



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 D
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:	16 December 2020
Centre ID:	OSV-0003947
Fieldwork ID:	MON-0030846

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 D consists of two adjoining two-storey semi-detached houses located in a housing estate on the outskirts of a town. The designated centre provides a residential service for a maximum of six residents with intellectual disabilities, both male and female, over the age of 18. Each resident has their own en suite bedroom and other facilities in the centre include kitchens, utility rooms, sitting rooms, dining rooms and bathroom facilities. Staff support is provided by a Home Manager and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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 16 December 2020	10:00hrs to 14:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the centre appeared like a pleasant place in which to live and that residents enjoyed a good quality of life.

On the day of inspection the inspector met with four residents and three staff members, including the person in charge. One resident spoke freely and they explained how they liked their home and that staff were very nice. They showed the inspector their home and they also were very proud to also show the inspector an outdoor cabin which they had converted to hold their model car collection. They had an extensive collection of models and display shelving and storage had been installed. The person in charge explained that the resident previously had to store their collection in boxes in their bedroom, but this addition to the centre meant that the resident could fully enjoy their collection. The person in charge also explained that they had recently painted this cabin in a colour which the resident had chosen.

Throughout the morning and afternoon of inspection, residents relaxed in reception rooms and kitchen areas and the inspector observed that staff members chatted freely with them in a warm and friendly manner. One resident played pool with staff members and another resident who was undergoing cognitive changes reminisced about Killarney and how they went there to see their favourite country and music singers. They also spoke about their sister who had bought them music albums and throughout the morning they listened to their favourite music. This resident was very relaxed and staff members interacted in a manner which met their communication needs. Staff were very patient and gave the resident time to absorb any questions which were asked of them and gave them space and time in which to respond. Later in the day, the inspector reviewed this resident's plan which contained a compact and effective plan how to support this resident with communicating. The inspector found that this was a very positive piece of work which was evidently delivered in everyday practice.

The centre was located in a residential neighbourhood on the outskirts of a large town which ensured that residents could easily access their local community. For example, one resident was supported to independently access a public bus to their day service and they also enjoyed meeting their neighbours as they liked to walk around the housing estate by themselves. On the day of the inspection, residents were coming and going, in scheduled time slots, to a party for a member of staff who was retiring from a day service. A staff member explained that residents had known this staff member for many years and that the time slots were implemented to ensure that social distancing and public health guidance would be adhered to.

The centre was very warm and welcoming and residents had helped to decorate their home and rooms in preparation for Christmas. Each resident had their own room, some of which had en-suite facilities and overall there was a very pleasant atmosphere in this centre. This centre very much had a sense of home and walls

were decorated with photographs of residents and memories of day trips, celebrations and holidays.

Overall, the inspector found that the staff team, person in charge and the provider had ensured that the centre was first and foremost a home, in which residents were treated with dignity and supported to enjoy and live their lives as they wished. Even though, improvements were required in regards to some aspects of care, it was apparent that the welfare of residents was to the forefront of care.

Capacity and capability

Overall, the inspector found that the arrangements which were implemented by the provider ensured that many aspects of care were maintained to a good standard of care and support; however, some improvements were required to ensure that the centre was fully meeting the assessed needs of all residents.

It was apparent that the centre had a homelike quality and residents were supported to live a good quality of life. The inspector reviewed a number of residents' files, which were comprehensive in nature and they clearly outlined what supports residents required and how they preferred to live their lives. On the day of inspection, the person in charge spoke clearly about how a resident's needs were increasing due to cognitive changes. They discussed how the resident had recently moved to a downstairs bedroom to promote their safety and the provider and staff team plans were to continue support this resident in their home. The inspector observed that this resident appeared happy in their home and the staff team were very cognisant of their care needs. However, a review of documentation and correspondence from relevant professionals indicated that the night-time staffing arrangements required review and they were not meeting the resident's assessed needs. This was discussed with the person in charge and they stated that requests for additional funding from an external agency had been refused and that they continued to advocate on behalf of the resident. A review of adverse events within the centre did not indicate that there had been an increase in incidents at night; however, the provider was unable to demonstrate that the centre was meeting this resident's assessed needs on the day of inspection.

The provider had a COVID-19 response plan in place which clearly outlined how a suspected outbreak of this disease would be managed. The inspector found that many aspects of this plan were robust in nature. For example, the plan outlined how residents would be kept safe and informed in regards to COVID-19 and it also clearly stated that staff must self monitor for signs and symptoms of the disease. General information in regards to reducing the likelihood of spreading the disease was also clearly evident with hand hygiene, contact logs, physical distancing and enhanced cleaning of the centre to the fore. The person in charge was also completing regular audits in regards to hygiene, infection prevention and control practices and additional risk assessments in regards to staffing contingency planning

had also been completed. The plan also outlined that an worker representative and infection control champion would be assigned to the centre; however, on the day of inspection it was unclear who held these roles and how these individuals had oversight of responding to COVID-19 or promoting infection control practices. Furthermore, there was also conflicting information in regards where residents should isolate should they become suspected or confirmed as having COVID-19.

The provider had completed all required audits and review as stated in the regulations and the person in charge had a range of audits in place which ensured that the quality and safety of care was maintained to a good standard. Overall, the inspector found that improvements were required in some areas of care, however, it was clear that the provider was committed to delivering a person centred service in which the rights and dignity of residents was actively promoted.

