



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

Issued by the Chief Inspector

Name of designated centre:	St Anne's Residential Services Group B
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:	25 February 2021
Centre ID:	OSV-0003945
Fieldwork ID:	MON-0031034

About the designated centre

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

Group B : St. Anne's residential service is a residential centre located in Co. Tipperary. The centre can provide a service to eight adults, both male and female over the age of 18 years with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. Supports are afforded in a person centred manner as reflected within individualised personal plans. Service users are supported to participate in a range of meaningful activities. The residence is two semi-detached homes with an interlinking corridor to the rear of the house which promotes a safe homely environment decorated in tasteful manner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 25 February 2021	11:00hrs to 15:30hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place from a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to talk with all six residents on the day of inspection, albeit this time was limited. The regulations prioritised for examination, were those which provided the best evaluation of what it was like for residents to live in this house, what brought joy and meaning to the residents' lives and what level of safety and care was afforded to residents by the staff and the organisation supporting them.

Overall, the inspector saw evidence that a good quality of life was enjoyed by residents, albeit the impact of the COVID-19 pandemic could not be underestimated. For example, most of the people living in these two houses regularly visited their family homes prior to COVID-19. In the 12 months preceding this inspection, these important visits were significantly curtailed. Residents were able to express their sadness that these visits were not possible but they also showed that they had adapted and accepted the challenges in an impressive way. All spent time at Christmas at home and this was enjoyed by the residents. Some learnt new skills during the pandemic, others kept busy with assisting staff and carrying out household chores. The inspector noted how all residents appeared comfortable in expressing themselves and this was helped by the supportive staff attitude that prevailed in the centre.

Some residents with whom the inspector spoke, had limited vocabulary but good understanding of the spoken word. Other residents had good verbal skills and were happy to chat with the inspector. One resident said they were delighted to have a visitor in their home as visits were restricted due to level 5 pandemic restrictions.

The two houses that made up this centre, were semi detached and connected at the rear via a corridor. Two residents lived in one house and four in the other. Both houses were well maintained and were an integral part of the housing estate in which they were located.

On arrival at the centre, two residents in one house were relaxing in their sitting room. One was looking at a photo album and looking at photographs of outings they had been on. The second resident was enjoying creating a structure with colourful blocks. The atmosphere in the house was one of calm, comfort and ease.

The two residents indicated they were happy with their life in the centre by answering yes to direct questions put to them, by the relaxed demeanour they displayed and by the way they took pride in their appearance and physical environment. One resident in particular enjoyed wearing jewellery and this was evident on the day of inspection. It was also clear the resident was assisted in all matters of make up and personal grooming and staff were keenly aware that this

was important to the resident. Residents smiled when talking with the inspector and with staff.

All communication between resident and staff was seen to be friendly, respectful and convivial. It was clear both staff and residents knew each other well. Both parties spoke with ease about day to day matters such as jewellery, what was on the newspaper, the impact of COVID-19. Conversation was positive and good humoured in nature.

The person in charge and staff spoke about the sense of family and community which characterised the centre and this was also evident in the manner in which the written documentation was recorded. Documentation was clear to read, was non judgemental in its tone and focused on placing the residents at the centre of all matters. Staff were at the ready to support each other and the person in charge by covering extra shifts if the need arose. This minimised the need to engage a replacement staff member outside of the usual cohort of staff should a member of the team be on leave. It also indicated a good working atmosphere.

One resident had to temporarily give up work in a local cattle mart due the COVID-19 pandemic. The resident missed this work but took interest in other things such as gardening, dancing and chatting with staff. The resident was hopeful of returning to work when the pandemic situation allowed for this. Another resident had a job as office assistant. They also took on the role of recycling officer for the centre. Prior to restrictions, some residents attended the cinema in the locality. Social activities during COVID-19 became creative and at the time of inspection, dance evenings were proving to be particularly enjoyable. These dance evening connected with other houses and friends via zoom.

In general, residents had lived in the centre for many years and this feeling of being "at home" was evident from the ease residents moved around their home and how they interacted with each other and staff. As their needs changed, cognisance was given to ensuring the environment met those changing needs. For example, one resident was recently diagnosed with dementia and it was acknowledged that familiarity was important for the resident, both in relation to staff in the house but also in relation to the cohort of residents living there. Therefore no immediate plans were in place to introduce a new resident to that particular house. This epitomised the approach to care and the individualised support each resident received.

