



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 P
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 May 2022
Centre ID:	OSV-0005564
Fieldwork ID:	MON-0032582

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of five adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. All five residents have available to them transport facilities which enable them to get out and about and engage in activities that interest them. Residents present with a broad range of needs in the context of their disability and the service aims to meet these physical, emotional and sensory needs.

The premises itself is a bungalow type residence with all facilities for residents provided at ground floor level. Each resident has their own bedroom and share communal, dining and bathroom facilities (two bedrooms are en-suite). The house is located in a mature populated suburb of the town and a short commute from all services and amenities.

The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Nursing support is also available to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (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
Tuesday 10 May 2022	09:30hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to assess the centre's ongoing compliance with regulations and standards. The inspector found that residents were supported to enjoy a good quality of life in which person-centred planning was at the forefront of service delivery.

The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) .

On arrival the inspector was welcomed into the house by a staff member and relevant COVID-19 symptom checks took place in line with best practice in relation to infection and prevention control measures. The centre comprises a bungalow located off a main road near a town in Co. Tipperary. There was a large garden surrounding the property. Each resident had their own bedroom and had access to a communal sitting room, kitchen and dining/area. One resident lived in a self-contained unit within the property. This was a recent change to the layout of the premises. This was completed to ensure each resident's quality of life was promoted. Staff expressed how this new living arrangement was having a positive impact lived experience of residents.

Across the course of the day the inspector had the opportunity to meet with all five residents that were living in the home. In order to determine what it was like to live in the centre, the inspector spoke with residents, observed care practices, spoke with staff and reviewed residents' documentation. Three residents that lived in the centre communicated using facial expressions, gestures and other non-verbal means to indicate their wishes and preferences. Two of the residents took some time out of their busy days to come and speak with the inspector. Overall, from what was observed and what residents told the inspector, they expressed that they were happy, comfortable and well cared for in their home.

In the morning time three residents were present in the home. One resident had not returned to their full-time day service. Their attendance had ceased since the onset of COVID-19 pandemic and there still was no decision on when this resident would return to this service. The other two residents had opted for a more staggered approach to attending day service due to changing needs. A day service staff was present on the day of inspection to facilitate activities. Daily care practices were observed such as staff assisting with eating and drinking routines with the residents. The inspector observed warm and meaningful interactions between staff and residents. For example, a staff member would gently call a resident's name to gain their attention when assisting the resident with their cup of tea. Staff were familiar and spoke with the inspector about the resident's individual requirements around eating and drinking routines. Later in the morning the residents took part in a baking activity. All three residents were observed to be supported to take part. After

lunch residents left the home to go to spend some time in their day service.

Later in the afternoon the remaining two residents returned to their home. A resident was seen speaking with a staff member around a specific healthcare need. They were seen to be independent in this area and were observed putting their equipment away. Residents spoke about what was important to them such as taking photographs, having their own private space, working and attending upcoming activities. Residents told the inspector that they were happy in their home and enjoyed living with their peers. Some residents expressed that they would like to have more staff present as this would allow them access the community more freely.

Across the day the inspector observed a busy household, with activities and other supports being provided as required to residents. Residents were seen to move freely around their home and their wishes and needs being respected. For example, one resident indicated they would wanted to go outside by standing at the front door. Staff respected this and brought the resident out. Staff were seen to ask a resident in relation to supports being required and respectfully observing the resident and understanding their non-verbal cues to indicate preference. Residents had access to the keypad code on the door and were seen to freely use this to come in and out the front door.

Overall the inspector found that residents were supported to enjoy a good quality of life and residents lived in a warm, homely environment. Some improvements were needed in relation to improving interior maintenance of the premises, staffing, staff training and fire drills. This will be discussed in subsequent sections of the report.

Capacity and capability

Overall, the inspector found that the designated centre was well managed, and that this was resulting in the delivery of high-quality, person-centred care and support for the residents living in the centre. The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and standards. Good levels of compliance with regulations was evidenced throughout the day, this was also the case on the previous inspection in September 2020. Continuity and sustainability of good levels of care and support have been consistently in place in this centre for a number of years. Although this inspection identified some minor areas of improvement in relation to staffing and staff training. For the most part, the provider had self-identified the these areas as discussed in this report.

There was a well defined management structure with members of staff aware of relevant reporting relationships. The provider had employed a person in charge who had the qualifications, skills and experience to fulfill the role. They were found to be knowledgeable in relation to the residents' wishes and preferences and motivated to ensure all residents were happy and safe in their home. They were present on the day of inspection and discussed in detail each resident's specific needs. They also

were very proactive in identifying areas of improvement and escalating as appropriate. The staff team reported directly into the person in charge and regular supervision of staff was occurring. The person in charge reported into the management team. Team meetings were occurring regularly and found to be resident focused. Audits and accidents and incidents were regularly discussed, and learning following reviews were shared across the team.

The provider was completing six monthly announced inspections and annual reviews in the centre. In addition, regular audits were being completed by the staff team. The actions following these reviews were leading to positive outcomes for the resident in relation to their care and support, and in relation to their home.

