



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

Issued by the Chief Inspector

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:	Announced
Date of inspection:	21 November 2019
Centre ID:	OSV-0003944
Fieldwork ID:	MON-0022556

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 four 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 centre is currently supporting residents to transition to community based homes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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
Thursday 21 November 2019	09:30hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with residents throughout the inspection as they participated in their activities. On entering each house the staff present ensured to introduce the individuals present to the inspector. Residents were encouraged and supported to participate in a range of activities. Some were relaxing in their living areas watching a DVD or in a quiet room listening to music. One resident was listening to their favourite "Harry Potter" story on a CD, whilst was listening to relaxing music with their sensory lights providing a calming ambiance.

Residents were also supported to participate in activities outside of the centre. One resident smiled and laughed as staff told the inspector about their impending visit of the GAA winning cup to the centre and their planned trip to their favourite singer's concert. A number of their friends were joining them and they planned to make it a great night out. Another residents was supported to relax in their bedroom following a therapeutic intervention. Some residents choose not to interact with the inspector and this choice was respected.

On the whole, staff interactions with staff were positive and staff knew the resident likes and interests. Staff spoke with one resident about their favourite singer and helped her to show the inspector her favourite photo and memorabilia. The resident smiled and laughed with staff when talking about this particular artist. Some resident joined staff for a cup of tea or coffee. Staff ensured that one residents favourite vibrating chair was on and were very aware of their communication that it required to be restarted.

The centre was a hive of activity with residents coming and going about their daily plan. In one area of the centre residents did not appear to be as active and did spend long periods of time relaxing rather than participating in more active activities. The governance team spoke of introducing new activities schedule for these residents.

A number of residents were preparing to transition to their new homes in the community. Some had been afforded the opportunity to see the house in the building phase and were picking out colours and furniture for their bedrooms. When the inspector asked the resident if they were excited to move to their new home, they smiled and laughed.

Capacity and capability

Group A- St. Anne's residential Service presented as a service where the registered provider was implementing measures to strive to achieve a high level of compliance.

Through the appointment of a clear governance structure and overall effective monitoring systems service users were provided with a safe, effective and person centred service. The governance and staff team were actively supporting residents to prepare for the planned transition to community homes. Some improvements were required in the area of staff training and development to maintain regulatory compliance.

The registered provider had appointed a clearly defined structure to oversee the governance of the centre. Clear roles and responsibilities had been identified for the person in charge who reported directly to the person participating in management. Link meetings occurred between all members all staff whom participated in governance responsibilities to ensure these roles were applied to a high standard. A structured agenda was in place which incorporated such areas as complaints, risk management and completion of monitoring systems.

The monitoring of day to day operations within the centre was overseen by the person in charge. Such monitoring systems carried out included regular fire safety checks, medication procedure audits and financial checks. At organisational level the registered provider had ensured oversight was monitoring of an effective service through the implementation of an annual review of service provision and six monthly unannounced visits to the centre. Following the completion of all systems utilised to monitor the service a robust, time bound action plan was developed and adhered to. Whilst overall these systems were effective they were not utilised to consistently identify and address all areas of concern for example residents rights and staff training needs.

The registered provider had ensured appropriate staffing levels were allocated to the centre to meet the assessed needs of the service users. Staff present had the appropriate skill mix with nursing care afforded to residents 24 hours a day. This was reflected in a current and actual roster maintained by the person in charge.

Overall, staff were supported to attend training sessions including refresher training. Whilst a number of courses were outstanding, places had been allocated for staff to attend upcoming training. The person in charge had ensured all training needs had been identified and a plan was in place to address any identified training needs. Whilst some formal staff supervisions were completed in the centre, these were not completed in a professionally consistent manner. The duty of completing the supervisions for staff lay with the clinical nurse manager allocated to the house. The inconsistencies found related to the level of content recorded and the overall supervisory process reviewed. There was no policy or guidelines in place to ensure this consistency was promoted regarding supervision. Staff were supported to voice any concerns they may have through the implementation of regular staff and house meetings.

The person in charge was actively completing their regulatory required duties. For example, a statement of purpose for the designated centre was in place which was regularly reviewed, a directory of residents had been developed and maintained. All notifiable incidents had been reported to the office of the chief inspector within

the required time frame.

