



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 E
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:	06 May 2021
Centre ID:	OSV-0003948
Fieldwork ID:	MON-0032757

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 E is a designated centre operated by Daughters of Charity Disability Support Services Company Limited by Guarantee. The designated centre provides community residential care for a maximum of 10 adult residents, both male and female, with intellectual disability. The centre consist of two houses which are located within close proximity to one another in a town in Co. Tipperary. The first house is a two story detached house which provides a community residential care to five adults with a disability. The house comprised of a sitting room, kitchen, dining room, sun room, an office, four individual bedrooms which were all en-suite and a shared bathroom. There was also an apartment adjoined to the house which accommodated one resident and contained a kitchenette, sitting room and en-suite bedroom. The second house is a detached bungalow which provides a community residential care to five adults with a disability. The house comprised of a sitting room, kitchen/dining room, staff room, five individual bedrooms and a shared bathroom. The centre is staffed by a person in charge, clinical nurse managers, staff nurses and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Thursday 6 May 2021	10:15hrs to 16:15hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out this inspection in line with public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from one location in one of the houses of the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with residents, staff and management over the course of this inspection.

From what residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and enjoyed a good quality of life. The inspector had the opportunity to meet with the nine residents during the course of the inspection, albeit this time was limited.

On arrival to one of the houses of the designated centre, two residents were present in the centre, two other residents were attending day services and one resident was accessing the community with staff support. In the morning, the inspector observed one resident engaging in activities of daily living such as doing laundry and hanging clothes on the line. The second resident was observed listening to music in the sun room enjoying the weather. The resident showed the inspector their room which was decorated in line with their preferences. In the afternoon, the inspector had the opportunity to meet the three other residents as they arrived back from day services and accessing the community. While some residents communicated non verbally through alternative communication such as gestures and vocalisations, they were observed to appear relaxed and comfortable in their home and in the presence of staff. The resident who lived in the adjoining apartment, warmly welcomed the inspector and proudly showed the inspector their apartment and bedroom. The resident informed the inspector they were accessing the community in the morning and sang a song for the inspector.

In the afternoon, the inspector briefly visited the second house. The four residents met the inspector outside as they were preparing to leave the house to access the community with support from staff. Residents informed the inspector about activities they had completed earlier that day including going for a walk. Residents appeared content and one resident noted they were happy living in the designated centre. Throughout the inspection, staff were observed treating residents with dignity and respect.

In addition, seven of the residents completed a questionnaire describing their views of the care and support provided in the designated centre. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported them. However, the questionnaires noted the negative impact of the public health restrictions for residents in relation to involvement in local groups, community outings and visiting people important in their lives.

Residents were supported to stay in contact with people important in their lives through phone calls and looked forward to a reduction in the public health restrictions.

As noted, the designated centre comprised of two houses. On the day of the inspection, the inspector visited one house of the designated centre and found that overall it was decorated in a homely manner with pictures of the residents. There was a large garden to the rear of the house. The garden had been recently renovated and the lawn reseeded after the provider repaired identified issues with the septic tank. However, there were areas of flooring which required improvement. For example, wear and tear and gaps were observed in the flooring in the sitting room and in some residents bedrooms. The carpet on the stairs also required replacing due to an identified concerns in keeping the carpet clean. In addition, areas of paint in the centre required upkeep. These had been self-identified by the provider.

In summary, based on what residents communicated with the inspector and what was observed, the inspector found that the residents received a good quality of care in the designated centre. However, there are some areas for improvement including staff training, premises and healthcare. 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 safe, consistent and appropriate to residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, improvement was required in the area of staff training and development.

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 also had responsibility for another designated centre and was supported in their role by a clinical nurse manager 1 and a social care leader in each house. There was evidence of regular quality assurance audits taking place to ensure the service provided was safe, effectively monitored and appropriate to residents' needs. These audits included the annual review for 2020 and the provider unannounced six monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

A review of a sample of staffing rosters demonstrated that there was sufficient staffing levels and skill mix to meet the residents' needs. At the time of the inspection, the centre was operating with one whole time equivalent (WTE) vacancy.

