



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

Issued by the Chief Inspector

Name of designated centre:	Group A - 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:	Short Notice Announced
Date of inspection:	13 October 2021
Centre ID:	OSV-0003944
Fieldwork ID:	MON-0029136

About the designated centre

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

Group A - St Anne's Residential Services is a designated centre operated by the Daughters of Charity Disability Support Services CLG. It provides a residential service to a maximum of 21 adults with a disability. The designated centre is located on the outskirts of a town in County Tipperary with access to facilities and amenities. The designated centre comprises of four dormer bungalows in a campus setting. The four bungalows are built around a central courtyard, each having a separate entrance. The designated centre is staffed by clinical nurse managers, staff nurses, care staff and household staff. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Wednesday 13 October 2021	09:30hrs to 18:20hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an office area in the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet with residents throughout the inspection as they participated in their activities, albeit this time was limited. On arrival to the designated centre, the inspector carried out a walk-through of all areas of the four bungalows which made up the designated centre. The inspector was greeted by the residents in all four units as they prepared for the day and finished breakfast. The inspector observed residents relaxing in their living area, watching TV and interacting positively with staff. Residents were supported to access to community, visit their new homes and go for walks. On the day of the inspection, one resident returning home from a hospital stay and appeared content. In the morning, the inspector observed a massage therapist visiting the centre to provide massage therapy to a number of residents.

Overall, the residents appeared content in their home and in the presence of staff members throughout the inspection. The inspector observed positive interactions between residents and members of the staff team throughout the inspection. Also, the inspector observed that the staff team were responsive to the residents needs.

In addition, two residents completed questionnaires for this inspection which described their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a level of satisfaction with the service. The questionnaires noted that the residents were looking forward to transitioning to their new homes. However, one questionnaire highlighted that at times they would like more staff in order to engage in more activities.

The registered provider also prepared an annual review which consulted with families and residents. The inspector reviewed the questionnaires which demonstrated high levels of satisfaction with the care and support provided and the plans for the proposed transitions. Some questionnaires highlighted dissatisfaction with the current living arrangements such as the environment was too loud, too crowded and in need of refurbishment.

As noted the designated centre consists of four bungalows located around a central courtyard. Overall, the bungalows were decorated in a homely manner with residents' personal possessions and pictures throughout the centre. However, as identified in previous inspections the design and layout of the centre did not meet the collective and individual needs of the residents. In addition, improvement was

required in the maintenance of areas of the designated centre including painting and the general upkeep. The inspector was informed that the centre is currently in the process of supporting residents to transition to community based homes. At the time of the inspection, 16 of the 21 residents were at advanced stages of the process of transitioning to their new homes.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. There were areas for improvement which included staff training and development, governance, premises, infection control, risk management, review of restrictive practices and fire safety.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in the governance and management and staff training.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was supported in their role by a number of clinical nurse managers. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The annual review for 2021 was in draft at the time of the inspection. While, the quality assurance audits identified areas for improvement and action plans were developed in response, some improvement was required in the timeliness of implementing action plans.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents.

The inspector reviewed a sample of staff training records and found that, for the most part, the staff team had up-to-date training. However, some of the staff team required refresher training in areas including fire safety, de-escalation and intervention techniques and manual handling. The inspector reviewed a sample of the supervision records which demonstrated that the staff team were supervised.

However, some improvement was required to ensure that staff received supervision in line with the supervision agreements.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. There was a core staff team in place which ensured continuity of care and support to residents. At the time of the inspection, there was one clinical nurse manager vacancy.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, some of the staff team required refresher training in areas including fire safety, manual handling and safeguarding. This meant that not all of the staff team had the skills and knowledge to support the needs of the residents.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision. However, some improvement was required to ensure that staff received supervision in line with the supervision agreements.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was supported in their role by clinical nurse managers. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

However, some improvement was required in the timeliness of implementing action plans. For example, the six monthly audit carried out in June 2021 identified that a

number of fire doors requiring review. At the time of the inspection, this remained outstanding.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre provided person-centred care in a homely environment. The management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. However, improvement was required in risk management, review of restrictive practices, premises, fire safety and infection control.

The inspector reviewed a sample of residents' personal files and found that an up-to-date comprehensive assessment of the residents' personal, social and health needs had been completed for each resident. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their needs.

At the time of the inspection, the centre was in the process of supporting residents to transition to community based homes. 16 of the 21 residents were at advanced stages of the process of transitioning to their new homes. The provider was exploring and assessing possible suitable living environments for the remaining five residents. The inspector reviewed a sample of transition plans which were found to be person centred and regular engagement with residents and family members was evident.

