



Office of the Chief Inspector

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

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:	Unannounced
Date of inspection:	28 June 2019
Centre ID:	OSV-0003949
Fieldwork ID:	MON-0021137

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 units, a large terrace-style two-storey house and large semi-detached two-storey house. Both units are located in a town. The designated centre provides a residential service for up to 10 residents, over the age of 18 of both genders, with intellectual disabilities and behaviour support needs. Each resident has their own bedroom and both units contain bathrooms and staff rooms/offices. Facilities in the terrace style house include a TV room, a sitting room and a kitchen/dining area. The semi-detached house has a kitchen/dining room, a sitting room, a conservatory and a relaxation/visitors room. Staff support is provided by a care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

8

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
28 June 2019	09:00hrs to 17:00hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met four of the residents who lived in the terrace-style unit of the designated centre at the outset of this inspection which took place on a Friday. Some of these residents were enjoying their breakfast while others were watching television. All of the residents were preparing to attend a day service away from centre while one resident was also getting ready to visit their family for the weekend. Residents were seen to interact well with each other and also with staff members present.

Before these residents left to attend their day services, the inspector had an opportunity to speak with one of them. The resident said that they liked living in the centre and that they visited their family every second weekend. The staff working in the designated centre was also commented on positively by this resident who spoke about the help they were getting from one staff member to develop their individual personal plan. This resident was staying in the centre for the weekend and talked about how they were going to spend this time which included going to the cinema and attending a relative's birthday party. The resident also spoke about going on a foreign holiday recently which they enjoyed and showed the inspector a photo taken of them during this holiday.

The inspector visited the semi-detached unit of the designated centre in the afternoon. Five residents lived there but the inspector was informed that one of these residents did not receive a full-time residential service and was not present in the centre the week of this inspection. On arrival all of the remaining four residents were out attending their day service and the inspector was told that two of these residents would be going home to their families for the weekend without first returning to the centre.

As a result two residents were to remain in this unit for the weekend and the inspector met one of these. This resident told the inspector that they liked living in the centre and were happy with their bedroom (which the resident showed the inspector). The resident also indicated that they liked the staff and were happy living with the other people in this unit. Staff members present were observed to engage in a pleasant manner with this resident. Before the end of inspection the resident was seen to be supported by staff to leave the unit to collect the other resident staying for the weekend before both residents were due to go to the cinema.

Capacity and capability

This inspection found that the registered provider had taken action to address areas for improvement identified during the previous HIQA inspection and ensured that the designated centre had complied with their conditions of registration. This was reflected in an overall good level of compliance across regulations reviewed.

This designated centre was previously inspected in June 2017 where areas for improvement were found in areas such as maintaining residents' privacy, individual personal plans, the maintenance of the premises provided and fire safety. The issues identified did not provide sufficient assurance that the management systems in place were effective to ensure that the service provided to residents was safe and appropriate to residents' needs. After the provider submitted an action plan to respond to these issues, the centre was subsequently registered until January 2021 to provide residential services for up to 10 residents with an additional restrictive condition that required the provider to install additional fire containment measures in one unit of the centre.

During the current inspection it was found that the management systems were operating so as to ensure that residents received a safe and quality service while they lived in the designated centre. The centre was regularly monitored and evaluated by the registered provider to ensure improved outcomes for residents. For example, audits in areas such as health and safety were being carried out with such audits assigning responsibility for responding to areas for improvement identified. It was also noted that the provider was carrying out the requirements of the regulations to monitor the quality and safety of care and support provided to residents. Because of such systems and actions taken by the provider it was noted that there was an improved level of compliance while the provider had ensured that the restrictive condition had been met.

It was evident that the running of this designated centre was supported by clearly defined governance arrangements and structures that set out lines of authority, accountability and responsibility. This structure included the person in charge who had been appointed to this role in July 2018. The provider had ensured that the person in charge met the requirements of the regulations in terms of their experience and qualifications before appointing them to the role. The person in charge was met during this inspection where they demonstrated a good knowledge of the residents living in the centre and discussed the systems they had in place to manage and oversee the centre.