There was a core team of staff, who were for the most part suitably qualified and experienced, to meet the assessed needs of resident. Staff spoken with felt well supported. Staff across the day were seen to approach the person in charge and work in a collaborative way to support residents appropriately. Staff interactions with residents were kind, caring and supportive. Some residents had not returned to their full-time day service placement. As such, a number of additional staffing hours were required to ensure all residents needs were being met. These hours were currently being covered by relief staff and the long term sustainability of this arrangement required ongoing review.

The staff team, for the most part had access to training and refresher training in line with the organisation's policies and procedures and the resident's assessed needs. Improvements were needed to ensure that the systems in place were identifying the training needs of the staff in an appropriate and timely manner. A small number of staff required some refresher training and all staff needed training in relation to some specific assessed needs.

Regulation 15: Staffing

There was a staff rota in place and it was reflective of the staff on duty on the day of the inspection. The provider ensured continuity of care through the use of an established staff team and a small number of regular relief staff.

The provider and person in charge had identified that 40 additional staffing hours a week were required to ensure that residents' needs were being met. These additional hours were needed as one resident had not returned to their full-time day service placement and the changing needs of other residents. Some residents expressed that due to the current staffing levels they were not always able to access the community when they so wished. Although, staffing levels were being provided through the use of regular relief staff the long term sustainability of this arrangement required ongoing review. On some weeks it was identified that a minimum of 10 shifts were being covered by relief staff and additionally the optimal

number of staff, i.e three staff, were not always available to support residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

For the most part, staff were supported and facilitated to access appropriate training including clinical training that was in line with the residents' needs. The inspector viewed evidence of mandatory and centre specific training records. The system in place to record staff training required review to ensure appropriate oversight of training was occurring on a regular basis. For example, on the day of inspection the training matrix presented to the inspector was last updated in August 2021. In order to ascertain the most up-to-date training records for staff a number of individual certificates of training had to be reviewed.

On review of the training records it was found that a small number of staff required some refresher training in manual handling and first aid. One staff member required safe administration of medication training and was booked on this training in the coming week. There were no records available to the inspector to indicate if all staff had completed training in feeding eating drinking and swallowing (FEDS), although a number of residents had an assessed need in this area.

Supervision of staff was occurring on a frequent basis. The person in charge aimed to provide formal supervision to staff minimally every two months and would adjust this schedule accordingly if staff required more support. A sample of supervision notes were reviewed and were found to evidence

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure with clear lines of accountability and responsibilities. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was able to discuss with the inspector key issues relating pertaining to the management of the centre and specific resident needs. The person in charge was supported by a member of the senior management team. This person was also present for part of the inspection and again was aware of any issues brought to their attention on the day of inspection.

Records of audits reviewed during this inspection included audits carried out in areas such as accidents and incidents, care plans, infection prevention and control and health and safety to name a few. The provider had also completed audits in relation

to regulatory requirements such as six monthly provider unannounced visits.

Staff meetings were occurring regularly and the staff team were in receipt of regular formal supervision. Those staff who spoke with the inspector, stated they were well supported.

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector was notified of the required incidents in line with the requirement of the Regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review of personal plans, healthcare plans, risk documentation, fire safety documentation, and protection against infection. The inspector found good evidence of residents being well supported in the majority of areas of care and support. However, improvements were required in relation to relation to fire drills and the interior maintenance of some parts of the premises.

Each resident was provided with care and support by a range of medical, nursing and allied health services. Residents choose their own general practitioner (GP) who knew the residents and was in a position to provide GP care when and as required. Other aspects of healthcare support were well catered for. For example, nursing support was available to all residents Residents had the support of a clinical psychologist and this was an important aspect of maintaining residents' well being. This psychologist was completing a home visit on the day of inspection in relation to specific resident's need.

Personal protective equipment (PPE), hand sanitizers and appropriate hand washing facilities were available and were observed in use in the centre on the day of the

inspection. The home was visibly clean with regular cleaning schedules in place.

For the most part, the house was kept in a good state of repair and was attractively decorated. Equipment and facilities were provided and maintained in good working order. There was a spacious garden. The home had been rearranged to enhance the living arrangements for residents. An apartment type accommodation was developed within the house for one resident. It was reported by a number of staff that this living arrangement had greatly improved all residents lived experience in the home. This resident was observed to be in their apartment on the day of inspection. Some areas of the home required some attention to ensure they were maintained to a suitable standard.

The designated centre was provided with fire safety systems which included a fire alarm, emergency lighting and fire extinguishers. Regular internal staff checks were in place. The fire alarm and emergency lighting were serviced at quarterly intervals. Improvement was required regarding fire drills carried out in the centre. For instance; a fire drill which reflected a night time situation, when staffing levels would be at their lowest, had not been carried out since the premises had been reconfigured.

