



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 I
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:	24 June 2020
Centre ID:	OSV-0005161
Fieldwork ID:	MON-0029579

About the designated centre

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

St. Anne's residential service: Group I is a residential service located in Co. Tipperary. The service currently provides full time residential supports to four adults over the age of eighteen whom present with an intellectual disability. The service is operated on a 24 hour 7 day a week basis ensuring residents are supported by a competent and appropriately skilled staff time at all times. Residents are supported to participate in a range of meaningful activities and are consulted in the day to day operations of the centre. Individuals are supported to reach their full potential in accordance with evidence based best practice whilst their independence and life skills' training is encouraged.

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
Wednesday 24 June 2020	09:30hrs to 14:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and spend time with residents present on the day of inspection. The centre was a hive of activity with residents coming and going. All activities were completed in accordance with national COVID 19 guidance. One resident said they were looking forward to getting out of the house and going for a drive and maybe a cup of coffee.

A number of residents showed the inspector their bedroom. One resident proudly showed blankets they had knitted for charity and their ample selection of wool. They also enjoyed completing jigsaw puzzles and were busy in the living room completing a large one. Another resident showed the inspector their picture that they were colouring in. They spoke of how happy they were and that all the staff were very good.

Staff interactions with residents were observed to be positive in nature. Residents were encouraged to participate in a range of activities and house hold chores to promote independence and learn new skills. Social distancing was encouraged and residents spoke of understanding for the need to wear face masks.

Capacity and capability

St. Anne's residential service: Group I presented as a service where the registered provider was implementing measures to strive to achieve a high level of compliance and adherence to regulation. Through the appointment of a clear governance structure and overall effective monitoring systems, service users were provided with a safe, effective and person centred service. A plethora of actions had been completed since the previous inspection to ensure compliance with regulations.

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. The person in charge was actively completing their regulatory required duties. For example, a statement of purpose for the designated centre was in place which was regularly reviewed. The person in charge was supported in their role by an appointed team leader. They reported to the individual appointed to the role of persons participating in management. The governance team within St. Anne's residential service: Group I met on a monthly basis to discuss the operations of the centre. This meeting afforded the opportunity to set out roles and responsibilities for the coming month including the allocation of audit duties and health and safety.

The registered provider had ensured the completion of organisational level monitoring systems such as the regulatory required annual review of service provision and six monthly un-announced visits to the centre. These systems

incorporated input from residents and their families where possible and were utilised to drive improvements in the service. Six monthly un-announced visits to the centre were now implemented by a delegated person. Actions required, following implementation of same were monitored by the person in charge who ensured their completion within a set time frame. At centre level the person in charge implemented a range of monitoring systems to ensure the provision of a safe and effective service. These included financial audits, medication reviews and self-assessment audit of service provision. Where actions were required these were addressed through a time bound action plan.

One allocated duty of the team leader was staff supervision. These were implemented through on site supervision and communication meetings. These meetings were a format for staff to raise any concerns they may have with regard to service provision. Measures were not in place to ensure all staff allocated to complete duties within the centre had received mandatory training including refresher training such as, in the safe administration of medication.

The registered provider had ensured the development of an effective complaints procedure. Through an organisational policy, staff and residents were provided with guidance on procedures to adhere to should a complaint arise. Through review of the complaints log it was evident that residents are supported and facilitated to submit a complaint should they wish. Complaints were addressed in a timely manner with the satisfaction of the complainant achieved. Details of the complaints officer were visible throughout the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider ensured a full application for renewal of registration was submitted in a correct and timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider has appointed a suitably qualified and experienced person in charge to the designated centre. This person possessed the necessary skills to complete their governance role to a high standard. They were supported in their role by an appointed team leader.

Judgment: Compliant

Regulation 16: Training and staff development

Measures were not in place to ensure all staff allocated to complete duties within the centre had received mandatory training including refresher training such as in the safe administration of medication.

The person in charge had ensured that all staff had received appropriate supervision.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider has ensured the appointment of a clear governance structure to the centre. Through monthly meetings within the governance team, clear lines of accountability were in place. Roles and responsibilities were clearly laid out.