The registered provider had ensured the development of an effective complaints procedure. Through an organisational policy staff and residents were provided with guidance on procedures to adhere to should a complaint arise. It was evident through review of a complaints log that all complaints were addressed in a timely manner with the satisfaction of the complainant achieved. Details of the complaints officer were visible throughout the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had completed the process of applying for renewal of registration in an effective manner.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had allocated appropriate staffing levels to meet the assessed needs of the residents, this incorporated nursing care.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, staff were supported to attend training sessions including refresher training. Whilst a number of courses were outstanding places had been allocated for staff to attend upcoming training.

Whilst formal staff supervisions were completed in the centre, these were not completed in a consistent manner. There was no policy or guidelines in place to

ensure this consistency was promoted.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured the centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had appointed a clearly defined structure to oversee the governance of the centre. At organisational level the registered provider had ensured oversight was monitoring of an effective service through the implementation of an annual review of service provision and six monthly unannounced visits to the centre. The monitoring of day to day operations within the centre was overseen by the person in charge. Whilst overall these systems were effective they were not utilised to consistently identify and address all areas of concern

Judgment: Substantially compliant

Regulation 3: Statement of purpose

the registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1. This document was reviewed as required.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable incidents had been reported to the office of the chief inspector within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of an effective complaints procedure. Through an organisational policy staff and residents were provided with guidance on procedures to adhere to should a complaint arise.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the Group A- St. Anne's residential Service and overall residents were afforded with a good quality of life. Social activities were encouraged, choice of in house activities were made available including weekly well-being sessions. Participation in meaningful individualised activities was supported and facilitated by staff members. Through comprehensive individualised personal plans residents were supported to implement all multidisciplinary recommendations to achieve a high quality of life. Improvements were required to ensure supports were afforded to residents in each house in a consistent manner.

The centre was currently in the process of decongregation. With residents being actively involved and consulted with regard to their new home and supports which were required to ensure that this was implemented in a safe and effective manner. Personal goals had been developed for residents which incorporated the development of a role in their newly identified communities. Staff members with the ongoing support of a transforming project lead were ensuring that this transition incorporate a holistic to the transition to promote a positive experience for each resident.

It had been identified as part of previous inspections that the premises of Group A did not meet the specific needs of residents and appeared institutional in nature. Whilst this remained the case, the registered provider had ensured that a homely atmosphere was presented for residents whilst decongregation was in progress.

Communal areas were warm clean and tastefully decorated. Each resident had a private bedroom which was decorated in accordance with their interests and likes. Family photographs added to the individuality of this private area.

The person in charge had ensured the development of a comprehensive individual personal plan for each resident. These plans incorporated multidisciplinary recommendations and guidance. A number of support needs were addressed and regularly reviewed by appointed key workers. Residents were supported to engage in wide range of activities such as concerts, a trip was planned to attend a local church for a concert in the coming weeks after the inspection.

Whilst the centre operated in a manner which respected the privacy and dignity of residents, some improvements were required. Staff members were observed to partaking in their breaks at the dining room in the resident's living space. In a number of units was a social time where residents were included, whilst in others staff did not communicate with individuals at this time. Also, improvements were required to ensure that all residents were consulted in decisions about their care and supports. This was required specifically in the area of end of life care

The person in charge had ensured effective systems were in place to ensure residents were supported to buy, prepare and cook their own meals. To facilitate residents to participate in a range of activities and not restricted by a set mealtime, an ample supply of food choices was available which could be prepared in the assigned kitchen area or by a central kitchen located within the centre. A varied experience of mealtimes was evident through the houses; some residents enjoyed a very sociable experience with positive interactions from staff. However this was not consistent across all observed mealtimes with minimal interactions observed for one resident. Whilst supporting resident during the mealtime staff were observed to interact with each other rather than with the residents.

The areas of risk management and safeguarding were reviewed on this inspection and residents were found to be well protected and safeguarded by policies, systems and practices in place. A risk register was used by the provider which outlined the predominant risks in the centre such as falls, behavioural risks and environmental risk. There was evidence of ongoing review of risk. Safeguarding policies and practices were clearly understood by staff and there was evidence in place of follow up and appropriate investigation where allegations were made. Safeguarding plans were in place as required and were regularly reviewed. The registered provider had ensured effective measures were in place for the detection of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in a timely manner.

