



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

## Issued by the Chief Inspector

Name of designated centre:	Group J - St. Anne's Residential Services
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	04 February 2020
Centre ID:	OSV-0005158
Fieldwork ID:	MON-0023029

## 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 four 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. Residents attend a variety of day services, including off site day services and day services based at the house. This is part of the individualised programme of care for each resident. 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 a spacious two storey house. Each resident has their own bedroom and three share communal, dining and bathroom facilities. One bedroom is en-suite. The house is located on 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 social care staff with nursing staff support as need be. 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 staff and by senior management personnel. Ordinarily there is two to three staff in the house during the times residents are in the house. At night time there is one sleep over staff.

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

Number of residents on the date of inspection:	4
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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
Tuesday 4 February 2020	09:00hrs to 17:45hrs	Margaret O'Regan	Lead

## What residents told us and what inspectors observed

Over the course of the one day inspection, the inspector met with the four residents who lived in the house. This is a service which offers support to residents who have complex disability and behavioural challenges. Three residents accessed day services in two nearby day services, some of which were operated by The Daughters of Charity and some which were operated by another agency. One resident's day service operated from their home. Two staff accompanied this resident on outings. Staff, from both residential and day support, interacted and worked in a way that ensured a holistic and seamless service was received by residents.

All residents with whom the inspector met were able to converse with the inspector. Non-verbal signs were also an important communication tool to understand. Each of the 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 preparing to go to day services, personal hygiene, meal preparation and going out for a drive in the car.

The ease at which communications took place displayed staff motivation and interest in their work. Residents were seen to gather in the kitchen before and after their day's work. All residents had capacity to engage in some household duties and unsurprisingly, some were more interested in household work than others.

## Capacity and capability

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

In general, the governance and management arrangements in the centre were effective and good oversight systems were in place. The person in charge was responsible for the day to day management of the centre and another centre within the locality. She was an experienced member of staff, having worked with this cohort of residents for over 17 years, prior to taking up the person in charge role in January 2019. The person in charge was supported in her position by an experienced nurse manager. Formal monthly meetings were held between the services manager and the person in charge. The person in charge in turn held monthly meetings with staff.

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. Overall it met the stated aims and objectives which was to provide a community based person centered service where individuals could reach their full potential in an environment where the culture was love, respect and creativity for all. The provider had ensured that the service was adequately resourced to deliver the care and support as set out in the statement of purpose. The statement of purpose was current, having been updated in January 2020. An easy to read version of the document, set out in pictorial format, was available to residents.

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 epilepsy, food safety and hand hygiene. 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. Staffing levels were adequate and adjusted as residents' needs changed. One member of staff was on sleepover duty each night. At other times there were between two and three staff available to residents. It was clear that the staffing arrangements facilitated an individualised service and facilitated residents to engage in a wide and diverse array of interests and activities.

The registered provider had undertaken an annual review of the quality and safety of the service, which consulted with residents and their representatives. The most recent annual review was carried out on 6 January 2020, shortly before this inspection. The review recommended that two residents had separate activities to minimise the risk of peer to peer challenges. The inspector was satisfied that this recommendation had been taken on board and that these residents were facilitated to engage in separate events. In particular, one resident was facilitated to socialise and visit friends living in another house. This appeared to be an activity the resident enjoyed and something which enhanced their social skills. The inspector was satisfied that the person in charge and members of the senior management team, all of whom were familiar with the needs of all residents, were in a position to keep the appropriateness of the current living and social arrangements under constant review and that these arrangements would be altered should the need arise.

The provider also carried out six monthly unannounced inspections of the centre and made recommendations for improvement. These reviews generated an action plan which was monitored to ensure implementation.

In the written responses the inspector received from residents about the service they received, all stated they were happy in their current home. The inspector observed residents looking 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. The inspector saw that complaints made had been documented and resolved.

#### 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

#### Registration Regulation 7: Changes to information supplied for registration purposes

The provider had submitted the required documentation regarding changes to persons participating in the management of the centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. While this person was in charge of more than one centre, the inspector was satisfied that she could ensure the effective governance, operational management and administration of the designated centres. The post of person in charge was full-time and the post holder had the required qualifications, skills and experience necessary to manage the centre.

Judgment: Compliant

#### 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 22: Insurance

Evidence of current insurance cover was submitted as required as part of the renewal of registration documentation.

Judgment: Compliant

### Regulation 23: Governance and management

In general, the governance and management arrangements in the centre were effective and good oversight systems were in place. Formal monthly meetings were held between the services manager and the person in charge. The person in charge in turn held monthly meetings with staff.

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 person in charge was aware of the requirements around 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 or any injury to a resident.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure and it included an appeals process. Residents had access to advocacy services and partook in advocacy meetings. 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, nearby amenities and shopped locally. One resident was involved in a community drama group, distributing brochures and other activities associated with producing a successful play. This resident was also involved in a local football club and attended functions with the football team. These were activities that were important in residents' lives and they also provided for integration into their community. Staff spoke of residents attending and partaking in evening classes, music events, cinema, bowling, swimming, basketball, pottery, mindfulness, art and going on short overnight hotel breaks. One resident was planning a trip to Scotland to see Scottish castles. History and in particular castles, were a source of immense interest to the resident. On the day of inspection this resident, in the company of staff, went to visit a castle in a nearby city.