Effective systems were in place to ensure organisational oversight was in place including the implementation of an annual review of service provision and six monthly unannounced visits to the centre. At centre level the person in charge with the support of the team leader ensured effective monitoring systems were in place which enable compliance with regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the Statement of Purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place which gave clear guidance for staff in the procedures for addressing a complaint. No complaint was active on the day of inspection

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of St. Anne's residential service: Group I and found that a person centred approach to supports was afforded to residents, which ensured that residents were consulted, participated in decisions relating to their care. Residents were consulted in the day to day operations of the centre through attendance at a weekly meeting in the centre where such things as evening and weekend activities and menus were discussed. The centre presented as a warm homely environment which was tastefully decorated. Through comprehensive review of service provision following a previous inspection, compliance with regulations was promoted in aspects of service provision.

Each resident had a comprehensive and individualised personal plan in place. The personal plans provided guidance for staff on the multi-disciplinary support needs of residents in a clear concise manner including speech and language guidelines and occupational therapy. The person in charge had ensured the plans were regularly reviewed to ensure the effectiveness of the plan. However, some minor improvements were required to ensure that all aspects of residents' changing needs were addressed in a timely manner. Staff were very cognisant to the health care needs of residents and could clearly articulate their supports needs.

The registered provider had ensured the provision of an appropriate service to each individual based on their assessed needs. Each resident was afforded with ample opportunities for participation in meaningful activities in accordance with their unique hobbies and interests. On the day of the inspection residents were observed to be out and about in the local community and participating in activities within the house such as baking and knitting. One resident was knitting a blanket. Personal goals had been developed for each resident to enhance activities which residents enjoyed. Goals had been reviewed during the COVID 19 pandemic to ensure that whilst adhering to national guidance residents continued to be afforded with meaningful lives.

The registered provider had ensured that the service provided was done in a manner which promoted the safety of residents. Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which

also contained the regulatory required information. The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk. For example, manual handling needs and safeguarding. However, the risk management policy available to staff on the day of inspection was out of date.

Measures were in place regarding the detection, response and management of fire with clear systems, equipment and preventative and responsive control systems in place. Due to the changing needs of one resident a full review of evacuation procedures was required to ensure all residents could be evacuated safely. Safeguarding policies and practices were clearly understood by staff and there was evidence in place of follow up and appropriate investigation where allegations were made.

Regulation 13: General welfare and development

The registered provider had ensured the provision of an appropriate service to each individual based on their assessed needs. Each resident was afforded with ample opportunities for participation in meaningful activities in accordance with their unique hobbies and interests

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect to the designated centre and ensured a copy was available to all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk.

Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured effective measures were in place to ensure adherence with best practice with regard to infection control.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective measures were in place for the detection and containment of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in a timely manner. Residents were supported to participate in evacuation drills. Improvements were required to ensure that evacuation procedures in place addressed the changing needs of all residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive and individualised personal plan in place. The personal plans provide guidance for staff on the multi-disciplinary support needs of residents in a clear concise manner. Personal goals had been set following consultation with the resident with clear evidence of progression.

The person in charge had ensured the plans were regularly reviewed to ensure the effectiveness of the plan. Some minor improvements were however required to ensure all aspects of changing needs were addressed in a timely manner.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured residents were supported to achieve the best possible physical and mental health.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. This incorporated consultation with the resident.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted all aspects of their support needs.

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 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services - Group I OSV-0005161

Inspection ID: MON-0029579

Date of inspection: 24/06/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since the inspection risk assessments have been updated regarding medication management training. All staff who have been unable to attend training will review the Medication Policy, and complete the HSEland online medication management training and all staff requiring refresher will have a supervised medication practical completed by 28/08/2020. Guidelines to support the restoration of essential training during Covid were issued 04/08/2020 and following same further training in medication management has been arranged for 19/09/2020 which will meet the need in this centre.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Since the inspection a manual handling review was completed by manual handling instructor regarding the emergency transfer of service user in the event of a fire 24/06/2020. The OT completed a manual handling assessment on 29/06/2020 and a new sling has been sourced to support the service user to transfer safely in an emergency night time situation. The resident's care plan has been updated to reflect the changing needs.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Since the inspection the resident's plan of care has been reviewed and updated to address their changing needs. A manual handling assessment was completed on 28/08/2020 and a new sling has been sourced to support the service user to transfer safely in an emergency night time situation.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/08/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is	Substantially Compliant	Yellow	31/08/2020

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/08/2020