid of pictures. However, the inspector did observe two instances during this inspection where residents were not consulted in relation to the care they received in the manner that was indicated in their personal plans. Overall though it was observed that residents were treated in an appropriate and respectful manner by staff members present on the day of inspection.

Arrangements were also in place to ensure that residents were appropriately safeguarded. Where necessary safeguarding plans were in place outlining how to protect residents against identified safeguarding concerns. Such matters were discussed at staff team meetings while staff members spoken with during inspection demonstrated a good awareness of the specific measures to be followed for any safeguarding matters in the centre. To support residents to maintain the dignity and bodily integrity there was also intimate care plans in place to provide guidance for staff in this area. Relevant safeguarding training had also been provided to all staff working in the designated centre.

Other measures were also in place in the centre to ensure the safety of residents. For example, adequate fire safety systems were in place such as a fire alarm and fire extinguishers. A risk management process was also in place and as part of this residents had specific risk assessments in place which described the identified risk and outlined the measures to reduce the possibility of the risk happening. Such assessments were noted to have been recently reviewed but during the inspection it was observed that a specific control measure, as outlined in a risk assessment and highlighted by staff, was not followed for a short period of time although this did not result in any adverse outcome.

Regulation 10: Communication

Communication plans required review to ensure that there was clear guidance available for staff to support residents who needed extra support in this area. However, staff members present during the inspection demonstrated a good knowledge of how to communicate with residents.

Judgment: Substantially compliant

Regulation 17: Premises

During inspection it was noted that there was some areas of the premises provided which needed some maintenance such as cracks in the paintwork. It was also observed that some areas near the corridor ceilings required some cleaning.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A risk management process were in use in this designated centre. As part of this recently reviewed risk assessments relating to individual residents were in place which described risks and outlined the control measures to respond to these risks. It was seen in some of these assessments that risk ratings had not been updated to reflect the control measures applied. One specific control measures as outlined in one risk assessment was observed not to be followed for a short period of time during the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Satisfactory fire safety systems were in place in the designated centre such as a fire alarm, emergency lighting and fire extinguishers. Such systems were also being serviced at regular intervals by external contractors to ensure that they were in proper working order. Internal fire safety checks were also being carried out by staff on a daily basis. Training records reviewed indicated that all staff had undergone fire safety training while fire drills were also being carried out.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medicines documentation was reviewed which were found to be clearly legible and contained the required information such as residents' names, medicines' name and the times medicines were to be given. It was noted though that a discontinued medicine had not been signed off by a general practitioner. Appropriate secure storage facilities were available in the designated centre including for

medicines which required refrigeration.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had individual personal plans in place which were informed by relevant assessments. Aspects of the personal plans reviewed required improvement to ensure that all areas of the personal plan were reviewed at least annually, to ensure that specific directions were still relevant and to clearly assign responsibility for supporting residents to achieve specific goals. However, based on the overall findings of this inspection arrangements were in place to support the needs of residents living in this centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to access a range of allied health professionals such as dietitians, neurologists and physiotherapists while interventions such as vaccines were facilitated. Arrangements were in place for the regular monitoring of residents' healthcare but it was noted there was some inconsistencies in the recording of such monitoring during 2018.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Systems were in place for the assessment and review of any restrictive practice in use. Records indicated that all staff had been provided with training in de-escalation and intervention. Staff spoken with during this inspection demonstrated a good understanding of how to support residents to engage in positive behaviour. Plans were in place to provide guidance for staff on how to support residents engage in positive behaviour but it was noted that one such plan had yet to be updated to reflect input from a relevant professional.

Judgment: Substantially compliant

Regulation 8: Protection

Where necessary safeguarding plans were in place and staff members demonstrated a good knowledge of these. Relevant safeguarding training was provided to all staff. Intimate care plans were in place to guide staff practice in this area to ensure that residents' dignity and bodily integrity was maintained.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully during this inspection and active efforts were made to consult residents in relation to the running of the centre through regular resident meetings. Two incidents were observed where residents were not consulted, in the manner that was indicated in their personal plans, regarding the care they received.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Anne's Residential Services - Group G OSV-0003950

Inspection ID: MON-0021270

Date of inspection: 31/05/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Since the inspection the Person In Charge has met the Home Manager and the staff team and put in place a timeframe for all personal plans to be updated.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since the inspection the Person in Charge has met with the training co-ordinator and dates have been set for refresher training for all staff of this designate centre.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p>	

<p>Since the inspection a review of all contracts in this centre is being carried out by Service Manager with a view to the provision of an explicit outlining of the fees charged to residents. This review is being done across this service and in conjunction with quality and risk and finance department.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Since the inspection all communication plans in the centre have been updated to support staff in communicating with individual residents in an appropriate manner and in line with their needs.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Since inspection the Person in Charge and Maintenance department have outlined a schedule to paint and repair cracks as identified. The outstanding cleaning has been completed and the cleaning schedule has been reviewed by the Person in Charge.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Since inspection all risk assessments have been reviewed and control measures have been amended to reflect the current risks.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Since inspection the discontinued medication has been signed off by the General Practitioner. This issue will form part of the agenda for the next house meeting to ensure all staff are vigilant in this area.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Since inspection the Person in Charge has met the home manager and the staff team and put in place a timeframe for all personal plans to be updated accordingly.</p>	
<p>Regulation 6: Health care</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Since inspection the Person in Charge has met the staff team and put a plan in place to complete consistent healthcare recordings.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Since inspection the behaviour support plan identified is currently under review with Psychology and will be completed as per timeline identified.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Since inspection there has been a team meeting. The staff communication policy was revised and discussed and the importance of communicating and consulting with residents as per their personal plans was emphasised.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	04/07/2019
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	04/07/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	18/11/2019

	have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	04/08/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	04/07/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/08/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	01/07/2019

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	04/07/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	04/07/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	04/07/2019

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	04/07/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	04/07/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/07/2019
Regulation 09(2)(a)	The registered provider shall	Substantially Compliant	Yellow	04/07/2019

	ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
--	---	--	--	--