Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	St. Anne's Residential Services - Group N
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 October 2018
Centre ID:	OSV-0005163
Fieldwork ID:	MON-0024895

About the designated centre

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

St. Anne's residential service -Group N is a residential centre located in Co. Offaly. The centre affords a service to six adults, both male and female over the age of 18 years with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. Supports are afforded in a person centred manner as reflected within individualised personal plans. Service users are supported to participate in a range of meaningful activities. The residence is a detached dormer house which promotes a safe homely environment decorated in tasteful manner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
09 October 2018	09:00hrs to 17:30hrs	Laura O'Sullivan	Lead

Views of people who use the service

The inspector had the opportunity to meet all residents at intervals throughout the day of the inspection. One resident welcomed the inspector to the centre with a cup of coffee and spoke of how happy they were in their home. They proudly showed the inspector their bedroom and discussed the activities they enjoyed such as going for coffee and going to their day service. Another resident spoke to the inspector prior to attending their day service and spoke of their favourite activities such as swimming which they were due participate in that day.

On return from day service residents appeared content relaxing in their bedroom or watching TV for example. Residents were observed interacting in a positive manner with staff members about their day.

Capacity and capability

St. Anne's residential service - Group N presented as a service which afforded residents a good quality of life, whose aim as a service was to promote the safety and well-being of residents. This inspection found that this aim was achieved for the most part. The capacity and capability of the provider to deliver supports in a safe effective manner was reviewed and many examples of compliant practices were observed. To ensure a high level of compliance was maintained in all aspects of the service, further enhancements were required for example centre level monitoring of service provisions and the training and development of the staff team.

The registered provider had ensured the allocation of a clear governance structure within the centre. A suitably qualified individual had been appointed as the person in charge. This person reported directly to the person participating in management. Additional support and governance was in place from two additional person's participating in management. This structure ensured clear lines of responsibility and accountability. The person in charge currently held a governance role in four centres within the organisation. To ensure effective governance on a day to day basis, the person in charge was supported at the local level by a house manager.

At an organisational level the registered provider had ensured the implementation of monitoring systems to achieve on oversight of service provision and an awareness of improvements required. An annual review of service provision was implemented in January 2018. This review was comprehensive in nature and incorporated consultation with residents and family members to illicit their views. Actions required were identified and addressed in accordance with set time-frames.

This review was implemented in conjunction with unannounced visits to the centre by a delegated individual. Both systems ensured that the service provided was safe and effectively monitoring from an organisational level with an emphasis on ensuring a high level of care was afforded to residents.

At centre level the person in charge had a number of monitoring systems available to ensure the on-going monitoring of service provision. These included for example vehicle checklist and personal plan audits. However, improvements were required to ensure that these systems were implemented in a consistent manner to ensure that actions required were identified and addressed in a timely manner addressing all areas of non-compliance.

The systems in place for the supervision of staff required review to ensure staff were supported to develop professionally and provide the best service possible to residents. The house manager had the delegated duty of completion of staff supervisory meetings and annual performance reviews. Following a sample review of the meetings which had been completed they were found to be comprehensive and afforded staff the opportunity to discuss their role and raise any issues or concerns. However, supervisions were not implemented in line with organisational policy and some staff had not received a formal supervision or annual review since the beginning of the year.

Some improvement was also needed with regard to staff training. The person in charge had developed a training matrix to monitor the training needs of staff, however not all staff had completed training relevant to their duties to date. The facilitation of this training would ensure a safe and more effective service was provided to the resident. It was noted a number of training courses had been booked for the coming weeks; however this did not include all required training for example supporting individuals with behaviour of concern.

The registered provider had ensured effective systems were in place for the receipt and management of complaints. Complaints received were recorded and logged in a complaints log maintained on site, ensuring the complaint was resolved and the complainant was satisfied with the outcome. An organisation policy was in place which was currently under review to reflect the current complaints officer allocated to the centre. Staff spoken with could clearly articulate the procedures relating to the complaints procedure and the personnel delegated within the centre.

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5. A number of these policies required review to ensure guidance for staff members were reflective of up to date best practice guidelines. The registered provider had a plan in place to ensure all policies were reviewed and in date by the 30th October 2018 gave assurances that this plan would be adhered to.

Regulation 14: Persons in charge

The provider had appointed a person in charge to the centre. The person in charge possessed the required skills, knowledge and professional experience to fulfill their governance role.

Judgment: Compliant

Regulation 16: Training and staff development

The systems in place for the supervision of staff required review to ensure staff were supported to developed professionally.

Some improvement was needed with regard to training. The person in charge had developed a training matrix to monitor the training needs of staff, however not all staff had completed training relevant to their duties to date, for example, training in behaviours of concern.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had ensured a clearly defined governance structure was allocated t the centre.

