



## 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 P
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	27 June 2019
Centre ID:	OSV-0005564
Fieldwork ID:	MON-0023744

## 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 P consists of a large detached bungalow, located in a town. The designated centre provides a residential service for five female adults with intellectual disabilities. The centre can offer support for those with autism and residents with mental health and physical care needs. Each resident has their own bedroom and other facilities in the centre include a kitchen/dining room, a sitting room, a utility room, bathroom facilities and a staff office/bedroom. Staff support is provided by a social care leader, a nurse and care staff.

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

Number of residents on the date of inspection:	5
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## 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
27 June 2019	10:45hrs to 19:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The inspector met all five residents who lived in this designated centre and had an opportunity to speak with two of these residents. All residents were observed in the centre, in their interactions with staff and in their interactions with their fellow residents.

One resident said they liked living in the centre and liked the staff who supported them. This resident also said that they liked living with some of other residents but that they did not like living with one resident due to particular interactions with them. Because of these interactions, the resident said that they sometimes felt unsafe in the centre although staff did try to make the resident feel safe. The resident also spoke about doing their own laundry and indicated that they had spent the day at a day service away from the designated centre which they enjoyed.

A second resident also commented positively on the living in the centre and the staff working there. This resident also spent time in a day service and according to them, they were going on a trip away from centre in the months ahead to attend a concert while they made regular visits to their family. However, the resident said that they sometimes felt unsafe in the designated centre due to interactions with another resident. This second resident also said that because of such interactions they sometimes had to leave the room they were in and that they did not like this.

The resident went on to tell the inspector about an upcoming photo exhibition which they had contributed to. The resident appeared very proud of their involvement in this photo exhibition and also spoke about money they had helped to raise for a charity previously. This resident indicated they liked the food provided and that they helped to prepare meals in the centre while also doing their own laundry with staff support sometimes when needed.

Two more residents received their day service within the designated centre. On arrival in the centre, these two residents were being supported by staff members to go on a walk. The residents returned to centre but the inspector did not have a meaningful opportunity to engage with them. However, they were seen to be treated well by staff who provided appropriate care where necessary in a respectful manner. Later on both of these residents were facilitated to attend medical appointments before returning to the centre again.

The fifth resident who lived in this designated centre was also met after they returned to the centre from their day service. This resident did not indicate to the inspector their views on the service they received but they appeared content while present in the centre and was seen to be comfortable in the presence of staff members on duty. A staff member was observed to use a football to engage the resident in an activity which the resident appeared to enjoy.

During the inspection a meal time was observed with four of the residents present at this time. This was seen to be an unhurried, social event with residents offered choice on the food and drink which they had. Staff were seen to encourage residents to participate in the preparation and serving of this meal. Where necessary staff provided support to residents with their meals in a discrete and respectful manner. One of the residents who lived in the designated centre was supported to go for a meal away from the centre at this time but appeared very happy with this.

Overall throughout the inspection, residents were seen to engage with staff in a warm and positive manner. There appeared to be a good relationship between residents and staff members present, while it was also seen that some residents were very considerate of their fellow residents with whom they lived with. This contributed to a calm and sociable environment being observed by the inspector.

## Capacity and capability

The provider had a well-established structure in place in this designated centre to support residents and had also ensured that an appropriate person in charge had been put in place to oversee the running of the centre on a day-to-day basis. It was noted though that some improvement was required in relation to the staffing arrangements and the submission of notifications to HIQA.

Staff members observed during this inspection were seen to interact in a positive and warm manner with residents while providing appropriate care where required. For example, staff were seen to support residents with their meals in a respectful manner while also encouraging residents to carry out tasks at their own pace. The inspector had an opportunity to speak with some staff members present during the inspection who demonstrated a good knowledge of residents and how to support them. It was also noted that efforts were being made to provide a continuity of staffing for residents to ensure consistent care and support.

The previous inspection of this designated centre in November 2017 found that the staffing arrangements in place required review in response to a specific safeguarding issue. During the current inspection it was noted that the overall staffing arrangements in response to this issue had improved. However, as had been identified by the provider, further improvement was needed in this area for a specific period of time while residents were present in the centre. This was in response to the same safeguarding issue as had been referred to in the November 2017 inspection.

It was this safeguarding issue that led to two residents expressing to the inspector that they sometimes felt unsafe while in the centre. Under the regulations there is a requirement for the governance and management of a designated centre to ensure that the service provided is safe. While these two residents expressed their concerns, it was seen that the provider had taken steps to respond to this matter to mitigate potential negative consequences. For example, additional training had been

provided to staff members to reflect the specific needs of residents while a representative of the provider outlined how they had sought additional input from relevant professionals to provide extra guidance for staff.

It was also seen that there was management systems in place to assess, evaluate and improve the running of the designated centre. These included audits in areas such as residents' personal plans, infection control and medicines. As required under the regulations the provider had also been conducting their own unannounced visits to the designated centre. Such visits are important to review the quality and safety of care and support that is provided to residents. The provider unannounced visits were being carried out at six month intervals and were reflected in a written report with action plans to respond to issues identified.

