



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

Issued by the Chief Inspector

Name of designated centre:	Group E - 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:	07 January 2020
Centre ID:	OSV-0003948
Fieldwork ID:	MON-0025226

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of ten adults. In its stated objectives the provider strives to provide each resident with a community based, person centred service; a service that aims for each resident to reach their full potential. All residents attend off-site day services Monday to Friday. Transport to and from these day services is provided. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory support. The premises comprises of two separate houses, one of which is two storey. Each resident has their own bedroom and three share communal, dining and bathroom facilities (seven bedroom have en-suites). The houses are located in the outskirts of a large town and a short commute from all services and amenities. The model of care is social and the staff team is comprised of both social care staff and nursing staff. Staff have expertise and education in care of persons with a disability. Care is guided and directed by the person in charge who is supported by each house's manager and by senior management personnel. Ordinarily there is three to four staff in each house during the day when residents are in the houses. At night time there are two staff on duty in each house. One house has two waking staff while the second house has a waking and a sleeping staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Tuesday 7 January 2020	11:00hrs to 18:30hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

Over the course of the one day inspection, the inspector met with eight of the nine residents who lived in these two houses. This is a service which offers support to residents who have complex disability and health care challenges. Residents accessed day services in nearby day services, some of which were operated by The Daughters of Charity and some which were operated by another agency. Staff, from both residential and day support, interact and work in a way that ensures a holistic and seamless service is received by residents.

Seven of the eight residents with whom the inspector met used non-verbal signs as their primary means of communication. Each of their care staff were seen to be well equipped in understanding each person's non-verbal cues. Staff had choices of activities to offer residents and were seen to engage with residents in a patient and caring way. Staff were seen to assist residents with table top work, personal hygiene, meal preparation and going out for a drive in the car. Staff knew by residents' vocalisations and behaviours which activity they wished or did not wish to engage with. There were examples of this level of interpreting vocalisations throughout the course of inspection. For example, vocalisations were interpreted as to whether or not the person wanted to go out, if they wanted a pen to write, if they wanted to meet with the inspector. The ease at which these communications took place displayed staff motivation and interest in their work.

Residents were seen to gather in the kitchen or the sitting room as they returned following their day at work in the day service. Residents sat in the kitchen while dinner was being prepared. While most residents weren't in a position to actively engage in meal preparation, for some residents it was clear they enjoyed watching the preparations, liked the smell of the food cooking and enjoying the company of staff.

Capacity and capability

The registered provider had ensured that the residents who lived in this centre (two houses) were well supported. This was reflected in overall good levels of compliance across the regulations reviewed.

The governance and management arrangements in the centre were effective and had good oversight systems in place. There was a clearly defined reporting structure with a house manager in each house, supporting the person in charge with the day to day management of the centre.

The provider had prepared a statement of purpose, which reflected the service

provided. The statement of purpose contained the information required as per Schedule 1 of the regulations and overall met the stated aims and objectives which was to provide a community based person centered service where individuals could reach their full potential. The provider had ensured that the service was adequately resourced to deliver the care and support as set out in the statement of purpose.

There was a core team of staff, who were suitably qualified and experienced, to meet the assessed needs of residents. Staff had received training in all mandatory areas. For example, training in fire safety and safeguarding, as well as additional training specific to residents' support needs, such as dementia care, food safety, nutrition and hydration. A formalised supervision process for staff was in place and implemented. From discussions with staff the inspector was satisfied that staff could highlight issues or concerns through staff meetings and through the supervisory arrangements.

The registered provider had facilitated an annual review of the quality and safety of the service, which consulted with residents and their representatives. In addition, the provider carried out six monthly unannounced inspections of the centre and made recommendations for improvement if need be. These reviews generated an action plan which was monitored to ensure implementation. For example the most recent six monthly provider unannounced inspection recommended tracking of individual residents goals. The inspector noted this was implemented in practice. It was clear from the personal plans the inspector reviewed, that notes were maintained as to what had been done to date to achieve the actual goal.

The inspector found that residents appeared happy, relaxed and content. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. Residents and their representatives were supported to make complaints if required and the provider had a clear policy in place which provided guidance for staff on the process to follow if a complaint was submitted. A complaints log was present within the centre. It was noted that no complaints had been made. The inspector encouraged staff to log complaints on behalf of residents who may not be in a position to verbalise such matters.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. The provider took cognisance of the need for residents to receive continuity of care and support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. In addition staff were facilitated to complete specialised training in areas that were pertinent to providing a high standard of care to residents. A clear staff supervision system was in place to ensure staff were assisted to develop their skills and knowledge.

Judgment: Compliant

Regulation 23: Governance and management

The residential service had effective leadership, governance and management arrangements in place and clear lines of accountability. The use of available resources were planned and managed to provide a person-centred, effective and safe environment for the nine adults living in the two homely houses. An annual review and six monthly unannounced inspections were carried out by the provider.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for residents staying the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A system was in place for informing the chief inspector in writing of adverse

incidents occurring in the designated centre. The person in charge ensured that a written report was provided to the chief inspector at the end of each quarter of each calendar year in relation to the use of restrictive practices, any incidents of theft, any injury to a resident, any occasion on which the fire alarm equipment was operated (other than for the purpose of fire practice) or the death of a resident.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure and it included an appeals process. A copy of the complaints procedure was displayed in a prominent position in the centre.