At organisational effective management systems were in place to ensure an oversight of service provision including the implementation of an annual review of service provision and six monthly unannounced visits by a delegated person. At centre level, improvements were required to ensure that these systems were implemented in a consistent manner to ensure that actions were identified and addressed in a timely manner

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing information as set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured the submission of all notifable events in line regulatory requirements

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured effective systems were in place for the receipt and management of complaints.

An organisation policy was in place which was currently under review to reflect the current complaints officer allocated to the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing polices and procedures on the matters set out in Schedule 5. A number of these polices required review. The registered provider had a plan in place to ensure all policies were reviewed and in date by the 30th October 2018.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the supports afforded to residents currently residing in St. Anne's residential service - Group N. It was evident that residents were afforded supports in a safe respectful manner. Residents were consulted with regard to their care and the day to day operation of the centre. Improvements were required to ensure a high level of compliance was achieved and maintained in areas including social care, behaviour support and premises.

A resident had recently transitioned to the centre. They met with the inspector and spoke of how happy they were with the move and how comfortable they were in their new environment. Although regular meetings had been held to discuss

this transition and the resident and their family had been consulted with regard to the move, this was not evidenced within documentation available on site. To be assured that residents received required supports as they transition between residential services on a consistent basis this area of service provision required review.

The person in charge had not ensured that each resident had an individualised personal plan 28 days post admission to the centre. Following the transition of one resident their personal plan had not been reviewed to reflect the transition. The plan remained relevant to a previous service and did not ensure that staff were aware of the support needs of the resident. Although a multi-disciplinary approach had been taken in relation to the transition this was not reflected within the individualised personal plan to ensure a holistic approach to care was consistently afforded.

A sample of individualised personal plans was reviewed for residents who has been in the service for some time. These were comprehensive in nature and were reviewed annually following the completion of a person centred planning meeting including input from relevant members of the multi-disciplinary team such as physiotherapy. Plans were holistic in nature and reflected a range of support needs including healthcare. However, a referral for multi-disciplinary input to support a resident in 2017 had not been completed and the resident continued to await review. A number of documents within the individualised plans remained unsigned and undated therefore it was not clear when these were developed, if they were current or due review. This required analysis.

Residents were encouraged and facilitated to participate in a wide range of meaningful activities such as swimming, social outings based on their assessed needs. One resident had a part time job whilst supported by staff. All residents attended a local day service. Goals for the following year were discussed as part of the person centred planning meeting. However, not all goals were clearly documented following this meeting to ensure staff members were aware of supports needs and to document evidence of progression of goals. Templates to facilitate the documentation of this information were available within individualised plans, yet had not been completed.

Residents who required support to manage behaviours of concern had care support plans within their personal plan. However, not all plans were reviewed regularly and did not incorporate a multi-disciplinary review. One such plan had been developed in August 2017, although guidance was available for staff members this had not been reviewed and actions set out within pan had not been adhered to for example referral for psychology input. Staff could clearly articulate how to support residents to manage any behaviours of concern however the person in charge had not ensured that staff had received training in managing behaviour that is challenging.

Within the centre a restrictive free environment was promoted. When restrictive practices were utilised this was done so to promote the safety of residents. A sensor mat was used to alert staff if they stand up as a safety measure due to the risk of falls. Staff had identified this as a possible restriction and had taken some steps to

ensure it was managed in the best way possible. For example, the use of this practice had been reviewed annually by the multi-disciplinary team. However, there was no record maintained of the use of the sensor mat to facilitate a effective review of the practice and to ensure the restriction was utilised in the least restrictive manner for the shortest duration required.

Overall, risk including health and safety risk was managed well within the centre. A comprehensive centre wide risk register was in place and regularly reviewed. The risk register contained risk assessments which described the identified risk and the control measures in place to respond the identified risk. Risk assessments relating to individual residents were also in place within the personal plan as required. Monitoring systems were implemented to ensure a safe environment was promoted and risks identified in a timely manner. The organisational policy with regard to Risk management was currently under review to reflect requirements under the regulations and best practice.

Effective systems were in place for the detection and prevention of fire within the centre following the recent installation of compliant fire doors. All fire equipment is serviced quarterly by a competent person. In conjunction to this staff complete weekly safety checks of fire fighting equipment to ensure they are in working order. Comprehensive fire drills were implemented to ensure residents were aware of evacuation procedures and personal emergency evacuations plans reviewed and updated as required. Following the transition of one resident to the centre they had participated in a day time fire drill, however they had not participated in scenarios which may require additional support from staff; for example simulated night time evacuation. Also, their personal emergency evacuation plan had not been updated to reflect change to living environment. This was completed following the inspection.

Regulation 13: General welfare and development

Residents were encouraged and facilitated to participate in a wide range of meaningful activities such as swimming, social outings based on their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises were designed, laid out to meet the assessed needs of the current residents. Some minor cosmetic work was required to a number of bedrooms.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Improvements were required to ensure al residents receive required supports as they transition between residential services,

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall, risk was managed well within the centre. The registered provider had ensured that systems were in place for the assessment, management and on-going review of risk.