The provider had also ensured that records of any adverse events were maintained in the centre. Such records included details of any reviews and actions taken which provided assurance that such matters were responded to appropriately and learnt from. It was noted though, when reviewing such records, that an incident of a potential safeguarding nature had not been notified to HIQA as required by the regulations. Such notifications are important to ensure that HIQA are aware of actual and possible adverse incidents in a designated centre which impact on residents' care and support. The provider took steps to ensure that this incident was notified to HIQA in the days following this inspection.

The provider had also ensured that an appropriate management structure had been put in place which reflected the size, ethos and purpose of the designated centre. As part of this a suitable person in charge was in place who was responsible for a total of two designated centres. This arrangement was not found to negatively impact the running of this designated centre. It was also noted that the person in charge demonstrated leadership, a detailed knowledge of residents' needs and a strong commitment to improve the lives of residents living in this designated centre.

#### Regulation 14: Persons in charge

A suitably skilled, experienced and qualified person in charge was in place. The person in charge was responsible for a total of two designated centres. These two centres were located a short drive away from each other within the same town. Arrangements were in place to ensure the person in charge could main effective governance, operational management and administration of the current designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

Overall staffing arrangements in the centre had improved since the previous HIQA inspection but, as identified by the provider, further improvement was required in this area. Planned and actual staff rosters were maintained in the designated centre which indicated, overall, that a continuity of staff was provided for. Staff files were held centrally and so were not reviewed during this inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

A clear management structure was in place where roles and responsibilities were clearly set out. The provider had been carrying out unannounced visits to this designated centre at six monthly intervals as required by the regulations. Such visits were reflected in written reports which included action plans to respond to issues identified. Annual reviews were also being carried out which included consultation with residents and their representatives. While management systems were in place to ensure that the service provided was appropriate to residents' needs, consistent and effectively monitored, it was noted that two residents had indicated to the inspector that they sometimes felt unsafe in the centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

An incident of a potential safeguarding matter had not been notified to HIQA within three working days.

Judgment: Not compliant

### Quality and safety

The provider was making efforts to ensure that residents were supported in a person-centred way to enjoy a good quality of life. However at the time of this inspection there was a safeguarding issue in the designated centre which was negatively impacting on some residents.

The designated centre was operated from a large detached bungalow. The overall living environment was noted to be stimulating and provided opportunities for rest and creation. For example, access was provided to outdoor recreational areas with a large garden area maintained to the rear of the premises. Each resident had their



own bedroom which were noted to be well-furnished, had sufficient storage facilities for personal belongings and were personalised (personal items such as photographs and awards were seen to be on display in these bedrooms). Appropriate facilities for the storage, preparation and serving of food were also provided for within the designated centre.

Staff members spoken with during this inspection demonstrated a good awareness of the specific dietary needs of residents and were observed to prepare food for residents in the manner recommended by relevant allied health professionals. A meal time was observed during this inspection which was noted to be an unhurried, social event. One resident commented positively on the quality of food provided and it was also seen that residents were encouraged to participate in the preparation and serving of meals in the centre. Residents spoken with also indicated that they did their own laundry with support from staff where required.

Staff consulted with residents in relation to the running of the centre by holding regular resident meetings. During such meetings issues such as food and activities were discussed while various information was also provided to residents. It was noted that a copy of a residents' guide for the centre was on display which contained key information for residents such as a summary of the services provided and how to access HIQA inspection reports. Residents were seen to be treated in a respectful manner throughout this inspection and were overheard to be offered choice in the food and drinks they had.

It was noted though that residents' choice within the centre, during certain events, was reduced. This was related to a specific safeguarding issue present in the designated centre at the time of this inspection. In the months leading up to this inspection HIQA had been notified by the provider of safeguarding incidents which were of a similar nature and involved particular interactions between residents. It was seen that the provider was investigating and reviewing such incidents while actions were being taken in response. For example, additional training had been provided to staff who demonstrated a good awareness of this safeguarding issue and how to respond to it.

Despite these efforts, HIQA had been notified of another similar incident that took place two weeks before this inspection. Two residents spoken with told the inspector that they sometimes felt unsafe in the centre due to this safeguarding issue. One of these residents also said that during certain events they would have to leave the room they were in for safeguarding reasons and that they did not like this. However, the inspector did observe, during the course of this inspection, a pleasant and social atmosphere in the centre with residents moving freely throughout the centre and interacting with other residents and staff in a positive and warm manner.

In line with the regulations a comprehensive assessment of need should be carried out where there is a change in a resident's circumstances. The increase in safeguarding incidents in the designated centre in the months leading up to inspection represented such a change. The inspector was informed by a person participating in management that an assessment process in response to this was underway. Such assessments are important to identify the specific needs of

residents so as to ensure that appropriate arrangements are in place to provide for such needs. The outcome of this assessment must inform an individual personal plan which should outline the supports required to meet a resident's needs. The provider must then ensure that appropriate arrangements are in place to ensure such needs are met.

