Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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 T
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	25 February 2021
Centre ID:	OSV-0005739
Fieldwork ID:	MON-0031053

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 T is a large, single storey bungalow, consisting of a kitchen/dining Room, living room, a sleepover room/staff office, resident bedrooms, a bathroom that is equipped to assist residents with physical and sensory disabilities, a toilet and utility/laundry room. The centre is located near a town in Co.Offaly and provides community residential care for a maximum of four adults with an intellectual disability and behaviour support needs. Staff support is provided by a home manager, a staff nurse and care assistant. The centre does not provide for emergency admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 February 2021	10:00hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the three residents living in the centre on the day of inspection. Some infection prevention and control measures were adhered to due to COVID-19 and therefore, the inspector and staff wore face masks and ensured a two metre distance was maintained at all times throughout the inspection day.

The centre was warm, homely and welcoming on arrival. The premises was designed and laid out to meet the assessed needs of the residents. The building was a single story bungalow and had two living areas, a kitchen, staff office, bathrooms and large garden areas where the residents had recently done some gardening activities. All residents had their own bedrooms which had been personalised to suit their own preferences. The inspector observed adaptive sensory prompts located around the centre to support a resident with a visual impairment. The premises was well maintained by the registered provider internally and externally.

Residents used verbal and non verbal methods to communicate. A different group of residents lived in the centre since the centres most previous inspection. The person in charge communicated that compatibility of residents had been fully assessed and considered before this group had moved into the centre together. Two residents had met in the local pub and enjoyed a drink together before their move to their new home. The inspector observed many pictures of residents around the centre. These included pictures of some residents going on activities together since they had moved to the house.

Residents were safeguarded in the centre and they appeared to be a compatible group of individuals with no peer to peer incidents taking place. Two residents support plans highlighted the importance of a low arousal environment and this appeared to be facilitated and supported when living in this centre. The inspector found that there were sufficient staff numbers and skill mixes in place to support the residents needs and preferences.

Residents enjoyed individualised activation during weekdays.Two residents headed out with staff for a drive, a walk and a takeaway lunch on the day of inspection. One resident was observed playing music with adaptive equipment and singing in the living room in the morning and this appeared to be a relaxed and comfortable experience for them. COVID-19 had impacted some activities taking place, however residents continued to enjoy movie nights, mindfulness, virtual tours, gardening, golf and cooking in the house during the lock down period.

One resident had a keen interest in hill walking and had previously climbed Croagh Patrick. Pictures of this climb were proudly displayed in their bedroom. The residents continued to go out on walks and a treadmill had also been purchased to support the resident to continue some of their walking while COIVD-19 restrictions were in

place.

All residents were observed sitting around together at lunch time smiling and enjoying their food. The inspector observed several kind and meaningful interactions between staff and residents. One resident was observed repeatedly saying "orange" and a staff member was observed promptly offering the resident both a piece of orange fruit and a glass of orange juice. The resident appeared to happily accept both of these.

Residents meetings took place once a week and these were used to discuss menu choices and activities for the week ahead. Accessible picture were used during these meetings when offering choice to residents. Residents had access to a service vehicle at all times and this was used to attend the residents preferred activities both during the week and at weekends. Feedback regarding the service provided was sought annually from residents and their representatives. The residents communicated no complaints with the service provided to the inspector on the day of inspection.

Overall the inspector found that the centre was operating with high levels of compliance. This seemed to have a positive impact in the centre with residents appearing to experience a person-centred, safe and high quality service. Residents appeared to enjoy the benefits of clear management structures and systems.

The inspector did observe that some improvements were needed in the areas of staff training and supervision which is detailed in other sections of the report. However, this did not appear to impact the residents positive experience living in the designated centre.

Capacity and capability

In general, the inspector found that the provider demonstrated the capacity and capability to provide a safe and effective service to residents. There was a clear management structure and lines of accountability in place with a full time house manager who was supported by the person in charge. Actions from the centres most previous inspection had been appropriately addressed by the registered provider.

Regular and consistent communication took place between the house manager and person in charge.There was evidence of regular auditing and review of the service provided. An annual review had taken place and a six monthly unannounced inspection on behalf of the provider. Regular thematic audits in the centre were also completed and these identified clear actions, time lines and persons responsible when required.

The providers regular oversight and monitoring of the service ensured staff were well supported to provide a safe service to the residents.The staff team was a mixture of social care workers, support staff and nursing staff. There were

appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents living in the designated centre.

While there was a regular management presence in the centre, and clear lines of accountability. A review of staff records found that formal one to one staff supervision had previously not always taken place every six to eight weeks in line with the providers service policy. The provider had recently changed organisational policy to stipulate that supervision should take place six monthly going forward.

The provider was ensuring that training was provided to meet the assessed needs of the residents. However, following a review of staff training records it was identified that one new staff member had not received some mandatory training before beginning work in the centre

The inspector found appropriate systems in place for the management of complaints in the designated centre. The provider appeared to have good working relationships and open lines of communication with residents and their family members.

Regulation 15: Staffing

The staff team consisted of social care workers, nursing staff and support workers. There were appropriate staffing levels and skill mixes in place ot meet the assessed needs of the residents living in the designated centre.There was a staff rota maintained that accurately reflected staff on duty. Allocations of staff and various tasks were also made clear by the house manager and person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided to meet the assessed needs of the residents. Management were completing regular reviews of training records and staff training needs. Training was provided in areas including fire safety, manual handling, safeguarding, behaviour management and infection prevention and control.

However, following a review of staff training records it was identified that one new staff member had not received some initial mandatory training before beginning work in the designated centre.

