



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 M
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:	09 December 2020
Centre ID:	OSV-0005162
Fieldwork ID:	MON-0030848

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 M is a residential home located in Co.Tipperary. The service currently provides residential supports for up-to-five persons over the age of eighteen with an intellectual disability. The service operates on a 24 hour seven day a week basis with all supports implemented in line with the assessed needs of residents. Staffing levels as set out in the statement of purpose are two staff during waking hours and sleep over support in place at night. The home presents as a warm homely environment with each residents have their own bedroom space which is decorated in place with their personal tastes and interests. The house is a three story building with adequate recreational space available for residents. A person in charge has been appointed to the centre by the registered provider to ensure a safe and effective service is afforded to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 9 December 2020	10:00hrs to 14:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to live a good quality of life where their independence and community involvement were promoted.

On the day of inspection, the inspector met with three residents. Two residents were attending aromatherapy sessions in the morning and they met with the inspector for a short period of time in the afternoon. The other resident remained in the centre for the morning and they were happy and relaxed when they met with the inspector. They showed the inspector their home and they pointed out photographs of family members which were on display. They also chatted about photographs of holidays and of day trips which they had taken. This resident was interested in sports, particularly hurling and they showed the inspector a picture of them at Simple stadium when they went to support their county in the Munster hurling championship. Throughout the morning, this resident was supported by a staff member and the inspector observed very warm and engaging conversations between them. The resident had free access to all areas of their home and they explained that they preferred to relax in the kitchen area where there was more activity. During the day the staff member and the resident chatted freely and in the afternoon the resident was supported to attend an on-line choir group, an event which they seemed to really enjoy.

The centre was very homely in nature and each resident had their own bedroom and access to a number of bathrooms. There was a large combined kitchen/dining and sitting area and there was also a cosy sitting room in which residents could relax. One resident also had their own bespoke outdoor shed, which they called the "seomra" and this area was individualised with a television and drum kit. The person in charge explained that the resident loved spending time in this shed and during the national lock down they spent time painting and decorating this outdoor area. The inspector found that this project provided a welcome distraction for this resident during lock down and photographs of the resident painting, smiling and enjoying their "seomra" were evident throughout their personal plan.

It was clear that the rights of residents were supported and it was evident from observing interactions and from reviewing documentation that residents' thoughts and opinions were actively sought in everyday practice. The inspector observed both staff members and the person in charge asking residents how their day was and what they would like to do for the day. Residents also attended weekly house meetings where COVID 19 was discussed and also how residents could protect themselves by using face coverings, washing their hands and maintaining social distancing. A resident also represented their centre by attending regular advocacy meetings and a resident who met with the inspector stated that they liked their home and staff who supported them were very nice.

Overall, the inspector found that the centre felt very much like a home and that the

residents who availed of this service were supported to have a good quality of life.

Capacity and capability

The inspector found that the governance and management arrangements which were implemented by the provider and by the person in charge ensured that residents received a good quality service, but some improvements were required in regards to the provider's COVID-19 response plan.

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 plan also outlined that a worker representative and infection control champion would be assigned to the centre. The person in charge was very open and positive throughout the inspection and they had a good understanding of the arrangements in responding to an outbreak of COVID-19. However, the inspector found that the overall response plan and the implementation of the worker representative and infection control champion required review. For example, the plan had conflicting information in responding to suspected case of COVID-19 with one aspect of the plan stating that residents should be supported in the centre and another aspect stating that they should be transferred to an identified isolation unit. The plan also did not demonstrate that it had been tailored to the specific needs and physical layout of the centre and did not take into account how some of the residents could isolate without been transferred from their home. Further improvements were also required in regards to how the staffing arrangements within the centre would be maintained should an outbreak occur. Although the person in charge could clearly outline that an agency had been contacted and that a pool of staff was available, these arrangements were not clearly outlined on the centre's response plan. As mentioned above, a worker representative had been assigned to the centre and the response plan stated that their role was to:

- promote health and safety during COVID-19
- promote good hygiene and social distancing
- assist in monitoring adherence and carry out inspections

Although these were very clear responsibilities, there was no evidence that they were implemented. Furthermore, a person to be an 'infection control champion' for the centre had not been identified.

The provider had facilitated additional training for staff in regards to infection prevention and control, hand hygiene and the use of personal protective

equipment (PPE). Staff were observed to use PPE when engaging with a residents and information in regards to COVID-19 was freely available. The provider had also completed all audits and reviews as required by the regulations which assisted in ensuring that the quality and safety of care which was provided was maintained to a good standard.

