



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 H
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	23 November 2020
Centre ID:	OSV-0003951
Fieldwork ID:	MON-0030862

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 H is designated centre run by The Daughters of Charity Disability Support Services CLG. This centre can cater for the needs of eleven male or female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two houses, one of which is located in a town in Co. Tipperary and the other located a few kilometres from the same town. One house provides full-time residential support to residents, while the other house provides accommodation for residents requiring isolation due to Covid-19. Each house ensured residents had access to their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining area, sitting room and garden area. Staff support is provided by nursing and care staff, who are on duty both day and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 23 November 2020	09:20hrs to 15:20hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector met with all three residents who currently live at this centre. These residents had lived together for many years and staff told the inspector that these residents got on very well together. Due to their communication needs, residents were unable to speak directly with the inspector about the care and support they receive. However, through the support of staff on duty, residents were supported to briefly engage with the inspector.

Upon the inspector's arrival, two residents were being supported by staff to go out for the morning, while the third resident remained at the centre and was helping staff with laundry duties. The inspector met with staff and residents briefly when they returned to the centre for lunch and they spoke of their plans to bring residents out again for a picnic later that afternoon.

Prior to the introduction of public health safety guidelines, staff told the inspector that these residents led very active lifestyles and regularly attended day services. Even though these residents' day services had temporarily ceased due to these guidelines, the adequacy of this centre's transport and staffing arrangement meant that these residents were still supported to have multiple opportunities to access their local community. Residents who previously went home to their families on a regular basis were being supported to maintain contact with family. Staff spoke with the inspector about the various measures they had implemented to support both residents and their families while such public health safety guidelines were in place.

The centre was very spacious and this layout meant that residents could spend time away from their peers, if they wished. Due to the vacancies at the centre at the time of inspection, some residents were utilising vacant bedrooms for sensory activities. The inspector observed residents to freely access all areas of the centre, as they wished. One resident had his own fob key for his room which he kept on him at all times, which provided him with privacy and ability access to his bedroom, as and when he wanted to.

During the course of this inspection, the inspector observed pleasant interactions between staff and residents. Residents appeared very comfortable and familiar in the company of staff who were on duty. Overall, there was a very friendly and caring atmosphere in this centre.

Capacity and capability

This was a well-managed and well-resourced centre that ensured residents received a good quality of service and care. Although for the most part, this inspection

identified good areas of compliance, the inspector did observe improvement was required to some areas such as fire safety and aspects of risk and governance and management systems.

Since the last inspection of this centre, the provider applied to register the centre to include an additional house, which increased the overall bed numbers of this centre from six to eleven. The purpose of this registration was to provide accommodation for residents requiring isolation due to COVID-19. As part of this registration process, the provider gave assurances to the Chief Inspector of Social Services that works would be completed to this additional house to ensure it provided adequate fire containment arrangements. At the time of this inspection, these works had not yet been completed. This will be discussed further under the quality and safety summary.

The provider had ensured the centre was adequately resourced in terms of equipment, transport and staffing. Although staff meetings had temporarily ceased due to public health safety guidelines, instead, the person in charge now regularly met with staff on a one-to-one basis as part of her regular visits to the centre. Furthermore, where she and the clinical nurse manager met to discuss any concerns arising regarding the safety and welfare of residents, documented minutes of these discussions were made available to all staff to review. The provider's monitoring systems for the service included the completion of six monthly provider-led audits and a number of scheduled internal audits. Where improvements were identified, time bound action plans were put in place to address these. However, the inspector observed that these monitoring systems required review as they only currently focused on monitoring improvements required in one of the houses and not both houses that made up this designated centre.

The person in charge held the overall responsibility for the service and she was regularly present at the centre to meet with staff and residents. She was supported by a clinical nurse manager, staff team and her line manager in the running and management of this service. During her interaction with the inspector, she demonstrated very strong knowledge of each resident's needs and of the operational needs of the service. She was responsible for other centres run by the provider and current support arrangements gave her the capacity to also effectively manage this service.

Staffing arrangements were frequently reviewed to ensure an adequate number and skill-mix of staff were at all times on duty to support residents. Nursing staff were rostered during day-time hours and on-call arrangements were in place, as and when required. Since the introduction of public health safety guidelines, additional staff were now on duty during day-time hours to support residents to access the community and to engage in activities of their choice. Staff working at this centre had supported these residents for a number of years and this continuity of care ensured that residents were at all times supported by staff who knew them very well. Staff spoke very respectfully of residents and were found to be very knowledgeable of residents' assessed needs, particularly in the areas of safeguarding, health and social care.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had successfully submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was regularly present at the centre to meet with residents and staff. She knew the residents and their assessed needs very well and was very familiar with the operational needs of the service delivered to them. She was responsible for other services run by this provider and current support arrangements ensured she had the capacity to also effectively manage this centre.