All residents living in this centre had individual personal plans in place. The inspector reviewed a sample of these and noted that they provided clear guidance to staff on how to support residents. Such plans had been developed in a person-centred way with the active input of residents. It was also seen that arrangements were in place to meet many of residents' health, personal and social needs. For example, residents were supported to enjoy the best possible health and underwent key healthcare assessments while various social activities were facilitated such as attending concerts, going to sporting events, visiting zoos, participating in art classes and being involved in photography. Providing for such needs is important to ensure that residents enjoy a good quality of life.

### Regulation 12: Personal possessions

Appropriate facilities were in place for residents to store their personal belongings and to do their own laundry. Some residents laundered their own clothes with support from staff members where required.

Judgment: Compliant

### Regulation 17: Premises

The premises provided was designed and laid out to meet the need of residents living in the centre. While the premises was presented in a clean, homely, well-furnished and well-maintained manner internally it was observed that some external paintwork required some maintenance.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Appropriate facilities were in place for food to be stored. Residents were encouraged to help prepare and serve food. Meals were provided to residents in keeping with their assessed dietary needs.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was in place in the designated centre which included information on how to access HIQA inspection reports and the services to be provided in the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire safety systems were in place to provide for the detection, containment and extinguishing of fires. External contractors serviced the fire safety systems in place regularly to ensure that they were in proper working order. To ensure that there was an awareness of what to do in the event of a fire, fire drills were taking place, the fire evacuation procedures were on display in the designated centre and staff were provided with relevant fire safety training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which had been informed by relevant assessments. Such assessment had been carried out within the previous 12 months but it was noted one resident required a comprehensive assessment to reflect a recent change in circumstances. Individual personal plans outlined the supports to be provided for residents. These plans were noted to have been reviewed regularly and were developed with the active input of residents and their families.

Judgment: Substantially compliant

### Regulation 6: Health care

Arrangements were in place to ensure that there was regular monitoring of residents' healthcare needs. This included facilitating access to key healthcare assessments. Residents were also supported to access various allied health

professionals such as dietitians, general practitioners, psychologists and speech and language therapists.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff members spoken with demonstrated a good understanding of how to support residents engage in positive behaviour. Relevant training had also been provided to staff. Where necessary behaviour support plans were in place to provide guidance for staff in this area. Such plans had been developed with the input of relevant allied health professionals.

Judgment: Compliant

### Regulation 8: Protection

There was a specific safeguarding issue present in the designated centre which negatively impacted on some residents which resulted in two residents indicating to the inspector that they sometimes felt unsafe in the centre.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner throughout this inspection. Regular resident meetings were held to consult residents in relation to the running of the designated centre. Residents were seen to be offered choice during this inspection but there were times where some residents' choice was impacted due to safeguarding issues. Arrangements were seen to be in place to support residents to exercise their right to vote.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St. Anne's Residential Services - Group P OSV-0005564

Inspection ID: MON-0023744

Date of inspection: 27/06/2019

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A Business Case has been submitted to the HSE detailing the need for an increase in staffing support for identified morning and evening times and when Day Service is closed to support the needs of one resident. Recent changes to the staffing arrangements has enabled more support for this resident in the morning. The PIC constantly monitors the roster to allow for most effective use of resources.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Safeguarding issues have been identified and reviewed by the PIC. A Business Case has been submitted to the HSE requesting enhanced supports needed. The supervision guidelines have been reviewed by the PIC as both Residents identified in the report have indicated that they wish to remain living in the centre. A multidisciplinary review has been held with a view to identifying all possible ways to support all the residents safely and appropriately, including the Resident causing concern.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>NF06 was submitted following the inspection relating to the incident identified. The incident was reviewed at the time through the safeguarding process, as per policy. Following discussion with the inspector, the incident was processed through NF06 retrospectively.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A request to paint the exterior had been submitted prior to the inspection and has since been completed.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC has commenced a review of the assessment of needs to address the change in circumstances for one resident. This review will include the relevant MDT and Quality &amp; Risk Officer. The individual personal plan will be updated following this review.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Safeguarding issues in the centre have been, and are, regularly identified and reviewed. A Business Case has been submitted to the HSE requesting enhanced supports needed and supervision guidelines have been reviewed. As both Residents identified in the report have indicated that they wish to remain living in the centre, support around allowing them to feel secure at all times while living in the centre is under review. A multidisciplinary review has been held with a view to identifying all possible ways to support all the residents safely and appropriately, including the Resident causing</p>	



concern. A case conference was convened on 17/07/2019 with the HSE Disability Case Manager highlighting these issues.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Safeguarding issues in the centre have been, and are, regularly identified and reviewed. A Business Case has been submitted identifying extra supports needed and supervision guidelines have been reviewed. As both Residents identified in the report have indicated that they wish to remain living in the centre, support around allowing them to feel secure at all times while living in the centre is under review.

A multidisciplinary review has been held with a view to identifying all possible ways to support all the residents safely and appropriately, including the Resident causing concern.

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2019
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	12/07/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/10/2019

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	28/06/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	09/08/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/10/2019
Regulation	The registered	Substantially	Yellow	31/10/2019

09(2)(b)	provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Compliant		
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