



# 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 G
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	01 September 2020
Centre ID:	OSV-0003950
Fieldwork ID:	MON-0030077

## 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 five adults. 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 have on-site day services and transport is available to facilitate day service activities. 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 premise is a bungalow located on the outskirts of a village. Each resident has their own bedroom. There are communal kitchen, dining and bathroom facilities and a spacious back garden.

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. Nursing support is also available to residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
--	---

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 1 September 2020	10:10hrs to 15:15hrs	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 the person in charge 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 four of the five residents on the day of inspection. All five residents communicated in a non verbal manner. One of the five residents was out for walks with staff throughout the day. This was in line with what best suited their needs on the day of inspection.

The inspector observed a warm, friendly and comfortable atmosphere in the house. On arrival at the centre, one resident was relaxing in the sitting room, another was waiting to go out of doors with a staff member and two others were already out and about. One resident was in bed. From observations, from documentation seen and from meeting with staff, the inspector was satisfied that, four of the five residents were happy in their home. Their behaviours were such that indicated this. Whether it was walking around the house, sitting in the garden or enjoying a snack, the four residents with whom the inspector met appeared at ease. However, for one resident, living in this house with four others was a challenge. This was evidenced by their behaviour often displayed on returning to the house.

## Capacity and capability

The centre was well resourced in terms of staffing levels and general house facilities. Every effort was made to ensure the effective delivery of care and support in accordance with the statement of purpose. The provider, person in charge and staff strived to understand the underlying reasons why one of the residents had recently found it a challenge living in the house. Up to 18 months previously, this resident had lived happily in their home. From speaking with staff it was clear they took great interest in trying to resolve the issue and very closely monitored all behaviour cues to try and gain as clear an understanding as possible as to the reason for a significant increase in the number of behaviours that were challenging, particularly in the last few months. It was possible that the disruption caused to the daily routine by COVID-19 was partly responsible but probably not entirely.

There were management systems in place in the centre that worked towards providing a service that was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual (or more frequent if required ) review by the multidisciplinary team of each resident's needs. The management systems also 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. For example, the most recent six monthly unannounced provider inspection was carried out on 25 May 2020. The actions generated from this visit such as updating resident goals had been addressed. 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. An audit of incidents indicated an increase in staffing levels was needed. This was seen to have been implemented.

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 were supported to understand 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 certain in their views that residents received respectful care. Staff felt that overall residents enjoyed a good quality of life, albeit that for one resident this was an issue. The inspector was keenly aware of the concern staff showed in trying to understand the meaning of the behaviours and bring about a resolution.

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.

## 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 centre was well resourced in terms of staffing levels and general house facilities. Every effort was made 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 worked towards providing a service that was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual (or more frequent if required ) review by the multidisciplinary team of each resident's needs. The management systems also 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.

Judgment: Compliant

### Regulation 3: Statement of purpose

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

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 consultation with residents and their families, both formally and informally.

Staff were attuned to each resident's communication needs. Residents had access to television, radio, music, a spacious garden and three vehicles. Overall, the inspector observed an informal atmosphere in the centre; a place where every effort was made for each person to have space and opportunity to unwind and engage with each other as much or as little as they wished. Nonetheless, it was also clear that the communications of one resident posed challenges and were difficult to interpret. The person in-charge, the house leader and the staff were committed to working



with the resident to find the root cause of the resident's change in behaviour and resulting restlessness.

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. The person in charge was a trainer for this programme.

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. The plans indicated that a number of goals set for the year had been rescheduled due to restrictions imposed by the COVID-19 pandemic. In particular goals to go on holidays had been postponed or rescheduled. Overall, the plans showed that they were up to date and informed practice.

However, while plans were satisfactory in the most part, the centre was not meeting the changing needs of one resident in terms of assessment and reassessment of needs. This was evidenced by the frequency of behaviours that were challenging. For example, in 2018 and 2019 this resident did not require any PRN medication (medication given on an as required basis). However, to date in 2020, medication for sleep was administered 10 times and medication for anxiety was administered on seven occasions. Clear protocols were in place for the administration of these medicines but the need to use them indicated that the resident had changing and unmet needs. In addition, there had been notifications submitted to HIQA of peer to peer issues involving the resident having altercations with others. Also a monitoring chart showed a significant increase in the number of self-injurious behaviours. Following the most recent multidisciplinary meeting, a further review by a psychiatrist was to take place and the placement of this resident was to be discussed at the upcoming meeting of the Admissions, Discharge and Transfer committee. All this was indicative of the effort put in to manage the situation; however, the matter remained unresolved at the time of inspection and was having an adverse impact on residents.