Capacity and capability

The findings of this inspection were, in many aspects, similar to the findings of the previous inspection. Throughout this inspection residents were seen to be treated respectfully and in a caring and positive manner. The provider sought to enable residents to live in a community environment that enabled them to live a meaningful life. As evidenced by good compliance across the regulations inspected, the provider had been successful in putting in place structures and supports to ensure that

residents were provided with a good quality of life.

A statement of purpose, a document which describes the service, was available. The ethos of the service, as set out in this statement of purpose was that those who lived there did so in a spirit of community. The underlying principle was that residents who received a service from The Daughters of Charity, were involved in all aspects of life within the home and amongst the wider community. The inspector was satisfied that this ethos was carried out in practice.

As outlined in the statement of purpose, an organisational structure was in place within the centre, where roles and responsibilities were clearly set out. In addition to the day-to-day operations of the designated centre, clear lines of reporting were also in place to ensure that the provider's Board of Directors were aware of how the centre operated. An experienced person in charge was in place who was responsible for three designated centres in total. The provider had put in place structures to support the person in charge in their role. This included the presence of a house leader who had a key role in the day to day running of the centre. At the time of this inspection the house leader was seconded to another centre and was expected to return to their post within a month. While a short term arrangement like this was manageable and there were no obvious slippages in the standards of care, a longer spell without a house leader would not adequately ensure the centre continued to be operated in a well organised manner.

To ensure oversight of the centre, the provider had been carrying out annual reviews and six monthly unannounced visits as required by the regulations. Such visits focused on the quality and safety of the service provided. The annual review included the views of residents and families. However, the most recent annual review had been carried out in October 2020 and the report from that review had not been completed at the time of this inspection at the end of February 2021. This time lag between review and issuing of a report and actions that may be required from same was not appropriate.

The provider had ensured, in so far as possible, that a consistent staff team had been put in place so that professional relationships were not disrupted while also supporting a continuity of care.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew their registration in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was informed, actively participating and in control of the altered ways of working in the centre. This provided reassurance that practices were appropriately supervised and managed. The person in charge in turn was supported by a clinical nurse manager 3 who had a regular presence in the centre and was well known to residents, families and staff.

Judgment: Compliant

Regulation 15: Staffing

The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus.

Judgment: Compliant

Regulation 16: Training and staff development

Discussions with the person in charge indicated that all staff had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. This training was facilitated by online platforms operated by the HSE. Documentation was in place to evidence this. Some other refresher training was overdue, in particular training in relation to managing behaviours that challenge. Refresher training was scheduled for those staff who required it.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector was satisfied that overall good governance and management arrangements were in place including effective management to ensure the risk of the introduction of and the transmission of infection, was minimised.

The required resources, including personal protective equipment had been sourced. The inspector was satisfied that the person in charge had good awareness and was supported by the clinical guidance of an experienced nurse.

Six monthly unannounced visits were conducted by the provider as were annual

reviews. However, a report had not been available of the most recent annual review which was conducted approximately five months prior to this inspection. This time-lag was not appropriate.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided.

Judgment: Compliant

Quality and safety

Over the course of inspection, it was evident that the provider was proactive in ensuring the centre was in compliance with the regulations and standards. There was good consultation with residents, both through documented house meetings and through less formal interactions.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, telephone, computer and the Internet. Overall, the inspector observed a relaxed and informal atmosphere in the centre; a place where each person had space and opportunity to unwind and engage with each other as much or as little as they wished.

There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area albeit refresher training was overdue as referenced above under regulation 16.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans were updated annually. There was good family involvement in the care planning. They were clear to read and understand. Insofar as was reasonably practicable, arrangements were in place to meet the needs and preferences of each resident. The plans indicated that a number of goals set for the year had been deferred due to restrictions imposed by the COVID-19 pandemic. Overall, the plans showed that they were up to date and informed practice. For example, a care plan for one resident had reassessed the use and purpose of a call bell. Additional supports to maintain independence and safety were put in place following this reassessment. The care plans included a section identifying the individuals' unique qualities. This gave a very good insight into the character of each resident.

The physical facilities of the centre were assessed for the purposes of meeting the needs of residents. For example, each resident had their own bedroom which they personalised. The house was homely, well maintained and attractively decorated. There was a spacious garden area.