This vacancy was filled by a regular relief members and the existing staff team to ensure continuity of care. The inspector was informed that the provider was actively recruiting to fill this vacancy. In addition, at the time of the inspection a number of staff had been redeployed from the provider's day service due to COVID-19 pandemic. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

The inspector reviewed a sample of staff training records and found that improvements were required to ensure that all of the staff team had up-to-date training, skills and knowledge to support the needs of the residents. Refresher training was outstanding in a number of areas including fire safety, de-escalation and intervention techniques and manual handling. The inspector was informed that COVID-19 had impacted on the scheduling of refresher training. This had been self-identified by the provider and plans were in place to address this.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. The person in charge worked in a full time role and demonstrated a good understanding of residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. There was sufficient staffing levels and skill mix to meet the residents' assessed needs. There was an established staff team and relief panel in place which ensured continuity of care and support to residents. A number of staff had been redeployed from the provider's day service to support residents due to COVID 19 pandemic.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. However, refresher training was not up-to-date for a number of staff members in areas including fire safety, de-escalation and intervention techniques and manual handling.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider established and maintained a directory of residents which contained all of the information as required by Regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which accurately described the service provided by the designated centre and contained all of the information as required by Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents occurring in the centre were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided safe, appropriate care and support to the residents. However, improvements were required in the healthcare and premises.

Each resident had an up-to-date assessment of need which appropriately identified resident's health, personal and social care needs. The assessments informed the residents' personal support plans. The inspector reviewed a sample of plans and found the plans to be up-to-date and suitably guided the staff team in supporting the resident with their assessed health, personal and social care needs.

However, as identified in the previous inspection the level of psychiatric medical treatment and support, required by residents, was not being adequately facilitated. A number of residents in this centre required psychiatric supports and were prescribed specific medication. In mid-2019 access to a consultant psychiatrist was no longer available to residents and at the time of the inspection the position remained vacant. There was evidence of the provider engaging with the service provider regarding this vacant position. The inspector was informed private psychiatric care or emergency care would be sought should an acute psychiatric incident occur. This negatively impacted on the residents' right to access appropriate services and supports to meet identified healthcare needs.

There were positive behaviour supports in place to support residents manage their behaviour. The inspector reviewed a sample of behaviour management guidelines and found that they were up-to-date and suitably guided the staff team. There were a number of restrictive practices in use in the designated centre. The provider had systems in place to identify and review the restrictive practices to ensure they were appropriate and were the least restrictive.

There were systems in place for safeguarding residents. The inspector reviewed a sample of incidents which demonstrated that incidents were reviewed and appropriately responded to. Staff spoken with were clear on what to do in the event of a concern or allegation. Residents were observed to appear comfortable and content in their home.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place in the centre.

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 including regular cleaning schedules and temperature checks. 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.

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. The designated centre comprised of two houses which were decorated in a homely manner. However, there were areas of flooring in one house which required improvement including:

- wear and tear and gaps in flooring in the sitting room and in some residents bedrooms.
- the carpet on the stairs required replacing.
- areas of paint on the walls requiring upkeep.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider prepared a residents' guide which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self isolation of residents. There was infection control

guidance and protocols in place in the centre.

Judgment: 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 guidelines in place to support all persons to evacuate in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need in place which identified residents' health, personal and social care needs. The assessment informed the resident's personal support plans.

Judgment: Compliant

Regulation 6: Health care

Residents were not being adequately facilitated to access psychiatric medical treatment and support. While residents may access private supports or emergency care in the event of an acute psychiatric incident occur, access to a consultant psychiatrist was not available to residents since 2019.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There were positive behaviour supports in place which were up-to-date and suitably guided the staff team support residents.

There were a number of restrictive practices in use in the designated centre. The provider had systems in place to identify and review the restrictive practices.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately managed. Staff spoken to were clear on what to do in the event of a concern. Residents were observed to appear relaxed and content in their home.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	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	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Anne's Residential Services Group E OSV-0003948

Inspection ID: MON-0032757

Date of inspection: 06/05/2021

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>The person in charge has ensured that all mandatory staff training has been scheduled for staff who are due refresher training.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Since the inspection the registered provider has put a plan in place to replace the flooring in the dining room and the sitting room and to replace the carpet on the landing with new flooring. The flooring in two bedrooms and in another second sitting room will also be replaced. Painting will also be completed on the walls as required in the second sitting room.</p> <p>02/07/2021</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The registered provider has had further meetings with the HSE to resolve the issue of</p>	

access to psychiatry services for residents and the HSE have committed to funding the services of a locum Consultant Psychiatrist while recruitment of a permanent post is ongoing with the HSE. The registered provider has commenced exploring options for a locum Consultant to provide psychiatric services to these residents and will continue to engage with the HSE in this regard. The registered provider will continue to have this issue raised as part of the corporate risk register and escalated within the HSE.

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	12/09/2021
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	02/07/2021
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Not Compliant	Orange	30/11/2021