Judgment: Compliant

Regulation 15: Staffing

The centre's staffing levels were subject to regular review, which ensured that an adequate number and skill-mix of staff were at all times on duty to support residents. Nursing support was available to residents during day-time hours and on-call support arrangements were in place, as and when required.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge met regularly with staff to discuss any issues arising with regards to the safety and welfare of residents. She also maintained regular contact with her line manager to review the operational needs of this service. Although monitoring systems were in place, the provider had failed to ensure that these systems equally included the monitoring of both houses within this designated centre. The provider had also failed to ensure the oversight and completion of necessary fire upgrade works to an additional house that was registered with this centre in July 2020.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre. At the time of this inspection, it was in the process of review for the purpose of the provider's application to renew the registration of this centre.

Judgment: Compliant

Quality and safety

This was very much a resident-led service that operated in a manner that respected residents' individuality, rights and capabilities. Adequate staffing and transport arrangements meant that these residents could choose how they wished to spend their time. Staff also supported to residents to engage in their local community and to take part in meaningful activities of interest to them.

The centre comprised of two houses, one of which was located in a town in Co.Tipperary, while the other was located a few kilometres outside the same the town. Both houses provided residents with their own bedroom, some of which were en-suite, shared bathrooms, office spaces, kitchen and dining rooms, sitting room and large secured garden area. The inspector observed residents to move freely within the centre and it's spacious layout gave residents the option to spend recreational time way from their peers, if they wished to do.

The provider had fire safety precautions in place, including, fire detection systems, regular fire safety checks and a waking staff arrangement at night ensured a timely response, should a fire occur at the centre at night. Fire drills were frequently occurring and records of these demonstrated that staff could support all residents to evacuate in a timely manner. However, the inspector observed improvement could be made to how these drills were being conducted. For example, although one house had an upstairs fire evacuation route, drills being conducted in this house had not yet considered this evacuation route. Simulated fire drills were occurring in the second house; however, these drills had not included the additional infection control precautions that staff would be required to adhere to, in the event they were supporting residents isolating from Covid-19, to safely evacuate. There was a fire procedure in place for both houses; however, these required further clarity to ensure accuracy in guiding staff on what to do in the event of a fire at the centre, particularly where staff were required to adhere to specific infection control guidelines, if they were supporting residents in isolation to safely evacuate. A few months prior to this inspection, the provider had given assurances to the Chief Inspector that fire containment measures would be put in

place in an additional house which was registered as part of this centre in July 2020. In the interim, the provider had put additional arrangements in place, including, rostering of waking staff at this house and ensured all internal doors remained closed at all times. However, at the time of this inspection, no other fire upgrade works had been completed in this house with regards to fire containment.

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all staff and residents. Good hand hygiene, social distancing, use of PPE and daily temperature checks were in place. Over the course of the inspection, the inspector observed staff to wear appropriate PPE, particularly when supporting residents where two-metre social distancing was not possible. Contingency plans and risk assessments were in place, should an outbreak of infection occur at the centre and these plans were also subject to regular review by management.

Residents' needs were subject to regular assessment and personal plans were in place to guide staff on how best to support residents with these assessed needs. Where residents had specific health care needs, the provider had ensured that these residents received the care and support they required. For example, in response to the neurological needs of one resident, very clear protocols, risk assessments and personal plans were in place, should this resident require emergency medicine. However, some improvement was required to the plans in place in relation to some residents' falls management to ensure these plans accurately described the falls prevention measures that were being effectively implemented by staff on a daily basis.

The timely identification of risk at this centre was largely attributed to the oversight and regular presence of the person in charge at the centre and also to the provider's incident reporting system. This meant that specific risks relating to this centre were responded to very quickly. For example, in response to absconion related incidents that had occurred at the centre, the provider had implemented a number of control measures that resulted in the increased safety of these residents. For the most part, risk assessments provided clear hazard identification and were reviewed very regularly by staff and the person in charge. However, the inspector did observe some of aspects of the assessment of risk required improvement. For example, the risk-rating of some assessments didn't always reflect the positive impact that effective measures had on mitigating specific risks, for instance, risk assessments relating to falls prevention and management. Furthermore, although the provider did have risk assessments in place to monitor the centre's fire safety system, these assessments didn't give due consideration to the storage of oxygen therapy in the centre, fire containment or the centre's specific fire procedures.

In response to a safeguarding that occurred months prior to this inspection, the provider put effective safeguarding plans in place which resulted in similar safeguarding incidents from not re-occurring. Staff who met with the inspector were very knowledgeable of these plans and of how they were required to safeguard residents from harm. Refresher training in safeguarding was available to all staff, as and when required.