Staff were aware of residents underlying health care issues. Medical attention was sought promptly as required. The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge said that this included physical review by their General Practitioner (GP) if this was deemed necessary. The person in charge described how residents were supported to access other healthcare services external to the centre including psychiatry, psychology, physiotherapy, dietician. Many of these services were provided through the primary health care services. Nursing advice and care was available internally.

Despite the restrictions and constraints on movements and travel, residents partook in exercise and activities which brought pleasure to them. The inspector observed residents engaging in household duties, reading the paper and chatting with each other and staff. There was a spacious garden area which was suitable for growing plants. Since the COVID-19 restrictions came into operation, residents and staff had spent much time cooking, baking and trying other creative initiatives. It was reported that residents' participation in the running and operation of the centre had increased.

A beautifully created memory book had been put together capturing the things, events and special moments for the previous year. It held photographs of smiling faces receiving certificates for partaking in a Christmas card competition in conjunction with a national third level institution. It showed moments of individual and group activities taking place during a year of many restrictions. The album was a lovely keep sake of good moments during a difficult year.

Dancing had become a particularly enjoyable activity for residents, as evidence from the photographs seen and from what the residents said about it. It also provided exercise for the residents as did the balloon badminton that residents took part in. Residents also enjoyed the mindfulness class which was held weekly via zoom. A resident was involved in a local active retirement group. This had stopped due to the pandemic but the resident was hopeful that it would resume at a future date. Residents had increased their interest in writing letters and cards to family and friends during the pandemic. Residents also connected with loved ones via face time and other social media outlets.

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed throughout the duration of this inspection. Where risk had been identified, measures had been taken to manage this risk. For example, staff assigned to this house did not work elsewhere, residents were provided with information and helped to understand the precautions such as hand hygiene and cough etiquette, that

needed to be taken.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment.

Residents and family members were actively involved in the life of the centre. Residents were empowered to exercise their rights and their independence was promoted. Their choices were respected and accomplishments acknowledged. This approach to service provision resulted in a high standard of social care for residents. This was confirmed to the inspector by what the inspector observed, from what staff reported and via the documentation examined.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. Residents viewed this centre as a good place to live. Residents enjoyed the opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example, residents enjoyed the garden, partook in baking, learnt new skills such as arts and crafts and how to use zoom and face time.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction and kept in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed and observed throughout the duration of this inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had produced comprehensive guidelines on the prevention and management of COVID-19. This was updated on a regular basis. The facilities available, such as warm water, mixer taps, paper towels and pedal operated waste bins, all facilitated good infection prevention control. Hand gels and sanitisers were available throughout. Staff wore masks in situations where a two meter distance could not always be maintained.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place on a regular basis.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was evident from speaking with the person in charge that an individualised approach had been taken to assessing each resident's needs. Support was provided as needed to residents, in the context of the risk to them from COVID-19 or indeed the risk that they may inadvertently pose to others. The inspector viewed the individualised plans in place. These were succinct, specific to the resident and staff were familiar with the plans. Overall, care plans were written in a respectful way demonstrating much sensitivity and awareness of individual needs.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated with records maintained of these.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from abuse. This included having written policies and the provision of training for staff. Throughout the inspection residents were seen to be comfortable in the presence of staff members.

Judgment: Compliant

Regulation 9: Residents' rights

The ethos of the centre was to ensure that residents could exercise choice and control in their daily lives, for example, in the activities residents engaged in and voting. Residents were seen to be treated in a respectful manner throughout inspection. Regular house meetings were taken place where residents were consulted in relation to the running of centre and given information on their rights such as complaints. Residents were also supported and encouraged to be part of the provider's human rights committee if they chose to do so.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Anne's Residential Services Group B OSV-0003945

Inspection ID: MON-0031034

Date of inspection: 25/02/2021

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>Since inspection and ongoing, the PIC will ensure that all staff are booked in for relevant training in a timely manner based on availability of training dates/spaces and order of priority.</p> <p>Training records for each staff are updated in accordance to completion of training. Staff booked in for training is clearly documented in training records.</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 inspection, the auditor has been contacted by Service Manager regarding the outstanding Annual review report and action plan.</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	30/05/2021
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Substantially Compliant	Yellow	30/04/2021