



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

## Issued by the Chief Inspector

Name of designated centre:	Group B - St Anne's Residential Services
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	04 December 2019
Centre ID:	OSV-0003945
Fieldwork ID:	MON-0024277

## About the designated centre

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

Group B : St. Anne's residential service is a residential centre located in Co. Tipperary. The centre can provide a service to eight 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 two semi-detached homes with an interlinking corridor to the rear of the 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
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## How we inspect

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
Wednesday 4 December 2019	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to interact with five residents during the day of inspection. On arrival residents were busy getting ready for their day and the inspector afforded them this time before sitting down for a chat. Residents told the inspector that they were going to their day service for the day and were waiting for transport to come and collect them. One resident loved music and spoke of going to many concerts with staff. Residents spoke of going to visit their friend who had recently moved to another service. They were looking forward to going to see them again at the weekend. Residents all spoke of being happy and feeling safe in their home. They stated that they can all speak to staff if they are worried about anything.

One resident had made the decision to semi retire from their day service. They enjoyed a relaxing lie on on the days they remain in the centre and enjoyed watching TV. When chatting with the inspector they requested to go for a walk around the estate which was supported by staff. On return the resident told the inspector that they enjoyed the fresh air. Another resident was also relaxing in the centre in the morning after feeling unwell for a few days. They were happy they were feeling better now and attended their day service in the afternoon.

On return to the centre from their day service residents did not remain in the home long. They were out and about in their evening activities. Residents were all found to be well engaged, supported and cared for.

## Capacity and capability

Group B: St. Anne's residential services presented as a service where the registered provider was implementing measures to strive to achieve a high level of compliance improvements were require within the appointed governance structure to ensure clear lines of accountability were in place to drive service improvement and to achieve regulatory compliance.

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. They reported to three individuals appointed to the role of persons participating in management. The person in charge was supported in their role in the centre by a house manager and assistant house manager. Within this governance structure is was evident that clear lines of accountability and responsibility were not fully in place. A review was required to ensure that oversight duties in the governance of the centre were implemented for example staff supervisions.

The registered provider had ensured the completion of organisational level monitoring systems such as the regulatory required annual review of service provision and six monthly un-announced visits to the centre. These systems incorporated input from residents and families where possible and were utilised to drive improvements in the service. Six monthly un-announced visits to the centre were also implemented by a delegated person. Following the visit a report was generated and forwarded to the person in charge who monitored the completion of required actions. At centre level a number of monitoring systems were in place to facilitate oversight of the day to day operations of the centre. These included such areas as care planning, hygiene and health and safety. Some improvement was required to ensure all areas of non-compliance were identified through centre level monitoring systems in use.

The registered provider had ensured the staffing allocated to the centre was appropriate to the needs of the service users. This was reflected in a current and actual roster maintained by the person in charge. The person in charge had not ensured that each staff had not received a formal supervisory meeting. This duty had been allocated to the appointed house manager, however, due to the lack of administrative time it was unclear how this duty could be completed without an impact on the time allocated to residents. Systems were not evident on the day of inspection to ensure that all staff were facilitated to attend mandatory training courses. No record was maintained on site of the training records of members of the governance team or relief staff members assigned to the centre.

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. 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. Through review of the complaints log it was evident that residents are supported and facilitated to submit a complaint should they wish. Complaints were addressed in a timely manner with the satisfaction of the complainant achieved. Details of the complaints officer were visible throughout the centre.

## Regulation 14: Persons in charge

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

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured the allocation of staffing levels and skill mix appropriate to the assessed needs of the residents. Nursing care was afforded as required. An actual and planned roster was in place.

Judgment: Compliant

### Regulation 16: Training and staff development

Measures were not in place to ensure all staff allocated to complete duties within the centre had received mandatory training including refresher training.

The person in charge had not ensured that all staff had received appropriate supervision.

Judgment: Not compliant

### Regulation 23: Governance and management

The registered provider had appointed a governance structure to the centre. However, clear lines of responsibility and accountability had not been defined. This in turn resulted in a number of monitoring systems not being implemented effectively to identify and address areas requiring improvement.

At organisational level an annual review of service provision and six monthly unannounced visits to the centre had been implemented by a delegated person.

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.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured all notifiable incidents had been reported to the office of the chief inspector as required

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 capacity and capability of the centre and overall a high level of compliance was evidenced. Residents in general were supported to participate in a range of meaningful activities and were encouraged to participate in their favourite hobbies. Residents were also encouraged to participate in the day to day running of the home with regular house meetings. Such items as activities and social outings were discussed.

The centre presented as a warmly environment consisting of two semidetached homes linked to rear via a link corridor. The centre was clean and tastefully decorated within each resident having their own personal bedroom. Residents were supported to decorate their personal space in accordance with their unique tastes and interests. For example, one resident proudly showed off their favourite singers' posters and their vast selection of model cars.