The provider had procedures in place for the prescribing, administration and storage of medicines at this centre. Clear and legible medication administration records were maintained at this centre and subject to regular auditing.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment and monitoring of all risk at this centre. However, some improvement was required to some risk assessments to ensure the risk-rating adequately reflected the positive impact that effective control measures had on the mitigation of specific risks in this centre. Furthermore, although the provider had risk assessments in response to fire safety, these required review to ensure they gave due consideration to the storage of oxygen therapy, fire containment arrangements and the centre's fire procedure.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider introduced a number of measures to ensure the safety and welfare of residents and staff. Regular temperature taking, social distancing, use of PPE and good hand hygiene were practiced. During the course of the inspection, the inspector observed staff to wear appropriate PPE when supporting residents, particularly where two-metre social distancing was not possible. Contingency plans were in place, should the an outbreak of infection occur at this centre and these plans were subject to regular review by senior management.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place in terms of fire detection and regular fire safety checks. Although fire drills were regularly occurring at the centre, drills had not yet considered the use of upstairs fire exits or additional infection control precautions that may be required in the event of an evacuation. There was a fire procedure in place for both houses within this centre, however; these required review to ensure adequate guidance was provided to staff on what to do in the event of a fire at the centre, particularly where adherence to infection control measures and social distancing was required as part of the safe evacuation of residents. While one house within this centre had adequate fire containment

measures in place, the provider had not ensured similar arrangements were in place in the second house.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the prescribing, administration and storage of medicines at this centre. Clear and legible medication administration records were maintained and subject to regular auditing. No resident was taking responsibility for the administration of their own medicines at the time of this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured an effective system was in place to ensure residents' needs were subject to regular assessment and that personal plans were put in place to guide staff on the specific supports that residents required. These plans were subject to regular review and audit.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with specific health care needs, the provider had ensured that these residents received the care and support they required. Residents also had access to a wide variety of allied health care professionals, as and when required. In response to the falls management needs of some residents, the provider had implemented a number of measures to ensure these residents' safety. However, review of their supporting personal plans was required to ensure these accurately described all safety measures that were implemented by staff on a daily basis.

Judgment: Substantially compliant

Regulation 8: Protection

In response to safeguarding concerns raised at this centre prior to this inspection,

the provider had developed safeguarding plans to guide staff on how to ensure the safety and welfare of residents was maintained. Since the introduction of these measures, similar incidents had not re-occurred. Staff had access to refresher training in safeguarding and procedures were in place to support them to identify, report, respond to and monitor any concerns relating to the safety and welfare of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted at this centre. Adequate staffing and transport arrangements meant that residents could choose to spend their time as they wished. These arrangements, along with the layout of this centre, gave residents the opportunity to spend time with or take part in activities independent of their peers, if they wished to do so. Staff knew the residents and their communication needs very well, which had a positive impact on ensuring residents' wishes could be understood. As part of the centre's daily activity schedule, due consideration was always given to the wishes, preferences and capability of each resident.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services Group H OSV-0003951

Inspection ID: MON-0030862

Date of inspection: 23/11/2020

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge has reviewed governance systems in place to ensure equal monitoring of both designated centers. This involves a review of scheduled audits including the annual provider audit, 6 monthly provider audit, fire, fire precautions, infection control and supervision and staffing.</p> <p>The Provider has identified a house that is fire compliant in all areas and is currently processing applying to HIQA to register the center in its own right as a Covid -19 suspect isolation house. In tandem with this application the provider is in the process of applying to remove the existing suspect isolation house from the remit of the designate centre group H</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge has reviewed risk assessments to ensure the risk rating adequately reflects the positive impact that effective control measures had on the mitigation of risk in the designated center.</p> <p>The Person in Charge has reviewed risk assessments in response to safety and has included control measures for safe storage of oxygen and fire containment</p>	

arrangements. The Person in Charge has reviewed the centers fire procedures.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person in Charge has completed a fire drill since last inspection which has included egress for staff through upstairs fire exit. The Person in Charge will review fire evacuation plans and identify infection control precautions required in the event of a fire evacuation.

The Provider has identified a house that is fire compliant in all areas and is currently processing applying to HIQA to register the center in its own right as a Covid -19 suspect isolation house. In tandem with this application the provider is in the process of applying to remove the existing suspect isolation house from the remit of the designate centre group H

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Person in Charge has reviewed the falls risk assessments and associated care plan to ensure all safety measures that are implemented by staff on a daily basis are accurate. The Person in Charge has sourced a Falls Report document and developed a Falls log to accurately monitor falls incidents within the designated center.

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 23(1)(c)	The registered provider shall 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.	Not Compliant	Orange	31/01/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	07/12/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	31/01/2021

	detecting, containing and extinguishing fires.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2020
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	31/12/2020
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	07/12/2020