Regulation 14: Persons in charge

The person in charge had good oversight of this centre and they were also appropriately qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

Staff who met with the inspector appeared to have a good rapport with residents. The person in charge was also meeting with staff members when they were on duty as a means to keeping them informed in regards COVID-19 and changes in care practices.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training programme in place which assisted in ensuring that the service could meet residents' needs. Staff had also undertaken additional training in response to COVID-19; however, a newly recruited member of staff had not completed training in infection prevention and control.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had systems in place which ensured that many aspects of care were maintained to a good standard; however, on this inspection, the provider failed to demonstrate that the centre was meeting the assessed needs of one resident. Improvements were also required in regards to the centre COVID-19 response plan.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of records indicated that all notifications were submitted as required by the regulations.

Judgment: Compliant

Quality and safety

It was clear on the day of inspection that residents liked living in the centre and that they were actively supported to engage in activities which they enjoyed.

Each resident had a personal plan in place which was reviewed on an ongoing basis and clearly outlined residents' care needs. As mentioned earlier in the report, the provider had assessed that a resident was undergoing cognitive changes and it was evident in their personal plan their well-being was to the forefront of care. Comprehensive reviews were undertaken by allied health professions and a specialist in dementia was actively involved in their care. It was apparent from professional review, that this resident's care needs were increasing, an issue that the person in charge and provider were well aware of. The person in charge outlined how requests for additional funding had not been granted and as a result the provider was unable to implement the recommendations from these professional reviews in regards to the night-time staffing arrangements.

Individual planning was found to be person centred and clearly captured how residents liked to live their individual lives. Individual goals were in place and reflected what residents discussed with the inspector on the day of inspection. Residents were supported to review and update their life stories and trips to Killarney were highlighted to occur when the national emergency has subsided. Residents were also supported to get out and about for coffee, trips to hardware shops, and walks to nearby nature sites. During the national lockdown residents were supported to identify additional goals to help them pass the time and

residents participated in art, zoom calling, and helped to make Christmas decorations.

The inspector observed that the centre had a very pleasant atmosphere and residents moved about their home at ease and stopped and chatted with staff members in a casual manner. Residents made their own tea and offered to make tea for other residents and staff. Residents appeared to get on well with one another and there was no active safeguarding concerns in this centre. Residents attended a monthly advocacy meeting and weekly residents' meetings occurred which kept them well informed in regards to developments within the centre and regards to COVID 19.

Overall, the inspector found that this was a pleasant centre in which to live and it was clear that residents' well-being was to the forefront of care. There was also areas which required further review as the provider did not clearly demonstrate that they were meeting a resident's assessed needs.

Regulation 26: Risk management procedures

The provider had risk assessments in place which promoted the safety of residents and staff. There was also systems in place for monitoring and responding to adverse events.

Judgment: Compliant

Regulation 27: Protection against infection

The centre had an increased cleaning regime in place staff were observed to wear personal protective equipment (PPE) and to regularly sanitise their hands.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider failed to clearly demonstrate that the centre was meeting the assessed needs of a resident with dementia.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to preventative health screening and residents were reviewed by the general practitioner in times of illness and on at least an annual basis.

Judgment: Compliant

Regulation 8: Protection

The centre appeared like a pleasant place to live and there were no safeguarding concerns on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents attended regular house and advocacy meeting and the provider ensured that residents were kept well informed in regards to COVID-19 developments.

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 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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services - Group D OSV-0003947

Inspection ID: MON-0030846

Date of inspection: 16/12/2020

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since the inspection, the new member of staff has completed all the training in infection control in response to COVID-19 and the training and development data base has been updated to reflect same.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The service provider has submitted a business case to the external agency for additional funding for night time staffing to meet the residents assessed needs. This formed part of of support structures implemented to address the projected needs of the resident in line with disease trajectory. The service continues dialogue with the external agency and representations are ongoing in this matter. Two meetings to be held this week 12/01/2021 and 14/01/2021 to process the plan for a positive outcome for this case. The provider has an identified trained worker representative and infection control champion assigned to the Centre. Since the inspection, the PIC and staff in the Centre are aware of the role and responsibilities of the worker representative and infection control champion in response to COVID-19 and promoting and monitoring infection control practices within the Centre.	

The Service Provider is also reviewing and amending the COVID-19 response plan and Statement of Purpose in relation to the conflicting information in order to identify where residents would isolate should they become suspected or confirmed of COVID-19 infection.

Regulation 5: Individual assessment and personal plan	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Since the inspection the service provider has submitted a business case to the external agency for additional funding for night time staffing to meet the residents assessed needs of one service user diagnosed with dementia. Coupled with this there is an ongoing process in place to review current status of the resident with implementation of all outcomes re same.

The Person in Charge will review and update the personal plan of each resident, this is carried out annually or more frequently if there is a change in needs or circumstances. The review will be conducted in consultation with each resident, ensuring their maximum participation, and where appropriate his or her representative. The plan will be in accordance with the resident's wishes, age and the nature of his or her disability. The recommendations arising out of a review carried out shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.

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	04/01/2021
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	26/02/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are	Not Compliant	Orange	26/02/2021

	in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	26/02/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	26/02/2021
Regulation 05(7)(c)	The recommendations	Substantially Compliant	Yellow	26/02/2021

	arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.			
--	--	--	--	--