



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 F
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:	10 August 2020
Centre ID:	OSV-0003949
Fieldwork ID:	MON-0030068

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 F consists of two homes, located in a large town, a few minutes drive from each other. Each resident has their own bedroom and most bedrooms have ensuite facilities. In this centre a full-time residential service is provided to a maximum of 10 adults; however, ordinarily no more than nine residents are accommodated in the two homes that make up Group F. In its stated objectives, the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. There is at least two staff on duty during the day in each house. Both houses have a sleeping night staff. Extra staff is provided when and as the need arises, including the provision of in-house day services during the COVID-19 pandemic.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Monday 10 August 2020	11:30hrs to 16:30hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place from at least a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to meet with six of the nine residents on the day of inspection. One of the nine residents was at the family home since the COVID-19 outbreak. Two others were out on a trip at the time of inspection.

The inspector observed a warm, relaxed and comfortable atmosphere in both houses. Residents were keen to speak with the inspector and confirmed to her that they were happy in their homes. One resident stated "I love it here". Residents were eager to speak about the things they enjoyed. In particular they spoke of holidays they had been on. These included holidays overseas. The inspector was shown holiday photographs of smiling faces. At the start of 2020 the expectation was that residents would be going on a similar overseas holiday this year. However, that had to be postponed due to COVID-19. It was interesting to see how the residents coped admirably with this change, considering how important the joy of planning and going on such a trip was for them.

Capacity and capability

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and that such care and support was in accordance with standards. Actions from this audit were in the main, addressed, albeit the painting required in one of the houses was still outstanding. This matter had been brought to the attention of the landlord and progress with it was awaited. The most recent six monthly unannounced provider inspection was carried out on 24 April 2020. The actions generated from this visit such as review of emergency evacuation plans, addition of risks to the risk register and setting new achievable goals had all been attended to.

The inspector discussed with the person in charge, the contingency plan and systems in place to support staff to respond to an outbreak of COVID-19. The inspector was satisfied that these plans placed the ongoing care and welfare of the residents in a position of priority. For example, staff wore masks and temperatures of staff and residents were checked daily. Visitors to the centre were restricted and residents had a good understanding of the measures to be taken to help prevent an outbreak of COVID-19. These measures minimised the risk of

introduction of infection. Cohorting arrangements were planned for if the need arose in the event of an outbreak.

There were clear lines of accountability with the person in charge reporting to a clinical nurse manager. The clinical nurse manager in turn reported to the service manager, who reported to the chief executive officer.

There was evidence that regular staff meetings took place. A staff supervision system was in operation and carried out by the person in charge. Up to date staff training records were available and a system was in place for staff to get refresher training on a regular basis. Staff spoken with, demonstrated knowledge about the care and supports for residents as a result of their training. For example, staff were skilled at understanding what brought joy to residents.

The person in charge had ensured that a regular cohort of staff worked in the house and that there was no cross over of staff from one centre to another. Every effort was made to ensure the well being of regular staff. There was a screening and reporting process to ensure that symptomatic staff did not come on duty. On review of the staff rosters, from speaking with staff and from observation of the needs of residents, the inspector was satisfied that a sufficient number of staff were available to support residents. This included support for residents to partake in community activities and take part in individual activities, albeit that these activities were curtailed due to COVID-19.

A broad range of audits were conducted and included audits of medication management and practices, financial records and person centered plans. The results of these and other audits, along with residents views, informed the annual report.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the documents required for the renewal of the centre's registration. These documents were submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was informed, actively participating and in control of the altered ways of working in the centre. This provided reassurance that practices were appropriately supervised and managed. The person in charge in turn was supported by a clinical nurse manager and a services manager. In addition, the person in charge reported that their colleagues met regularly by video link and supported each other to ensure that effective management continued if one or the other was not or

could not have a presence in the centre.
Judgment: Compliant
Regulation 15: Staffing
The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus.
Judgment: Compliant
Regulation 16: Training and staff development
Discussions with the person in charge indicated that all staff, who had a role in the centre, had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. This training was facilitated by online platforms operated by the HSE.
Judgment: Compliant
Regulation 22: Insurance
Evidence of up to date insurance cover was submitted as required as part of the renewal of registration documentation
Judgment: Compliant
Regulation 23: Governance and management
The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and that such care and support was in accordance with standards.

The inspector was satisfied that effective governance and management arrangements were in place to ensure that proactive action had been taken by the provider to minimise the risk of the introduction of and the transmission of infection.

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

The inspector was satisfied that notifications which were required to be submitted were done so in a timely manner.

Judgment: Compliant

Quality and safety

Over the course of inspection, it was evident that the provider was proactive in ensuring the centre was in compliance with the regulations and standards. There was good consultation with residents, both through documented house meetings and through less formal interactions.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, telephone, computer and the Internet. Overall, the inspector observed a relaxed and informal atmosphere in the centre; a place where each person had space and opportunity to unwind and engage with each other as much or as little as they wished.

There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area and spoke positively of its benefits.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans were updated at least annually. Insofar as was reasonably practicable,

arrangements were in place to meet the needs and preferences of each resident. The plans indicated that a number of goals set for the year had been deferred due to restrictions imposed by the COVID-19 pandemic. In particular goals to go on holidays, visit family or shopping, had been postponed. Overall, the plans showed that they were up to date and informed practice.

