



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

Name of designated centre:	Group A - St Anne's Residential Services
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 November 2018
Centre ID:	OSV-0003944
Fieldwork ID:	MON-0025296

## About the designated centre

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

Group A - St.Anne's residential service is a centre affording full-time supports to twenty five residents. The service provides residential care to adults over the age of eighteen with an intellectual disability and high dependency needs in the Co.Tipperary region. The centre is equipped with facilities and aids required to support residents in a safe effective manner by trained qualified staff. The service aims to promote a person centred approach to care encouraging community and social participation. The service currently comprises of four dormer bungalows in a campus setting.

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

Number of residents on the date of inspection:	25
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## How we inspect

To prepare for this inspection the inspector or 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
14 November 2018	09:30hrs to 18:00hrs	Laura O'Sullivan	Lead
14 November 2018	09:30hrs to 18:00hrs	Conor Dennehy	Support

## Views of people who use the service

The inspectors had the opportunity to meet with a number of residents in their home through out the day of the inspection. Residents were observed interacting with staff members in accordance with their personal means of communication. Staff were observed to be jovial and respectful in their interactions with residents. When one resident appeared emotional they were supported by a staff member and relaxed in their presence.

Staff displayed a clear understanding of residents support needs and responded appropriately to them. Staff were observed facilitating choice to residents through their preferred means of communication.

## Capacity and capability

This inspection found that this was a well-managed centre and the provider had put arrangements in place to ensure that the quality and safety of the service was delivered to a consistent standard. As a result this inspection found improved compliance levels across the regulations reviewed compared to previous inspections.

This designated centre was a congregated setting based in a campus setting. It had been inspected nine times previously, most recently in October 2016 where high levels of non-compliance had been found which were impacting negatively on residents' quality of life. In response to these issues the provider had submitted a plan to reduce the capacity of the centre by 31 December 2019 and the centre had been registered with conditions which reflected this plan. While the premises provided continued to be unsuitable to meet the needs of all residents living in the centre, this inspection found that the provider was implementing its plan to reconfigure the centre and also found that compliance levels had significantly improved since the previous inspection.

These improved compliance levels had been supported by the presence of a suitable person in charge who had been appointed to this role in December 2016 and was responsible for this designated centre only. The person in charge was appropriately qualified and experienced to carry out their role while also demonstrating a good understanding of residents' needs during this inspection. The person in charge was supported by a well-established management structure both within the centre and within the wider provider organisation.

The provider and the person in charge were aware of their responsibilities to provide a quality and safe service. As part of this the provider had systems in place to

monitor the service offered to residents which included carrying out their own unannounced visits at six monthly intervals and annual reviews. These are required by the regulations and are important in order review the quality and safety of care and support that is provided to residents

Inspectors reviewed the two most recent unannounced visit reports. Where necessary a corresponding action plan was put in place to respond any issues identified by such visits. Evidence was seen on inspection that any issues included in these actions plans were acted upon in a timely manner. The annual reviews for 2016 and 2017 were also reviewed which were noted to include consultation with residents and their representatives. Other management systems in place included audits in areas such as medicines and health and safety.

In addition the provider had had also ensured that appropriate staffing arrangements overall were provided to support the residents and all staffing vacancies had been filled since the previous inspection. It was noted though that night time staffing arrangements required review. During inspection it was highlighted to inspectors that one member of the allocated night time staff compliment was on call and may have to leave the centre to attended other designated centres in the areas if required. This could potentially pose a risk in ensuring that all residents could be promptly evacuated in the event that an evacuation was required. This issue was actively being addressed by the governance team through the escalation process. The person in charge had developed and progressed a business plan to the services manager highlighting this area of concern and was requesting additional supports.

It was observed that the use of agency staff in the centre had stopped. As a result a consistent staff team had been provided to support residents which was important to ensure that professional relationships were not disrupted while also supporting a continuity of care. The staff members present on inspection demonstrated a good understanding of the residents and outlined the supports they would provide the residents with if required to ensure that their needs were met. This provided assurance to the inspector that the residents were supported to enjoy a good quality life.

To ensure that staff members were supported arrangements were in place for staff to received formal and informal supervision, while staff meetings took place at regular intervals. Training records reviewed indicated that all staff had been provided with relevant training in areas such as fire safety, manual handling and safeguarding although it was noted that some staff required refresher training in some areas.

## Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified person in charge to the

centre.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The registered provider had ensured the allocation of an adequate number of staff to meet the assessed needs of residents during the day. The staffing arrangements at night however required review to ensure the safety and well being of residents was maintained at all times.
Judgment: Substantially compliant
<b>Regulation 16: Training and staff development</b>
Staff members were supported to access appropriate training. Some staff however required refresher training, a number of these training courses had been scheduled for the coming weeks.  The person in charge had implemented effective measures for the supervision of staff in line with organisational policy.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
The registered provider had appointed a clear governance structure to oversee the governance of the centre.  Effective operational management systems were in place including the implementation of the annual review of service provision and six monthly unannounced visits to the centre
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The registered provider had ensured the regular review of the statement of purpose,

including information as set out in schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured the submission of all notifiable events in accordance with regulatory requirements.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of the service afforded to residents currently residing within the centre and overall a high level of compliance was evident. The centre was operated in a manner which was reflective of individualised needs of the residents. The premises were clean. However, as was evident in previous inspections, the layout of the premises was not congruent to the needs of the residents. This was actively being addressed by the registered provider through the implementation of a de-congregation plan which the inspectors were assured was actively being progressed. Residents' views and wishes were evidenced to be consulted on all aspects of this process.

The person in charge had ensured the development of a comprehensive individualised personal plan for each resident. Through the implementation of an annual assessment of need and annual multidisciplinary review plans were holistic in nature and provided clear guidance for staff in the provision of support needs of each individual. Individualised were in the process of further enhancement to be provided to the residents in an accessible version. This version would be developed through pictures and verbal cues to ensure the resident could access and participate in their personal plan review and development.

Residents were facilitated and supported to attend activities throughout the day reflective of their wishes and interests. Activation was tailored to each individual taking into account their support needs and age. Goals developed were done so following the implementation of person centred planning meeting, which incorporated consultation with the resident and their representative. There was evidence of progression of goals and the participation of residents. The reasons why goals were meaningful was clear, including the benefit to the individuals quality of life.

Overall, the registered provider had effective systems in place to support residents achieve the best possible physical and mental health. There was evidence



of ongoing review of the health care needs of all individuals with an annual health care review completed. Clear guidance was available for staff on the implementation of supports required to maintain the best possible health and measures to be put in place at times of ill health. Staff spoken with clearly articulated these supports in accordance with recommendations from the multi-disciplinary team such as physiotherapy and speech and language therapy. Some improvements were required with regard to consistent documentation of medical interventions such as fluid intake when a resident received fluids through a percutaneous endoscopic gastrostomy feeding tube to ensure the recommendation daily intake was maintained. Also, an area for review was identified with regard to terminology utilised to describe behaviours displayed by residents.

The registered provider had effective systems in place with respect to the safe procedures relating to medicinal products. Staff demonstrated a clear knowledge with regard to the prescribing, administration and disposal of medications. This knowledge was in accordance to the guidance set out within the individualised plan specific to the needs of each resident for example crushing of medications or the use of liquid medications. In the event of a medication error, this was clearly documented with evidence of learning from the incident to prevent a re-occurrence.

The person in charge had ensured that staff members had been provided with sufficient knowledge skills and experience to respond to behaviour that may be challenging. Through consultation with the psychologist behaviour support plans were developed. These plans included proactive strategies to reduce the incidence of the behaviour and reactive strategies to support the resident if a behaviour of concern was displayed. A record of all incidents was maintained to ensure plans could be effectively reviewed.

Within the centre a restrictive free environment was encouraged. at times when a restrictive intervention was utilised this was done so to maintain the safety of residents for example bed rails and for the shortest duration necessary. The use of all restrictive interventions was clearly stated within the individualised plan and regularly reviewed to ensure the rights of the resident involved remained paramount.

The registered provider had effective systems in place for the detection and prevention of fire. All fire fighting equipment was regularly service by a competent person. Staff members were assigned as fire marshals, whose role was to ensure the implementation of daily and weekly checks of fire systems and procedures including monitoring of fire door mechanisms and sounding of the fire alarm weekly. Fire evacuation drills were completed on a regular basis, however limited information was documented to facilitate an accurate review of fire evacuation procedures and personal emergency evacuation plans. This required review to ensure that staff and residents were aware of the safest procedures to promote the safe evacuation of residents both day and night.

Overall, risk was managed well within the centre. An organisational policy was in place which provided clear guidance for staff procedures to adhere to with regard

to the identification, assessment and on going review of risk. The person in charge had ensured the development of a comprehensive risk register which incorporated all identified environmental risks and control measures in place to minimise the occurrence of the identified risks. As required individualised risk assessments had been developed where a risk had been identified specific to the needs of an individual. this process ensured that a safe environment was promoted and facilitated for residents.