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 18: Food and nutrition

The person in charge had ensured effective systems were in place to ensure residents were supported to buy, prepare and cook their own meals. However, improvements were required to ensure that meals were consistently served in an appropriate manner

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre and ensured a copy was made available.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The centre was currently in the process of decongregation. With residents being actively involved and consulted with regard to their new home and supports which were required to ensure that this was implemented in a safe and effective manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk.

Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective measures were in place for the detection of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development of individualised personal plans for each resident. The support needs of residents were clearly laid out to ensure all staff were aware of procedures to adhere to. Support plans were prepared in a multi-disciplinary format.

Personal plans had been further developed in an accessible format.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents were supported to achieve the best possible physical and mental health. Clear guidance was provided to staff to ensure supports required were provided in a consistent and respectful manner.

Judgment: Compliant

Regulation 7: Positive behavioural support

Whilst restrictive practice was utilised to promote the safety and well being of residents, all restrictions were utilised for the shortest duration necessary in the least restrictive manner.

The person in charge had ensured staff were afforded with up to date guidance to support residents with behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

Whilst over the centre operated in a manner which respected the privacy and dignity some improvements were required to ensure were consulted and supported to consent to decisions about their care and supports. Also, improvements were required to ensure that privacy and dignity were supported in each individuals personal living space.

Judgment: Not 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 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	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
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0022556

Date of inspection: 21/11/2019

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since inspection, a meeting was held on 22/11/2019 with the managers of each area by the Person in charge to highlight the importance of effective supervision and monitoring of training across the designate centre. All outstanding training has been identified and booked in through the training department. Monitoring of training takes place at team meetings and supervision meetings. The managers forward these details to the Person In Charge at individual meetings.</p> <p>A template for supervision has been provided to all areas of the designate centre to promote a uniform and comprehensive supervision system which will address all areas of concern.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A template for supervision has been provided to all areas of the designate centre to promote a uniform and comprehensive supervision system which will address all areas of concern. All areas have introduced a yearly planner in their areas to ensure regular and effective supervision is taking place.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A detailed action report was devised and circulated to HIQA by close of business 25th November 2019. This report outlined Group A's current and future pathway to de-congregation. This action plan outlines the initial decongregation coupled with plans to meet the needs of the remaining service users until they also move from campus.</p> <p>A list of works for the two villas which will remain open in phase 3, has been submitted to the Service Manager in order to ensure the upkeep of the homely environments will continue until phase 3 is complete. Ongoing supports of residents, their families, and staff is maintained through individual transition plans, family steering group and information sharing with staff teams.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Person in Charge held a meeting on 22/11/2019 with the managers of each area and discussed the importance of person centred care in relation to food and nutrition. A wide variety of choice is provided in Group A, and this is communicated with all residents in accessible format. All managers discussed and re-iterated the importance of ensuring mealtimes are meaningful to the person and that they receive the utmost respect and time they need with all staff members. When the residents transfer to the community setting, they will resume planning and preparing all meals within their home with the support of the staff.</p> <p>Person in Charge has reviewed how staff breaks take place within each area, to ensure a continuous high standard of person centred care is provided to all residents within the 4 areas at all times.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Since the inspection all staff have been reminded at team meeting 22/11/2019 re the</p>	

importance of respecting residents privacy at all times and engaging with residents at all times within their home and at their request.

The Service Manager and the ACEO met with the General Practitioner December 2020 to discuss the existing plans for the individuals in this centre. Improvements in the documentation to ensure the residents are supported to engage in processes affecting them are being developed. The development of a guideline for the service has been brought to and is being looked at by the Service Ethics Committee. A further review meeting will take place on 31st of March 2020 in relation to further discussing individual plans to support the relevant service users.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/03/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/03/2020
Regulation 17(1)(b)	The registered provider shall ensure the	Not Compliant	Orange	30/04/2020

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/10/2020
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	31/03/2020
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.	Substantially Compliant	Yellow	31/03/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	30/04/2020

	age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/03/2020