Regulation 12: Personal possessions

As far as reasonably practicable, each resident had access to and retained control of personal property and possessions. Laundry facilities were available and residents were supported by staff to manage their own laundry. Residents were provided with support to manage their financial affairs, facilitated to bring their own furniture and furnishings and have their rooms decorated according to their individual taste

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the residents' needs. It was found to be warm, clean, comfortable and homely. There was communal and private space available. The house was personalised throughout with the residents' personal belonging and photos on display. During the inspection, the residents were observed to move around their home independently or with the support staff.

For the most part the home was maintained to a good standard, however, some areas of the home required improvement. In the entrance of the kitchen and down a hall a leak had occurred which resulted in the paintwork and flooring becoming damaged. Some other areas of the home required some paint work, for example in

the residents individual apartment some parts of the walls had chipped or cracked paint work.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a system in place for identifying, recording and responding to accidents and incidents. A review of this system indicated that the person in charge responded in a prompt manner to issues and where required additional measures such as risk assessments had been implemented to address any safety concerns. Risk management procedures were generally well managed.

Judgment: Compliant

Regulation 27: Protection against infection

The residents were protected by the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans in relation to COVID-19. The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the house was being cleaned regularly. There were stocks of PPE available. Staff had completed training in relation to infection prevention and control including hand hygiene and donning and doffing PPE.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were effective fire management systems in place. There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre.

There were systems in place to ensure fire equipment was serviced, tested and maintained and the evacuation plan was on display. The residents had a personal emergency evacuation plans and specific fire risk assessments in place which detailed the support they may require to safely evacuate the centre.

Improvement was also required regarding fire drills carried out in the centre. While multiple fire drills had been carried out in the last 12 months from records reviewed, these all reflected a day time scenario when staffing levels would be higher. A fire

drill which reflected a night time situation, when staffing levels would be at their lowest, had not been carried out since the centre was reconfigured. Due to the specific assessed needs of one resident and the specific evacuation routes identified this needed to be practiced on a regular basis.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' personal plans were reviewed. From the sample reviewed each resident had an assessment of need and and personal plan in place.

These documents were found to be person-centred and identifying the residents' wishes, preferences and goals. These documents were being reviewed and updated regularly to ensure they were effective.

Annual person plan reviews took place which included input from the residents. In order to best capture residents involvement with this process different observations tools and questionnaires were utilised. Pictures of important events in their life, and of them reaching their goals were available.

Judgment: Compliant

Regulation 6: Health care

The residents were being being supported to access suitable healthcare. They had their healthcare needs assessed and care plans were developed and reviewed as required.

They had access to health and social care professionals in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding was discussed regularly with residents and staff. Staff had completed training in relation to safeguarding and the prevention, detection and response to abuse. A staff member who had recently commenced in their role was reviewing all relevant safeguarding information on the

day of inspection. The reconfiguration of the centre had resulted in reduced incidents in relation to safeguarding and was having a positive impact on all residents that lived in the centre.

Appropriate safeguards around resident finances were in place in terms of regular audits and balance checks. The residents' personal plans were detailed in relation to any support they may required with their personal and intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, staff were observed to listen to the residents and be aware of residents' communication preferences. Kind, caring and respectful interactions were observed at all times. Staff were found to be very familiar with each resident's likes, dislikes, goals and preferences.

Resident meetings were occurring on a frequent basis, there was weekly meeting. monthly meetings and quarterly advocacy meetings. Each of these meetings aimed to capture the residents input on relevant aspects of how the designated centre was run.

Residents preference in relation to voting was documented in their personal plan.

Observations on the day indicated that staff respected the residents choice in how their care and support was delivered. The inspector was informed of the importance of a residents right to privacy in relation to their own personal space. The resident discussed the same on the day of inspection.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 P OSV-0005564

Inspection ID: MON-0032582

Date of inspection: 10/05/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The roster will be worked to ensure maximum support is available to the residents at all times to ensure safe care at all times.</p> <p>A business case has been costed and sent to the funding provider to meet the needs of one resident whose needs have changed. In the interim staff who are experienced in the care of the individuals in this centre will work on a relief capacity to meet the needs of the individuals living in this centre.</p>	
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: The Person in charge has put in place a system to update the training matrix monthly to ensure all training is monitored and updated as per completion of training for each individual and projected training needs for the team.</p> <p>The speech and language therapist is currently arranging FEDS training sessions and dates are being decided with the training department for the near future. All staff will be trained in this area. Arrangements are being made with the Clinical Nurse Specialists to roll out training in dementia and once dates are agreed with the training department all staff will receive training in this area.</p> <p>The one staff member out of date in medication training has since completed same.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The areas for repair have been assessed and there is a plan in place to ensure the suitably qualified persons are brought in to rectify the issues as noted in the inspection report.</p> <p>General maintenance in areas are logged and planned in accordance with the 2022 and 2023 planner with a view to painting and refreshing the area where necessary.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill has been carried out when the staffing levels were at their lowest, reflecting a night time situation. This will be repeated at least once per annum.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2022
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	30/09/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/09/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2022