The registered provide had effective systems in place to protect residents from abuse. Members of the staff team clearly articulated procedures they would adhere to including ensuring the safety and well being of the resident should a concern arise which was in-line with local policy. Should a safeguarding concern arise measures were implemented and regularly reviewed to ensure the effectiveness of the plan. as required the person in charge had ensured that clear guidance was provided to the staff on the provision of personal and intimate. this guidance ensure that these supports were facilitated in a respectful and dignified manner.

### Regulation 13: General welfare and development

The registered provider had ensured the residents were provided with appropriate care and supports in accordance with their assessed needs and wishes.

Residents were supported to participate in a range of recreational activities reflective of their interests, hobbies, age and heath status,

Judgment: Compliant

### Regulation 17: Premises

The premises presented as warm, clean and tastefully decorated. However, the design and layout of the centre did not meet the collective and individual needs of the residents.

Judgment: Not compliant

### Regulation 25: Temporary absence, transition and discharge of residents

As part of the de-congregation plan commenced within the centre the person in

charge had developed measures to ensure that this transition would be implemented in a safe and effective manner.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk was managed well within the centre. The registered provider provider had ensured effective systems were in place for the identification, assessment, management and review of risk.

An organisational policy was in place which provided staff with guidance and procedures to adhere to.

Judgment: Compliant

### Regulation 28: Fire precautions

Effective systems were in place for the prevention and containment of fire.

Improvements were required to ensure evacuation of residents could be implemented in a safe manner. The fire evacuation drills did not contain sufficient detail to adequately review the fire precautions in place for an evacuations of the centre. This had not been addressed since the last inspection.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured the implementation of safe and appropriate systems with respect to the ordering, receipt, prescribing, storing, disposal and administration of medicinal products.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development of a

comprehensive individualised personal plan for each resident. Through the implementation of an annual assessment of need and annual multidisciplinary review plans were holistic in nature and provided clear guidance for staff in the provision of support needs of each individual.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had effective systems in place to support residents to achieve the best possible physical and mental health. Identified health concerns were addressed comprehensively through a multi-disciplinary approach to care.

Some improvements were required with regard to consistent documentation of medical interventions and terminology utilised to describe symptoms displayed by residents.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The person in charge through appropriate training and individualised behavioural support plans had ensured that staff had up to date knowledge, guidance and skills to respond to behaviour that is challenging.

Where a restrictive intervention was utilised this was done so to maintain the safety and well being of the individual. Any restriction was implemented in the least restrictive manner for the shortest duration necessary.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had effective systems in place to protect residents from abuse.

An organisational policy was in place which in conjunction to staff training ensured staff had adequate knowledge of procedures to adhere to should a concern arise.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had ensured the designated centre was operated in a manner that was respectful of each resident

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Group A - St Anne's Residential Services OSV-0003944

Inspection ID: MON-0025296

Date of inspection: 14/11/2018

## 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 on call arrangements at night are carried out by a suitably qualified experienced member of the night nursing team.</p> <p>Since inspection the practice supporting other houses in the service have been clarified with the PIC and the on call team . If support is required the nurse liaises with other areas in the service to utilise their sleep over staff where there is already a waking night staff. The on call or any staff from the centre do not leave the designated area at night offering instead clinical advice as required.</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: Since inspection a review has taken place in all areas of this centre by the link CNM3. All areas have their staff training up to date with training needs for 2019 scheduled on the planner.</p>	



Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The plan for the de-congregation for this centre is ongoing. Planning permission has been approved on four properties. One property is ready for tender for works due to commence quarter three 2019. Two properties are going to tender Q1 2019 and a fourth property is going to tender Q2 2019. A further property is currently under offer and a sixth property has yet to be sourced.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Since the inspection the documentation pertaining to fire evacuation has been updated to contain more information. This will provide a more accurate account of the evacuation which previously was not documented. Following inspection the Service Manager discussed with the fire officer who is now aware of the need for more detailed documentation and greater clarity when completing records in relation to fire evacuation.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Since the inspection the CNM3/PIC has discussed the need for appropriate terminology when documenting care. This has been raised at local area staff meetings. Maintaining records in relation to fluid balance has been reviewed, discussed with the team and implemented as appropriate with periodic checks on same.</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	30/01/2019
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	30/01/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the	Not Compliant	Orange	31/12/2019

	designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/03/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/03/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/03/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/03/2019
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	Substantially Compliant	Yellow	30/03/2019

	so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	31/01/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/01/2019