The organisational policy with regard to Risk management was currently under review to reflect requirements under the regulations and best practice.

Judgment: Compliant

Regulation 28: Fire precautions

Effective systems were in place for the detection and prevention of fire within the centre following the recent installation of compliant fire doors. All fire equipment is serviced quarterly by a competent person. In conjunction to this staff complete weekly safety checks of fire fighting equipment to ensure they are in working order. Comprehensive fire drill are implemented to ensure residents are aware of evacuation procedures and personal emergency evacuations plans reviewed and updated as require

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that individualised personal plans were developed 28 days post admission to the centre and and review subsequently to reflect changes in circumstances. The name of those responsible for pursuing

objectives in the plan with agreed timescales was not consistently documented.

Goals were developed in consultation with the resident. Improvements were required to ensure the on-going progression and review of gaols was evident.

Judgment: Not compliant

Regulation 6: Health care

The registered provider had ensured resident's was facilitated and supported to achieve the best possible health. All residents had access to a general practitioner service and any recommendations required were reflected within personal plan,.

Judgment: Compliant

Regulation 7: Positive behavioural support

Systems for behaviour support required review. Behaviour support plans did not incorporate a multi-disciplinary review.

Where a restrictive practice was utilised improvements were required to ensure that this was in place for the lest restrictive manner for the shortest duration necessary.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had effective systems in place to protect residents from abuse. An organisation policy was in place which afforded clear guidance to staff should a concern arise.

The intimate and personal care needs of residents was documented within individualised personal plans.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the centre was operated in a manner that respected the age, gender and individuality of each resident.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services - Group N OSV-0005163

Inspection ID: MON-0024895

Date of inspection: 09/10/2018

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Identified staff who were non-compliant with statutory and appropriate training are scheduled for next training dates. • Two staff who were identified as not being compliant in training for behaviors of concern were found to have completed this training but this was not documented clearly in the centre. This omission has been rectified by the PIC. • All staff in this centre have been booked into the relevant training courses to remain within the timelines required. • Medication Management training is booked for 2 staff for 7th Feb 2019 and Buccal Training 28th Feb 2019. Third member of staff is currently on Maternity leave and will be booked in for same on her return	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The CNM3 will support the PIC in reviewing all action plans following the defined governance audit structures in place in this centre. • This review will be completed by 30/01/2019. • Transition plan is in place: 07/08/18 • Care Plan in place 12/10/18	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • 31/01/2019 for the 1st three rooms. • 30/03/19 for the next 3 bedrooms	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: • The transition plan required to support the individual in transition has been updated and is currently available within this centre. It is up to date and located in residents plan of care. • The PIC and CNM3 are ensuring the transition plan is populated to identify supports offered to the resident and to highlight relevant developments for the resident. • Transition plan in place: 07/08/18 • Care Plan in place 12/10/18	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • Goal setting will be discussed by CNM3/PIC at next staff meeting January 2019 to ensure the ongoing progression and review of goals in clear format and meeting residents needs • The residents plan of care has been fully updated. This plan of care is active and reflects changing circumstances. • The PIC and CNM3 are fully aware of the 28 day post admission to new centre requirement and care plan has been implemented in appropriate format. • The review of goals where applicable for the resident has been implemented and system for ongoing monitoring in place.	

• All persons responsible for pursuing objectives have been documented consistently.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

• The PIC has referred the residents who require it, to the service psychologist. The residents are on a prioritized waiting list.

• The behavioural support plans are reviewed by the relevant staff and the psychologist.

• All residents restrictive strategies are reviewed annually and sooner if necessary . All reviewed 2018 and scheduled for 2019.

• In relation to the restrictive practice identified in the report, a recording sheet is now in place to review the commencement, duration and completion of the use of the restrictive practice. This information is used to determine the least restrictive practice for the resident and for the shortest period of time.

• Studio 3 completed on 29th and 30th of March 2018 and also on 23rd and 24th of October 2018 and the 29th and 30th of November 2018.

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.	Not Compliant	Orange	28/02/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/01/2019
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.	Substantially Compliant	Yellow	30/03/2019
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	30/01/2019

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Substantially Compliant	Yellow	12/10/2018
Regulation 25(3)(b)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:where appropriate, the provision of training in the life-skills required for the new living arrangement.	Substantially Compliant	Yellow	12/10/2018
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional,	Substantially Compliant	Yellow	12/10/2018

	of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	12/10/2018
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	12/10/2018
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which	Not Compliant	Orange	12/10/2018

	outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Not Compliant	Orange	12/10/2018
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	12/10/2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/11/2018
Regulation 07(2)	The person in charge shall ensure that staff receive training in	Not Compliant	Orange	30/11/2018

	the management of behaviour that is challenging including de-escalation and intervention techniques.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/11/2018
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/11/2018
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive	Substantially Compliant	Yellow	30/11/2018

	procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/11/2018