Residents used modern technology to support their interests such as listening to music

via the Internet, via their smart phones and other computer type devices. Another resident had an interest in gardening and partook in this activity at their day service. The resident also prepared firewood as part of their work programme. The firewood preparation was a commercial enterprise for which the resident received payment.

Another aspect to developing community integration was the manner in which residents engaged in creative fund-raising and other social community events. For example, one resident had fundraised for a national disability organisation, of which the resident was a member. This was done through hosting an ice cream party. Another resident worked in a local second hand clothes shop and a third resident was a member of the local community housing estate group and collected money for communal gardening activities.

Residents were supported to engage in personal development, not only from the individualised programme of activities and the support of regular staff but also through educational programmes in understanding relationships. For some residents this was an important part of their personal development. Contact with families and friends was nurtured, with residents regularly spending time in the homes of their family or good friends. An independent advocate was available to residents and also available was a member of the community Gardaí. These persons supported residents in maintaining their own safety, increasing the residents understanding of their rights and mentoring residents in the giving and receiving of respect. A small private sitting room was available to residents, if or when they needed to meet with family, friends or staff in private.

Each resident was provided with care and support by a range of medical, nursing and allied health services. Residents choose their own 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 medication for their mental health. 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. One resident was availing of psychiatric support from community care services but the inspector was informed that for the other residents, community psychiatric care was not currently available. 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, from meeting with the residents and from noting incidents that occurred in a resident's day service, the inspector concluded that the level of psychiatric medical treatment and support, required by residents, was not being adequately facilitated. The consultant psychiatrist position remained vacant at the time of this inspection, albeit that the inspector was informed that recruitment for the post had recently been sanctioned.

Other aspects of health care support were well catered for. For example, nursing support was available to all residents, a multidisciplinary team engaged in reviewing the resident care needs on a regular basis and dental care was accessible to all.

Residents had the support of a clinical psychologist and this was an important aspect of maintaining residents' wellbeing. Any restrictive practice was reviewed at least annually by a restrictive strategy committee. The focus of the committee was to continually reduce restrictions and at the time of this inspection, little or no restrictions were in place. There was also evidence that in the past two years, and prior to the vacancy of consultant psychiatrist, one resident's anti-depressant medication was reduced and eventually discontinued. Behaviour support plans were in place where there was an identified need for these and again, these were kept under constant review. Health promotion was incorporated into daily life with residents being encouraged to exercise and eat healthily.

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 a well laid out kitchen.

The house was laid out to meet the aims and objectives of the service and the number and current needs of residents. The house was kept in a good state of repair and was attractively decorated. Equipment and facilities were provided and maintained in good working order. There was a spacious garden. The provider had made alterations to the premises to ensure it had accessible shower and toilet facilities.

Risks were identified and managed in a safe and proportionate and considered manner. Precautions were in place to minimise the risk of fire. Fire-fighting equipment was checked and serviced regularly, fire drills took place and emergency evacuation plans were kept up to date for each resident.

## Regulation 10: Communication

The provider ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. Residents had access to a telephone and appropriate media, such as television, radio, computer tablets and Internet. The person in charge ensured that staff were aware of the particular and individual communication supports that each resident required. Visual aids and communication passports were used to aid communication.

Judgment: Compliant

### Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their wishes. Residents were free to receive visitors without restriction and suitable communal and private facilities were available. From discussions with the person in charge and with staff, it was clear that families and friends were involved in each resident's life and that staff actively engaged with families to ensure the best outcome for residents.

Judgment: Compliant

### Regulation 12: Personal possessions

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

Judgment: Compliant

### 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. For example, residents used amenities, 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.

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. The provider had made alterations to the premises to

ensure it had accessible bathroom and toilet facilities.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
Residents were communicated in formal and informal ways. There were regular house meetings, a communication passport was in place for each resident and a resident's guide was available.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
Risks were identified and managed in a safe and proportionate and considered manner.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
Practices in relation to infection prevention and control were good. Staff were trained in proper hand-washing techniques. Facilities for hand-washing were good.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
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 several times a year.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>

A comprehensive assessment of the health, personal and social care needs of each resident was carried out. The person in charge continuously reviewed the suitability of the premises for the purposes of meeting the needs of each resident.

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 residents around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was operated in a manner that showed respect for each resident and their families.

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
Registration Regulation 7: Changes to information supplied for registration purposes	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
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Group J - St. Anne's Residential Services OSV-0005158

Inspection ID: MON-0023029

Date of inspection: 04/02/2020

## 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 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Funding has been approved and secured to re-instate psychiatry services. The Service is currently actively trying to source same.  Proposed timescale: 25/09/2020	

## 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 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	25/09/2020