The physical facilities of the centre were assessed for the purposes of meeting the needs of residents. For example, en-suite facilities were provided for residents and this facilitated their independence in attending to their own personal hygiene needs. In general, both houses were homely, well maintained and attractively decorated. Each resident had their own room and adequate bathroom facilities were available. However, the ceiling of one house was in need of repair and repainting. This matter was outstanding for some time. The house in question was not owned by the Daughter's of Charity and the repairs needed to be completed by the owners of the property.

Staff were aware of residents underlying health care issues. Medical attention was sought promptly as required. The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge said that this included physical review by their General Practitioner (GP) if this was deemed necessary. The person in charge also described how residents were supported to access other healthcare services both internal and external to the centre. Nursing advice was available on a 24 hour basis.

Despite the constraints of restricted movements and travel, residents partook in exercise and residents spoke of enjoying dance classes. Residents also spoke of contacting their families by phone while visiting was restricted.

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed throughout the duration of this inspection. Where risk had been identified, measures had been taken to manage this risk. For example, staff assigned to this house did not work elsewhere, one resident was facilitated to live at the family home and remained in contact with staff and residents of the house while living with family. Residents were provided with information and helped to understand the precautions such as hand hygiene and cough etiquette, that needed to be taken.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment.

Residents and family members were actively involved in the life of the centre. Residents were empowered to exercise their rights and their independence was promoted. Their choices were respected and accomplishments acknowledged. This approach to service provision resulted in a high standard of social care for residents. This was confirmed to the inspector by what residents said, by what the inspector observed, from what staff reported and via the documentation examined by the

inspector.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. These included, dance classes, drama group, black tie gala dinner, holidays at home and abroad, and access to accredited educational courses. Plans were underway for residents to partake in a self advocacy course

Judgment: Compliant

Regulation 17: Premises

Both houses which made up the designated centre were generally presented in a clean and homely manner. It was observed though that one of the houses required maintenance in some areas. For example, the ceiling in the sitting room was damaged and in need of repair . This matter had been brought to the attention of the owner of the property.

Judgment: Substantially compliant

Regulation 20: Information for residents

Residents were provided with information around the services available via a written and easy to read resident's guide and also via the weekly house meetings that took place. The inspector noted the easy to read guidance available to residents around hand washing, cough etiquette and how to manage visitors to their home. In addition to the written guide, the inspector was informed, and saw it in operation, residents being provided with information around these matters.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. For example, staff assigned to this house did not work elsewhere. Residents were provided with

information and helped to understand the precautions such as hand hygiene and cough etiquette, that needed to be taken.

Judgment: Compliant

Regulation 27: Protection against infection

It was evident from discussions with the person in charge, that infection prevention and control measures were in place and that staff were requested to adhere to these. As discussed in the other regulations, there was access to the appropriate information, and training had been completed with staff. Staff were supplied with PPE and the inspector observed that staff were using these at the appropriate level. There was a requirement (where possible) to physically distance and daily temperature screening of staff and residents. There were facilities for the management of clinical waste and the provider was confident that any above normal level of usage would be stored and managed appropriately. The person in charge was clear on cohorting guidance in the event of an outbreak.

Judgment: 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 varied times of the day and night.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, the provider and person in charge were ensuring that the houses were suitable for the purposes of meeting the assessed needs of each resident. The person in charge had ensured comprehensive personal plans were in place. These plans reflected residents' health, personal and social care needs. The wording and the manner in which goals were set was respectful in tone and in the language used. It was evident from the way the personal plan was written that key workers and those writing the plans were listening to the resident. The resident voice/preferences was portrayed throughout. The personal goals had been reviewed and updated in light of the COVID-19 pandemic. Individual residents' interests were catered for when setting these goals, such as facilitating

tastes in music by obtaining a blue tooth device, nurturing interest in history by visiting local historical sites, and supporting an interest in developing new baking skills.

Judgment: Compliant

Regulation 6: Health care

The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge also described how residents were supported to access other healthcare services external to the centre and the measures taken by staff to protect them from the risk of infection whilst doing so. Nursing advice and care was available from redeployed day centre staff and from senior managers.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a multidisciplinary approach to supporting residents in the management of their stress. Where medication was prescribed there was regular review with regards to its effectiveness.

Judgment: Compliant

Regulation 8: Protection

The provider made arrangements for each resident to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with residents around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training. Staff reported there were no barriers to reporting or discussing any matters with their line management. Robust auditing procedures were in place to ensure residents' finances were accounted for.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and person in charge facilitated residents to participate in and consent, with supports where necessary, to decisions about his or her care and support. Residents had the freedom to exercise choice and control in his or her daily life. For example, great sensitivity was shown in facilitating a resident's choice of clothing. Residents were enabled to have video calls with family members which helped to alleviate the disappointment of not meeting with family face to face and another resident was assisted to learn laundry skills as they expressed a wish to do so. Activities were incorporated in to the daily schedules and residents reported to be content with their routines.

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 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Compliant

Compliance Plan for St. Anne's Residential Services - Group F OSV-0003949

Inspection ID: MON-0030068

Date of inspection: 10/08/2020

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Since inspection the provider has maintained dialogue with landlord with a view to completion of the identified works in this area. These identified works were previously assessed by the landlord. The landlord has been requested to forward a time bound plan for completion of same.</p> <p>The provider is committed to attending to the outstanding maintenance matters as identified in the body of inspection report within a short time line if landlord does not meet its obligations in this matter.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2020