While the house manager and person in charge had a regular presence in the centre, formal one to one staff supervision was not always taking place every six to

eight weeks in line with the providers service policy.

Judgment: Not compliant

Regulation 23: Governance and management

There was evidence of regular auditing and review of the service provided. An annual review had taken place and a six monthly audit on behalf of the provider. Other person's in charge working with the service also completed regular thematic audits in the centre which reviewed areas including medication management, residents finances and residents files. Audits completed identified clear actions, time lines and persons responsible when required.

There was a clear management structure in place with a full time house manager who was supported by the person in charge. Regular and consistent communication took place between the house manager and person in charge. A weekly feedback form was submitted to senior management which highlighted any communication regarding the centre, residents and staff. Regular staff meeting took place and these were used to highlight any ongoing issues in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear and accessible complaints procedure in place. This was prominently displayed on the wall of the designated cenre. Feedback regarding the service provided was sought annually from residents and their representatives. There was a designated person who was nominated to investigate and respond to any complaints regarding the service.

There were no complaints communicated with the inspector on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector found that systems and measures were in place for the provision of a safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided including residents rights, fire safety, safeguarding, risk

management, infection control and behaviour management. The inspector found that these areas were largely compliant and that the registered provider, management and staff were promoting person centred care and support for residents living in the designated centre.

When endeavouring to promote a safe service, the registered provider had ensured that measures were in place for the assessment, management and ongoing review of risk and risk measures in the designated centre. Effective fire management systems were in place in the centre. Individualised personal risk management plans were in place for all residents. COVID-19 risk plans had been devised and measures were in place in the centre for infection prevention and control. Management and staff were adhering to national guidance for the management of COVID-19 in residential care facilities.

The inspector found that residents rights were upheld in the centre with residents appearing to have choice and control regarding the service provided. Residents were regularly consulted regarding their thoughts and preferences and all residents had clear and comprehensive assessments of need and personal plans in place. These were subject to regular review and reflected the residents most current needs.

Residents were safeguarded in the centre. Residents compatibility had been reviewed prior to the residents living together and they appeared to be a compatible group of individuals with no peer to peer incidents taking place in the centre. Residents were supported to manage their behaviours and had good access to further support if they required this. Restrictive practices were in place due to identified risks and were subject to regular review with the multi-disciplinary team.

Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the residents. The centre was a single story bungalow and had two living areas, a kitchen, staff office, bathrooms and large garden areas.

All residents had their own bedrooms which had been personalised to suit their own preferences. The premises was well maintained by the registered provider internally and externally. The centre had two living areas, a kitchen, staff office, bathrooms and large garden areas.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that measures were in place for the assessment, management and ongoing review of risk and risk measures in the

designated centre. Individualised personal risk management plans were in place for all residents.

All residents had been assessed for risk of falling and measures were in place to reduce any identified risks. Regular health and safety audits were completed by the person in charge and these reviewed aspects of the centre such as the premises, fire safety, the centres vehicle, clinical waste and infection prevention and control.

There was a centre risk register in place which had identified any actual or potential risks in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

Measures were in place in the centre for infection prevention and control. Management and staff were adhering to national guidance for the management of COVID-19 in residential care facilities. The centre was visibly clean on arrival and enhanced cleaning schedules had been implemented. All staff were observed wearing face masks.

All residents had individual care plans in place for in the event of contracting COVID-19. Temperature checks were being completed by staff and residents twice daily. Weekly audits were being completed on the centres stock of personal protective equipment (PPE). Up-to-date guidance was available to staff working in the centre. A COVID-19 risk assessment and service contingency plan had been devised by management.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place in the centre

The inspector observed containment systems, detection systems, emergency lighting and fire fighting equipment which was all subject to regular servicing and review with a fire specialist.

Actions regarding fire safety on the centres most previous inspection had been addressed by the provider. Residents all had individual emergency evacuation plans in place and staff and residents were completing regular evacuation drills in an efficient manner.

Staff were completing daily and weekly fire safety checks and were highlighting and concerns from these checks to management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had clear and comprehensive assessments of need and personal plans in place. These were subject to regular review and reflected the residents most current needs.

There was a key working system in place and key workers supported residents to achieve set personal social goals in place which were agreed at residents personal planning meetings. Goals in place promoted residents to develop independent living skills

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Staff training was provided in behaviour management and residents had access to multi-disciplinary specialist support when required. Residents were now living in a much less restrictive environment to previous settings.

Personalised positive behavioural support plans were in place. Restrictive practices were in place due to identified risks and were subject to regular review with the multi-disciplinary team.

Two residents support plans highlighted the importance of a low arousal environment and this appeared to be facilitated when living in this centre. Protocols and plans were in place for in the event that a resident needed medication as required (PRN).

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded in the centre. Residents compatibility had been reviewed prior to the residents living together and they appeared to be a compatible

group of individuals with no peer to peer incidents taking place in the centre.

Residents had individualised care plans in place to support them with personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents appeared to have choice and control in their daily lives and residents rights appeared to be upheld in the designated centre.

Residents meetings took place once a week and these were used to discuss menu choices and activities for the week ahead. Accessible picture were used during these meetings when offering choice to residents

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	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services Group T OSV-0005739

Inspection ID: MON-0031053

Date of inspection: 25/02/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Since inspection all staff in this designate centre are up to date in mandatory training. The service provider has ensured that online training supports are available coupled with local risk management and training. Staff have completed both.

Since the last inspection formal one to one staff supervision is now taking place regularly in line with the service guideline on same. The Person in Charge is overseeing the local planner on same to ensure staff are being supervised as planned.

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	04/03/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/03/2021