



## Office of the Chief Inspector

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

Name of designated centre:	Group H - St. Anne's Residential Services
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	01 April 2019
Centre ID:	OSV-0003951
Fieldwork ID:	MON-0021464

## About the designated centre

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

Group H - St. Anne's Residential Services is a three storey house, consisting of a kitchen/dining room, sitting room, six resident bedrooms (two of which are en suite), two main bathrooms and staff facilities. The centre is located in a town and can provide residential care for up to six adults with a moderate, severe or profound learning disability. While residents receive day services away from the centre, individualized day services within the centre are also facilitated. Staff support is provided by nursing and care staff. The centre does not accept emergency admissions.

**The following information outlines some additional data on this centre.**

Current registration end date:	15/03/2021
Number of residents on the date of inspection:	6

## 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
01 April 2019	11:20hrs to 19:00hrs	Conor Dennehy	Lead

## Views of people who use the service

The inspector met all six residents who were living in the centre at the time of this inspection. These residents had limited verbal communication abilities. As such it was not possible for the inspector to directly obtain residents' views of the quality and safety of care and support that they received while living in the centre. However, the inspector did have the opportunity to observe these residents in their environments and in their interactions with staff.

All residents observed appeared comfortable with staff members present. These staff were seen engaging with residents in a largely positive manner during the inspection with appropriate support seen to be provided where required. It was also observed that efforts had been made to provide residents with a homely environment while it was seen that staff members offered residents choice where possible.

## Capacity and capability

During this inspection the inspector saw evidence that the registered provider was making progress towards providing some residents with an alternative environment that was more suited to their needs following previous inspection. This was reflected by good levels of compliance overall but it was noted that some staff members were overdue refresher training in some areas. Unannounced visits by the provider, a regulatory requirement and means of reviewing the quality and safety of care and support provided, was also an area for improvement.

This designated centre had been inspected five times previously where high levels of non-compliance had been found. While evidence of improvement was seen during the previous inspection in March 2017, it was found then that the provider had not satisfactorily ensured that the needs of all residents could be met while they lived in this centre. As a result HIQA commenced enforcement action against this centre in August 2017 by seeking to cancel and refuse the registration of the centre.

In response to this the registered provider submitted a plan to HIQA which indicated that two residents, whose needs were not being adequately met in this designated centre, would be transitioned to an alternative environment by 31 March 2019. Based on this plan and the improvement demonstrated by the provider, the designated centre was registered with an additional condition to adhere to this plan. Just prior to 31 March 2019, the provider applied to extend the time frame for meeting this condition until 31 July 2019 to allow for more time to put in place the necessary supports to effect the planned transitions.

It was seen that the provider had made progress towards achieving this plan. For example, the provider had successfully applied to register a new designated centre to provide the two residents with an environment more suited to their needs. On the current inspection it was seen that ongoing efforts were being made to prepare and

support residents with their proposed transitions. Such actions did provide assurances to HIQA that the provider was committed to successfully completing their plan, pending the necessary supports being provided for.

To ensure the needs of all residents could be met pending the proposed transition, in so far as possible in the current designated centre, the provider had ensured that suitable staffing arrangements were in place to support residents. This included the provision of nursing staff. Staff members spoken generally demonstrated a good level of knowledge about residents and their needs. To equip staff with the necessary skills and knowledge to support residents, a wide range of training was provided to staff but it was observed that some staff were overdue refresher training in areas such as medicines and manual handling.

The staff team that was in place was overseen by a suitably skilled, experienced and qualified person in charge who had been appointed to this role in October 2018. At the time of this inspection the person in charge was responsible for a total of two designated centre located within the same town. During inspection the person in charge demonstrated a good understanding of the running of the current centre as well as the needs of residents. From talking to other staff members it was clear that the person in charge was a regular presence in this centre. Such findings indicated that the remit of the person in charge were not negatively impacting the operation of this designated centre.

The person in charge was supported by the organisational structure that was in place which had been strengthened since the time of the March 2017 inspection. In addition to this, systems were in place to ensure oversight of this centre. For example, audits were carried out in areas such as medicines, hand hygiene and fire safety. The provider was also aware of their responsibility to carry out annual reviews and unannounced visits, as required by the regulations. Such requirements are important in reviewing the quality and safety of care and support that is provided to residents. It was noted though that an unannounced visit scheduled for November 2018, had not been completed in full at the time of this inspection. As a result an action plan to address issues identified was not acted upon. This was acknowledged by the provider who undertook an additional unannounced visit in the days after inspection in response.

Overall the inspector was satisfied that the service that was being provided to residents was in keeping with the designated centre's statement of purpose. This in an important document which sets out the services and facilities to be provided within a centre and the particular needs of residents which the centre is intended to provide for. The statement of purpose for this designated centre was noted to have been recently reviewed and contained all of the required information such as the information in the centre's current registration certificate, the total staffing compliment in place and the arrangements for consultation with residents. It was noted though that the most recent statement of purpose, while provided to the inspector after completion of this inspection, was not present in the designated centre on the day of inspection.