Overall, the inspector found that the provider had ensured that residents received a good quality service and that the COVID-19 response plan ensured that residents were kept well informed of the disease and of how to protect themselves. However, improvements were required to ensure that all aspects of this plan were implemented and that the plan was tailored to meet the individual centre and needs of the residents.

Regulation 15: Staffing

Staff members who met with the inspector had a good knowledge of the residents' needs and they appeared warm and caring in their approach to care.

Judgment: Compliant

Regulation 16: Training and staff development

Information on COVID-19 was readily available for staff and additional training on infection prevention and control, hand hygiene and the use of PPE had been completed by all staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider failed to ensure that the centre COVID-19 response plan was centre specific. The provider also failed to ensure that the role of the infection control champion and identified responsibilities of the worker representative were implemented.

Judgment: Not compliant

Quality and safety

The inspector found that residents appeared to enjoy living in the centre and they were actively supported to engage in activities which they enjoyed.

Each resident had a comprehensive personal plan in place which clearly outlined each resident's individuality, preferences and care needs. Plans were reviewed on a regular basis and a comprehensive annual review was completed with the participation of the resident, their family members and relevant professionals. Residents were also assisted to participate in a goal setting programme and personalised goals such as gardening projects, Dublin Zoo, Christmas lights and attending reflexology were achieved for some residents. A goal for attending the Garda training college was put on hold due to COVID-19, but this goal was highlighted with other goals such as cookery classes, train trips and learning to use hand held electronic devices to occur in 2021. The inspector found that the above mentioned planning processes clearly demonstrated that the provider and staff members were committed to delivering a person centred service which promoted resident's personal interests.

Residents enjoyed a good quality of life and staff assisted residents to pass the time during the national restrictions with activities that they enjoyed. A resident had an interest in farming and they went to see silage being saved on a nearby farm. There were also photographs of residents enjoying barbecues and helping out around the house by power washing and tidying up the garden. Residents also enjoyed baking and there was a lovely image of a resident potting flowers to bring to a family member's grave.

Residents had comprehensive healthcare planning in place and residents had good access to their general practitioner of choice and regular reviews by allied healthcare professionals such as opticians, dentists and chiropodists were occurring. Residents received an annual health check up and the flu vaccine had been received by all residents.

The inspector found throughout the inspection that resident's rights were actively promoted. The provider and staff team ensured that residents were kept well informed in regards to how COVID-19 would impact on their lives and how they should protect themselves during the national emergency. A resident also sat on an advocacy committee and the inspector observed staff members chatting freely in regards to how residents would like to spend their day. Two residents were out and about on the day of inspection and when they returned they smiled and interacted with the inspector on their own terms. Two residents were also supported through a risk management process to access their local town and shops independently, which assisted in ensuring that they were active in their local community.

Overall, the inspector found that the centre was a pleasant place in which to live and the quality of the service ensured that resident's rights were promoted and that they enjoyed a good quality of life. Although, some improvements were required in preparing for COVID-19, it was clear that the provider was committed to providing a service which was safe and meeting the resident's individual needs.

Regulation 26: Risk management procedures

The provider had comprehensive risk assessments in place which supported resident's safety and independence; however, some improvements were required to a risk management plan which gave conflicting information in regards to supporting resident's who may be suspected as having contracted COVID-19.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider was conducting regular signs and symptom checks among staff and residents. Staff had access to supplies of PPE and they were observed to actively sanitise their hands and wear PPE when interacting with residents. An enhanced cleaning regime was also in place and staff members were aware to the centre's plans to support residents should an outbreak of COVID-19 occur.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which clearly outlined their individual care needs and were reviewed on a regular basis. Residents were also supported to achieve personal goals and family members were actively supported to be part of this planning process.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to their GP of choice and regular reviews by allied health care professionals were occurring as required.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively supported to be involved in decisions about the care and the running of their home. The inspector observed that staff members also actively engaged with residents in regards to how they would like to spend their day.

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	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 M OSV-0005162

Inspection ID: MON-0030848

Date of inspection: 09/12/2020

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following HIQA inspection the PIC has linked with PPIM associated with the designated center and Service Manager regarding Covid-19 response plan to identify requirements to make plan center specific.</p> <p>The roles relating to infection control implementation have been identified and clarified.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Following inspection, a review has taken place relating to all risk assessments present relating to Covid-19. Following this review all risk assessments are now individualized and center specific.</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 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.	Not Compliant	Orange	08/01/2021
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	08/01/2021