The physical facilities of the centre were assessed for the purposes of meeting the needs of residents. There were adequate private and communal facilities albeit that for one resident, sharing a house with four other residents and their staff was not ideal. This resident liked a quiet environment and their recent behaviours suggested that the quietness they needed was not always possible in their current home. This matter was being followed up with the multidisciplinary team, the person in charge, the provider and the admissions, discharges and transfers committee.

In general, the house was homely, clean and well maintained. Given that there were five residents and four staff in the house most days, it was clear monitoring was needed to ensure the decor and upkeep of the premises remained satisfactory. Some regular maintenance work had been delayed due to restrictions around non essential personnel entering the house. The inspector was satisfied that whatever minor internal issues needed to be attended to, would be addressed once the risk to residents, presented by COVID-19, had reduced. An area of the premises that did need attention was the front garden wall. It was in need of washing and

painting and was a task that could be completed without risk to residents.

Staff were aware of residents underlying health care issues. Medical attention was sought promptly as required. 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 including psychiatric and psychological support. Nursing advice was available from a clinical nurse manager who was on call 24/7. In addition, a part time nurse worked in the house and was very familiar with the residents.

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, the risk of peer to peer issues was high. Additional measures such as extra staffing helped to reduce the risk. However, the risk remained and work was ongoing in finding ways to reduce it further.

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.

### Regulation 17: Premises

An area of the premises that needed attention was the front garden wall. It was in need of washing and painting and was a task that could be completed without risk to residents.

Judgment: Substantially 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. The controls were discussed throughout the duration of this inspection. Where risk had been identified, measures had been taken to manage this risk.

Judgment: Compliant

## Regulation 27: Protection against infection

Infection prevention and control measures were in place and staff were requested to adhere to these. 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. Daily temperature screening of staff and residents took place. There were facilities for the management of clinical waste. The person in charge was clear on cohorting guidance in the event of an outbreak of COVID-19.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

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. However, while plans were satisfactory, the centre was not meeting the needs of one resident. This was evidenced by the expressed behaviour of the resident, the number of peer to peer incidents and the increased need to administer medication to assist the resident with sleep and anxiety matters.

Judgment: Not 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 the attitude and tone used by staff when communicating with residents who were non verbal in their communications. Activities were incorporated in to the daily schedules.

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>	
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
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not 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 G OSV-0003950

Inspection ID: MON-0030077

Date of inspection: 01/09/2020

## 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 painting work for the centre has been completed.</p> <p>02/10/2020</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Since inspection there has been a further review by the psychiatrist in consultation with the GP on 25/09/2020. Further reviews will take place as required. An MDT meeting was held on 22/09/2020. An assessment of need has been completed to review placement on 28/09/2020. The occupational therapist has completed a sensory assessment and Speech and Language have completed a communication assessment. The positive behavior support plan was reviewed by Psychology and the provision of Active Support was recommended. This training was completed on 02/10/2020. An individual timetable has been developed to facilitate preferred activities and a low arousal environment. The residents care plan and individual risk assessments were reviewed and updated to reflect current supports. A review of the outside environment has taken place to develop an individual space for the service user. The resident was facilitated to go on holidays giving him a break from his home environment.</p> <p>The service is seeking to utilise all resources available to support the resident by understanding his behaviours in the context of the environment he lives for example in conjunction with the psychologist close monitoring of behaviours whilst on the holiday</p>	

may provide an insight to his behaviours within the home through analysis of the information gathered. The resident is now afforded a staffing level to offer a bespoke day service which will remove him from his home environment and offer individualized supports of his choosing. It is envisaged that his peers will resume a modified day service provision outside of the home in the near future which will afford a quieter environment.

Close monitoring will take place in the centre re the impacts and concerns of the residents in relation to behaviours of concern.



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	02/10/2020
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	02/10/2020