## Registration Regulation 8 (1)

All information required to support an application to vary an existing registration condition of the centre had been submitted.

Judgment: Compliant

## 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 level and qualifications. The person in charge was responsible for a total of two designated centres at the time of this inspection but this was not found to have a negative impact on the running of the current designated centre.

Judgment: Compliant

## Regulation 15: Staffing

Appropriate staffing arrangements were in place to support the needs of residents. This included a consistency of staff and the provision of nursing staff. Planned and actual rosters worked were maintained in the centre. Staff files were held centrally by the provider and so were not reviewed during the present inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Training was provided to staff members but it was noted that some staff were overdue refresher training in areas such as medicines and manual handling.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

A directory of residents was in place which contained all of the required information

such as the details of residents' next of kin and their general practitioner.

Judgment: Compliant

### Regulation 23: Governance and management

A clear organisational structure was in place in this designated centre. The provider was aware of their responsibility to carry unannounced visits at six monthly intervals as required by the regulations but an unannounced visit in November 2018 had not been fully completed. Annual reviews were also carried out which included consultation with residents and their representatives. Audits were carried out in areas such as fire safety and medicines.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

Based on the inspection findings the inspector was satisfied that the statement of purpose reflect the services provided and contained all of the information required by regulations. It was noted though that the most recent statement of purpose, while provided to the inspector after completion of this inspection, was not present in the designated centre on the day of inspection should residents or their representatives have sought to view the document.

Judgment: Substantially compliant

## Quality and safety

Overall, this inspection found that provider was making active efforts to meet the needs of residents and ensure they enjoyed a good quality of life. It was seen though that two residents' needs continued to require an alternative environment while some aspects of residents' individual personal plans required improvement.

The previous inspection in March 2017 had found that arrangements were not in place to meet the needs of all residents which was related to the mix and numbers of residents living in the centre. Since that time the provider had carried out comprehensive assessments and determined that two residents' needs would be better met in an alternative environment. While the provider had a plan in place to transition these two residents elsewhere, the same resident group remained in the designated centre at the time of the current inspection. As such the finding from the



March 2017 inspection remained unchanged.

However, it was seen that the provider was providing support to these two residents to prepare them in advance for their proposed transition elsewhere. As part of this both residents had transition plans while staff members had also sought the input of relevant professionals to seek guidance on how best to support the residents transition. These residents were also being supported to become familiar with the area of their proposed new environment while also being facilitated to develop a relationship with another individual whom it was intended would also transition to the same environment. This provided assurances that the provider was committed to providing these residents with an environment that was suited to their needs.

It was also seen that, in so far as possible, the provider were striving to ensure the needs of all residents were met while they lived in this centre. For example, efforts were being made to ensure that residents who required a calmer, quieter environment received this. In addition, while most residents received a day service away from the centre, one resident partially received their day service in the designated centre in response to a change in their needs. The inspector had an opportunity to observe this resident and it was seen that there was some pleasant and warm interactions between the resident and staff members present. It was noted though that the level of interaction which the resident received did require review to ensure that the resident was consistently engaged while they availed of their day service in the designated centre.

All residents had individual personal plans in place which are important in setting out the needs of residents and the supports required to provide for these. The inspector reviewed a sample of these and found that they had been informed by relevant assessments, had been developed with the input of residents or their families and were subject to multidisciplinary review. The inspector observed that these plans generally provided guidance for staff on how to support residents. It was noted though that some aspects of the plans required review to ensure clarity and reflect practice. For example, a behaviour support plan for one resident contained some duplicate information while an epilepsy care plan for another resident did not adequately reflect the care provided as described by a member of staff.

It was also noted that, while staff generally had a good knowledge of the residents, another staff member did not demonstrate a sufficient knowledge as to when a particular emergency medicine was to be given. However, it was seen that appropriate medicines practices were in place in the designated centre. For example, appropriate storage facilities were in place including for medicines which required refrigeration while a sample of medicines records reviewed contained all of the required information and indicated that medicines were being administered as prescribed. In addition, it was seen that residents were supported to enjoy the best possible health. As part of this there was regular monitoring of residents' health with access to wide range of allied health professionals provided where required.

The inspector was also assured that residents were appropriately protected from any form of abuse while they were present in the designated centre while attempts were being made to reduce the use of some restrictive interventions. Some

pleasant, warm and respectful interactions were observed between residents and staff during this inspection. Appropriate support was also seen to be delivered by staff where necessary. It was also noted that residents were offered choice in the things they did while present in the centre. For example, staff members were seen to offer residents choice in the meals they had. The choices of residents were also reflected in regular resident meetings where residents were consulted in relation to the running of the centre. The designated centre itself was presently in a homely and clean manner although there was some maintenance work required in some areas.

### Regulation 17: Premises

The designated centre was presented in a homely and clean manner on the day of inspection. Some areas were observed where maintenance was required such as cracked paintwork internally while the external of the house also required painting. It was seen that some couches in the sitting room required either repair or replacement.