The previous inspection identified that the centre appeared institutional in nature and did not meet the collective and individual needs of the residents. Whilst this remained the case, the provider had made efforts to ensure the centre was a homely environment while supporting residents to transition to the community. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. However, the measures in place for the containment of fire required improvement.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner. The designated centre is located on a campus in County Tipperary. The centre comprises of four bungalows located around a centre courtyard. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

However, the design and layout of the centre did not meet the collective and individual needs of the residents. This was also identified on previous inspections. In addition, some areas of the internal painting and flooring of the premises required attention.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The risk register was up-to-date and outlined the controls in place to mitigate the risks. The residents had number of individual risk assessments on file, where required. These risk assessments were also up-to-date and reflective of the controls in place.

However, some improvement was required in the implementation of controls. For example, the inspector observed that the storage of oxygen containers was not reflective of the controls outlined in the risk assessment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective

equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

However, the inspector noted peeling laminate on some kitchen presses which required attention. While cleaning schedules were in place and overall the centre was clean, some improvement was required as visible dust was observed in the ceiling around the sky lights in one unit.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and the residents had a personal emergency evacuation plan (PEEP) in place.

However, the arrangements in place for containment of fire required improvement. For example, in June 2021 an audit of fire doors identified a number of fire doors in need of review. This remained outstanding at the time of the inspection. In addition, on the day of inspection two fire doors were observed to be wedged open which negated the function of the fire doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The residents had up-to-date comprehensive assessments of need in place which identified the residents health, personal and social care needs. The assessments informed the residents' personal support plan. The inspector reviewed the personal support plans and found them to be person-centred and suitably guided the staff team in supporting the residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care for the residents was provided. The healthcare needs of the residents were suitably identified and assessed. Healthcare plans outlined supports provided to the residents to experience the best possible health. There was evidence

that the residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The inspector reviewed a sample of these plans and found that they were up to date and appropriately guided the staff team. The residents were supported to access health and social care professionals as appropriate including psychology and psychiatry.

There were some restrictive practices in use in the centre on the day of the inspection. From a review of a sample of records, it was evident that these were appropriately identified by the provider. However, some improvement was required as not all restrictive practices were reviewed on an annual basis by the registered provider.

Judgment: Substantially compliant

Regulation 8: Protection

There were effective systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable in their home. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Group A - St Anne's Residential Services OSV-0003944

Inspection ID: MON-0029136

Date of inspection: 13/10/2021

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>A clear staff supervision system is in place and governance is provided locally by the PIC and CNM1s. A yearly planner has been developed by the PIC to ensure that regular and effective supervision is occurring for all staff in line with the service policy. This will highlight staff supervision with a clearly laid out template as to when staff supervision is to take place and will assist a more robust supervision system.</p> <p>An audit of all staff training has occurred within the Centre and any staff who require mandatory training all have been scheduled. Staff training is also discussed during supervision meetings and staff are reminded of any refresher training that is due.</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>All actions identified in the audit carried out in June 2021 have been completed and all fire doors are functioning correctly following the immediate intervention of the maintenance team. The PIC will ensure that any areas of improvement identified and actions required in all audits will be addressed within the timeframe identified in the relevant action plan.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: There is a decongregation project action plan in place to support the residents to move to homes within the community. This project plan is divided into 3 phases. Phase 1 will support 8 residents to transition to 2 houses in the local community by November 22nd 2021. In phase 2, a further 8 resident's will be supported to move to 2 houses by the end of January 2022. A list of works has been completed for the Villa which will remain open, to ensure the upkeep of the premises and to provide a homely environment to the remaining 5 residents who will transition in phase 3. The service manager has agreed with the ACEO and maintenance manager that the refurbishment works will take place quarter 2 in 2022.</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 the risk assessment for the safe storage of Oxygen cylinders has been reviewed. The Oxygen cylinders are all stored appropriately and safely.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: A system has been established and completed to include a cleaning schedule for high dusting. The peeling laminate noted on some press doors has been addressed and is complete. The service manager has agreed with the ACEO and maintenance manager that refurbishment works will take place quarter 2 in 2022 and will encompass kitchen refurbishment.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All actions identified in the audit carried out in June 2021 have been completed and all fire doors are functioning correctly. All staff have been advised that fire doors have to be fully functional at all times and cannot be propped open.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Restrictive practice that was outstanding due to an administrative error for one resident has been reviewed and is now completed. A system is in place to ensure that all restrictive practices are reviewed annually as per service policy.</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	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/06/2022
Regulation 17(1)(b)	The registered provider shall ensure the	Substantially Compliant	Yellow	22/06/2022

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the	Substantially Compliant	Yellow	30/11/2021

	prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/11/2021