



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	St Anne's - Naomh Áine's
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	15 December 2020
Centre ID:	OSV-0007235
Fieldwork ID:	MON-0030668

## About the designated centre

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

Naomh Aine's can provide full time residential care for four male and female residents who are over the age of 18 years and who have a diagnosis of moderate intellectual disability. The service can also support varying care needs which include support with mental ill health, dietary needs, medical needs, visual impairment, behaviours of concern, and care associated with ageing. The staff team consist of nurses and health care assistants, who are available at all times when residents are present in the centre. The centre is a detached house in a rural, coastal area, and there is transport provided for residents to access the amenities in their locality.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
Tuesday 15 December 2020	14:00hrs to 18:50hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with three residents who were in the centre at the time of inspection. Residents told the inspector that they liked living in the centre, that they received meals of their choice, that their accommodation was comfortable, and that they enjoyed the activities they were involved in. All residents appeared to be comfortable and relaxed in the company of staff and with each other.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

The provider ensured that the service was subject to ongoing monitoring and review, to ensure that a high standard of care, support and safety was being provided to residents who were supported at the centre. Unannounced audits were being carried twice each year on behalf of the provider. Ongoing audits of the centre's practices were also being carried out by the team leader and staff. Records showed a high levels of compliance in all audits and that any audit findings had been addressed.

There were sufficient staff on duty to support residents' assessed needs. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in cardiopulmonary resuscitation, manual handling, infection control and food hygiene, in addition to mandatory training. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. All required policies were available in the centre and were up to date.

There were suitable arrangements in the centre for the management of complaints. There was evidence that any expressions of dissatisfaction had been taken seriously, had been recorded as complaints and had been investigated by the management team.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

<b>Regulation 15: Staffing</b>
Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
All staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding, in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and there were no active complaints at the time of inspection.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
All policies required by schedule 5 of the regulations were available to guide staff

and were up to date.

Judgment: Compliant

## Quality and safety

The provider had measures in place to ensure that the well-being and safety of residents was promoted.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including specific measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE) and daily monitoring of staff and residents' temperatures. Furthermore, there was a detailed cleaning schedule in place, hand sanitising facilities were available for use, and staff had received appropriate training.

The provider had made arrangements to manage risk, including fire safety risks. In addition to the identification and management of a range of environmental risks in the centre, individualised risks specific to individuals had also be assessed. There were interventions recorded to manage these identified risks such as use of transport, fire safety and security. Individualised risks for residents had also been updated to include risks associated with COVID-19. Fire safety arrangements included servicing of fire safety equipment, internal fire safety checks by staff, provision of fire doors, and the completion of frequent fire evacuation drills.

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. There was evidence that the health needs of residents were assessed and suitable plans of care had been developed to guide the management of any assessed care needs. Referrals to general practitioners, consultants and healthcare professionals were being made as required. Staff monitoring residents' temperatures daily and were reviewing residents for the signs and symptoms of COVID-19.

Residents' nutritional needs were well met and suitable foods were provided to meet any identified nutritional needs.

There was a personal planning process which ensured that residents' social, health and developmental needs were identified, and that supports were put in place to ensure that these were met. Residents who lived in the centre had access to activities that they enjoyed in the local community and at day services. Residents were also involved in meaningful activities and tasks in the centre. There was evidence that residents were out and about in the community and were involved in activities that they enjoyed, such as community outings, day services, visiting their

families and entertainment events. At the time of inspection, however, some of these activities were not available to residents due to COVID-19 restrictions and there was an emphasis on home-based alternatives.

There were arrangements in place to support residents to communicate. Systems had been developed, such as communication plans and user-friendly documents, to support residents to understand important information, including COVID-19 information.

### Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and were involved in the preparation of, their own food. Suitable foods were provided to suit residents' nutritional needs and preferences.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were robust arrangements in place to manage risk in the centre.



Judgment: Compliant

### Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Hand sanitising and temperature monitoring facilities were available, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	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	Compliant