Judgment: Substantially compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Transition plans were in place for two residents who were proposed to transition to another designated centre. As part of these residents were supported to become familiar with the area of their proposed new homes while input was being sought from relevant professional to assist in the transition process.

Judgment: Compliant

### Regulation 26: Risk management procedures

A risk management policy was in place while systems to monitor and review risk in the designated centre were seen to be in use. As part of this a centre specific risk register was in place covering issues such as fire, manual handling and medicines. This was noted to be reviewed in January 2019. Risk assessment specific to individual residents were contained in their individual personal plans and had also been subject to review within the previous 12 months.

Judgment: Compliant

## Regulation 28: Fire precautions

Appropriate fire safety systems were in place including a fire alarm, emergency lighting and fire extinguishers, all of which were subject to regular maintenance checks. Fire drills were taking place at regular intervals, most recently in January 2019, while residents had personal evacuation plans in place outlining the support they needed in the event of an evacuation being required. Staff demonstrated a good knowledge of evacuation procedures and records reviewed indicated that all staff had undergone relevant fire safety training. The procedures for evacuating the centre were also on display.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Appropriate medicines practices were seen in relation to the storage facilities available in the centre and in a sample of medicines documentation reviewed. Medicines training was provided to staff but not all staff demonstrated an awareness of when a particular emergency medicine was to be given.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Arrangements were not in place to meet the assessed needs of all residents. The provision of one resident's day service in the designated centre required review to ensure that the resident was consistently engaged. Some aspects of the the personal plans in place required review to ensure that they reflected practice.

Judgment: Not compliant

## Regulation 6: Health care

Residents had good access to a range of allied health professionals such as general practitioners, dentists and a psychologist. Residents also underwent regular monitoring of their healthcare needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Staff demonstrated a good understanding how to support residents to engage in positive behaviour while records also indicated that staff had been provided with relevant training. Behaviour support plans were in place for residents where required but it was noted that one plan had not been reviewed since May 2017 and needed review to ensure clarity and ease of retrieval of key information. It was noted that efforts were being made to reduce the use of some restrictive interventions.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents were observed to be comfortable in the presence of staff members on duty during this inspection. Staff practice in intimate personal care for residents was guided by relevant plans that were in place. Training records reviewed indicated that all staff working in the centre had undergone relevant safeguarding training. Staff members spoken to demonstrated a good awareness of any safeguarding issues present in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner and offered choice while present in the designated centre. Residents were consulted in relation to the running of the centre by regular resident meetings where meals and activities were discussed.

Judgment: 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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Group H - St. Anne's Residential Services OSV-0003951

Inspection ID: MON-0021464

Date of inspection: 01/04/2019

## 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 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 reviewed all training schedules in the centre. Staff found to be in need of refresher training have been scheduled into the training planner as priority. Since inspection training has taken place in relation to medication management. To ensure all staff are reviewed in a timely manner in relation to their training needs a planner has been developed and will be introduced for ease of monitoring by the manager and Person in Charge.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since the inspection a review of the unannounced audits have taken place with the CNM3 and the Service Manager. A planner is in place to ensure all audits are completed to a satisfactory level and in a timely manner. This will be reviewed to ensure the quality, safety and support needs of each individual will be addressed</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Since the inspection an updated statement of purpose has been made available to the residents and or their representatives within this centre.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:          Since inspection the Service Manager has approved the purchase of furnishings for this centre and the Person in Charge is addressing this issue. All outstanding maintenance issues have been forwarded to the maintenance personnel with a view to resolving within this quarter.</p>	
<p>Regulation 29: Medicines and pharmaceutical services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:          Since inspection the Person In Charge has addressed the protocol in relation to the administration of emergency medication. On 17/04/19 this protocol was discussed at the team meeting and follow up training for 3 staff has been provided. The Plan of Care has been reviewed by the Person in Charge to clarify the protocol for the staff team. The epilepsy section has been updated and the protocol has been highlighted. All staff will sign once the protocol has been read. This protocol is also referenced within mandatory training. The Person In Charge will ensure all staff are competent in this aspect of care delivery.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:          Since the inspection the Person in Charge has discussed with the staff team 17/04/19 the importance of day service provision for the individual. The Person In Charge has put a Daily Planner in place plus a Daily Recording of each activity to measure its effectiveness. Regular documentation in relation to the progress of this activity will be maintained and documented. The environment for the day service provision is being reviewed by the Person In Charge with a view to providing greater support to the individual.</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 the inspection the Person In Charge has reviewed the Behavior Support Plan for the individual in conjunction with their day service . This took place 16/04/2019.The behavior support plan has been put into a user friendly format which is used across this centre to make the information clearer for staff to implement.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2019
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	30/06/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/06/2019

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	30/06/2019
Regulation 03(3)	The registered provider shall make a copy of the statement of purpose available to residents and their representatives.	Substantially Compliant	Yellow	30/06/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/06/2019
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2019
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	30/06/2019
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	30/06/2019