Residents were supported to engage in a wide range of activities. Each resident attended a day service in the local area. They spoke of the activities they enjoyed to do such as having a drink in the local bar or going to a music concert. Residents also spoke of going home to family members. Improvements were required however to ensure the opportunity to participate in activities was consistent for all. For example, the daily planner for one resident, whom had chosen to semi-retire had not been reviewed to reflect the free time they now had in the home. Guidance was required



to ensure staff were aware of the change in social support needs of the resident when in the home during the day.

The person in charge had ensured the development of a comprehensive personal plan for each resident. These were reviewed on a regular basis by the staff team and members of the multi-disciplinary team. Guidance and recommendations from relevant members was set out in a clear concise manner. Staff spoken with had a keen awareness to the needs of the service users. There was also evidence of consultation with the residents through person centred planning meetings and personal goals.

As discussed previously the centre presented as two individual homes joined by a link corridor to the rear of the building. It was evident that the majority of food preparation occurred in one house with a wide variety of snacks and food choices readily available there. However, in the second house food choices presented as limited with residents having to "go next door" to get a snack if they chose.

The registered provider had ensured measures were in place to provide a safe effective service. These included measures relating to the effective detection and containment of fire. This was further enhanced through regular participation in evacuation drills incorporating a plethora of scenarios such as reduced staffing levels and differing times. An environmental risk register had been developed and was regularly reviewed by the person in charge to ensure current control measures in place were utilised and were effective. Such identified risks included lone worker, fire safety and falls risks.

### Regulation 13: General welfare and development

Overall, residents were afforded with opportunities to participate in a range of meaningful recreational activities and supported to develop and maintain personal relationships. Improvements were required to ensure that these opportunities was presented consistently and reflected changed in individual circumstances.

Judgment: Substantially compliant

### Regulation 17: Premises

The design and lay out of the centre met the aims and objectives of the service. The centre presented as clean and tastefully decorated. The registered provider had

made provision for the matters set out in Schedule 6.
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
Improvements were required to ensure that all residents were supported to buy, prepare and cook their own meals in their environment. The person in charge did not ensure that residents were provided with adequate quantities of food and drink within their allocated kitchen area,
Judgment: Substantially compliant
<b>Regulation 26: Risk management procedures</b>
The registered provider had ensured the development of a risk management policy incorporating the regulatory required information. Effective measures were in place for the ongoing assessment, management, and review of risk within the centre.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Overall, the registered provider had ensured effective systems were in place for the containment and detection of fire within the service. Through regular fire evacuation drills and personal emergency evacuation plans residents were supported to safely evacuate the building in the event of an emergency.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
The person in charge had ensured that each resident had an individualised personal plan in place which was reviewed on a regular basis. There was clear evidence consultation with the required members of the multi-disciplinary team to ensure supports were afforded to residents in a holistic manner.
There was also evidence of consultation with resident with regard to

the development and review of personal plans and goals.

Judgment: Compliant

### Regulation 8: Protection

Through an organisational policy and staff training residents were protected from all forms of abuse. Where a safeguarding concern was present adherence to national and local policy was present.

Guidance for staff to support resident during personal and intimate care was present within each individual personal plan in a respectful and dignified manner.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was operated in a manner which was respectful to the rights of each individual 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Group B - St Anne's Residential Services OSV-0003945

Inspection ID: MON-0024277

Date of inspection: 04/12/2019

## 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 schedule has been but in place for regular supervision meetings to take place with all staff. This schedule will afford the team a predictable planning document to ensure all are aware of the time lines involved in their supervision meetings. The schedule will be discussed at team meeting.</p> <p>All staff outlined as needing refresher training have been scheduled to complete same.</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>Since inspection Roles and responsibilities within this centre have been forwarded to HIQA inspector and staff are aware of same.</p> <p>Individual roles and responsibilities have been discussed with the managers in the area by person performing in management to ensure key aspects of governance are maintained.</p> <p>Core Staff training records are kept onsite in the house. Long term relief staff training records are maintained in the designate centre. Relief staff training is monitored in the main centre St. Annes in the CNM3's office and records maintained by the training department for relief staff.</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Since inspection a time table for the individual has been but in place and planned weekly with them as to what activities they would like to do. This time table will offer choice and opportunity for the individual.</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>Since inspection adequate food and drink quantities are in the designated kitchen which are consistent with each resident's individual dietary needs and preferences. The importance of ensuring that adequate food and drinks are readily available in both areas highlighted at team meeting.</p> <p>Residents are supported to participate in weekly shopping and cooking in line with individuals choice and preference.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	30/04/2020
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/04/2020
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	Not Compliant	Orange	30/05/2020



	programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/04/2020
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	30/04/2020
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	30/04/2020
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	30/04/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	30/04/2020

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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