Judgment: Compliant

Quality and safety

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Supports were in place to develop and maintain personal relationships and links with the wider community. For example, residents visited local coffee shops, shopped locally. This not only allowed residents to engage in their preferred activities, it also provided for natural integration into their community. Staff spoke of residents attending Zumba classes in a nearby town, music events across the region and going on short overnight hotel breaks. These activities brought much pleasure to the residents, in particular the overnight hotel breaks. This was a relatively new development for most of the residents and much preparation went into preparing for such an outing. Both residents and staff were pleased with the success of these overnight breaks.

Each resident was provided with care and support by a range of medical, nursing and allied health services. Residents benefited from having the services of a general practitioner (GP) who knew the residents and was in a position to provide GP care when and as required. However, residents in this centre, had a need for psychiatric medical care and several residents were prescribed specific medication. The dosage and type of this medication, was until mid-2019, prescribed by a consultant psychiatrist. This was a medic with a specific expertise in the area of psychiatry and intellectual disability. Residents frequently consulted with this professional and their medication was adjusted as deemed appropriate. In mid-2019 this consultant was no longer available to residents. The vacant position had not been filled. The inspector was informed private psychiatric care or emergency care would be sought should an acute psychiatric incident occur. From examination of the documentation,

from discussions with staff and from meeting with the residents, the inspector concluded that the level of psychiatric medical treatment and support, required by residents, was not being adequately facilitated.

Shortly prior to this inspection, one resident transitioned to another residential house. From discussions with staff it was evident that this transition was managed sensitively. The needs of the resident were an integral part of this transition and the process was conducted at a pace that best suited the resident.

As far as reasonably practicable, each resident had access to and retained control of personal property and possessions. Laundry facilities were available and residents were supported by staff to manage their own laundry. Residents were provided with support to manage their financial affairs, facilitated to bring their own furniture and furnishings and have their rooms decorated according to their individual taste.

In so far as reasonable and practicable, the person in charge and staff ensured residents were supported to be involved in purchasing and preparing food. There were adequate provisions for storage of food. Staff ensured that each resident was provided with food and drink which was properly and safely prepared, cooked and served. Meals were wholesome and nutritious and prepared in well laid out kitchens.

Both houses were laid out to meet the aims and objectives of the service and the number and current needs of residents. The houses were kept in a good state of repair, with an ongoing programme of redecoration in place. For example, work was under way for one resident's bedroom to be repainted. The provider had ensured that such equipment and facilities as may be required for use by residents and staff were provided and maintained in good working order. For example, beds had electric mechanisms allowing them to be easily lowered to the ground to minimise risk of injury if a resident had a seizure. A sit on weighing scales was available to monitor residents' weight and spacious ensembles were provided to facilitate easy access.

The provider had made alterations to the premises to ensure it was accessible to all residents. All door-ways were wheelchair accessible and the shower and toilet facilities were also adapted to suit the needs of wheelchair users. A ramp provided access the front door of the premises.

Risks were identified and managed in a safe and proportionate and considered manner. One minor issue needed to be addressed. An unsecured window blind cord was seen in one resident's bedroom. The inspector was informed this would be addressed as a matter of priority.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and

developmental needs.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction and kept in a good state of repair. There was an ongoing programme of redecoration; for example at the time of inspection, one residents' bedroom was in the process of being repainted. The provider had made alterations to the premises to ensure it was accessible to all.

Judgment: Compliant

Regulation 26: Risk management procedures

In general, risks were identified and managed in a safe, proportionate and considered manner. There was one hazard which had not been identified, namely an unsecured window blind in a resident's bedroom. The inspector was satisfied the matter would be addressed in a prompt manner.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place at least three times a year.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident was carried out. The person in charge ensured that the designated centre was suitable for the purposes of meeting the needs of each resident. For example, equipment was provided to assist with mobility and personal care; each

resident had their own spacious ensuite bedroom and the house was designed and laid out to facilitate the ease of wheelchair movements in and around the centre.

Judgment: Compliant

Regulation 6: Health care

The level of psychiatric medical treatment and support, required by residents, was not being adequately facilitated.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Staff were provided with up to date knowledge and skills, appropriate to their role, to respond to behaviour that was challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The provider made arrangements for each resident and/or their representative to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with families around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Group E - St Anne's Residential Services OSV-0003948

Inspection ID: MON-0025226

Date of inspection: 07/01/2020

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Since inspection maintenance have secured the window blind cord in one resident's bedroom.</p> <p>08/01/2020</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Since inspection the HSE have agreed the restoration of psychiatry supports within this service. Recruitment of a suitable person is currently being looked at by the Mental Health Intellectual Disability Team.</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 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	29/02/2020
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Not Compliant	Orange	30/04/2020