As part of this the person in charge provided supervision and support to staff members to ensure that they were carrying out their duties to protect and promote the care and welfare of residents living in the designated centre. Staff team meetings were taking place regularly and it was also noted that staff were provided with training to equip them with the necessary knowledge and skills to support residents. Training records reviewed indicated that staff members working in the centre had been provided with training in areas including fire safety, safeguarding, manual handling and medicines. Staff members spoken with during this inspection demonstrated a good knowledge of the residents living in the centre and were able to discuss how they supported residents.

It was also observed that the provider had avoided excessive use of casual, short-term, temporary and agency staff by ensuring that a continuity of staff was provided for. Such a continuity is important to ensure that a consistency of care and support is maintained while also ensuring that professional relationships are not disrupted. The staffing arrangements overall were found to be suitable to meet the needs of residents living in this designated centre while also reflecting the size, layout and purpose of the centre. Staff members present during this inspection were observed to interact well with the residents they supported.

Regulation 14: Persons in charge

The provider had appointed a person in charge who met the requirements of the regulations in terms of their knowledge and experience. The person in charge was responsible for one designated centre only and demonstrated a good knowledge of this centre and the residents who lived there.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents. This included a continuity of staff support which was reflected in the planned and actual staff rosters maintained in the designated centre. Staff files were held centrally and so were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training in various areas including medicines and manual handling. Staff team meetings took place regularly while systems were in operation to ensure that staff received regular supervision.

Judgment: Compliant

Regulation 23: Governance and management

The management systems and organisational structure in place had ensured an

improved level of compliance overall. As required by the regulations, the provider had been carrying out unannounced visits to this designated centre every six months. Written reports of such visits were available for the inspector to review which included action plans to address any issues highlighted. Annual reviews, another requirement of the regulations, were also being carried out. Copies of such reviews were maintained which included the outcome of consultation with residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on the complaints procedure in use was provided in both units of the designated centre while complaints were discussed with residents during regular resident meetings. A log of recorded complaints was maintained also which included details on the nature of any complaints made, any action taken on foot of the complaints and whether or not the complainant was satisfied with the outcome.

Judgment: Compliant

Quality and safety

The inspector was satisfied that residents were well supported while being encouraged to engage in various activities and develop new skills. Some improvement was noted to be required in areas such as medicines and maintenance of one of the units that made up this designated centre.

Arrangements were in place for residents to develop and maintain personal relationships and links with the community. For example, it was seen that residents were supported to maintain contact with their families and were involved in various activities such as going to the cinema, attending concerts and going to see greyhound racing. It was also seen during the inspection that residents were supported to go on short trips away in Ireland in addition to foreign holidays. One resident showed the inspector a photo taken of them while a recent holiday abroad and indicated that they enjoyed this holiday. Providing for residents' social needs in such ways was in keeping with residents' personal plans. Such plans are important to outline the services and supports to be provided to residents to achieve a good quality of life and realise their goals.

Based on the overall findings of this inspection residents were well supported in this regard. When reviewing residents' personal plans it was seen that residents were being encouraged to develop new skills. For example, during 2019 one resident had

been supported to develop a new craft. It was also seen that residents were supported to actively participate in the running of the designated centre. This was achieved by regular resident meetings that were held in each unit of the centre while residents were involved in developing their personal plans. The inspector was also informed that one resident represented the unit they lived in as part of a group of service users that met regularly with senior management. When meeting senior management through this group, this resident was able to advocate on matters which impacted residents living in their unit.

Appropriate arrangements were in place to ensure that residents' safety was promoted. For example, there was a risk management process in place while health and safety checks were conducted weekly. It was also seen that there were appropriate procedures in use to ensure that each resident living in the centre was protected from all forms of abuse. For example, good procedures were observed to be in place with regard to safeguarding residents' finances with any money stored securely and clear records maintained. Records reviewed indicated that staff had been provided with relevant safeguarding training. Residents were observed to be comfortable and relaxed in the presence of the staff members on duty and their fellow residents during this inspection.

HIQA's previous inspection of this centre in June 2017 had found there was inadequate arrangements in one of the units to contain the outbreak of a fire. Since then the provider had ensured that fire doors were installed throughout this unit. Such doors help to prevent the spread of smoke and fire. It was also seen that in both units of the designated centre there was appropriate fire safety systems in place which included fire alarms, emergency lighting and firefighting equipment. These were being monitored and serviced regularly to ensure they were in proper working order. Staff members were also provided with fire safety training and demonstrated a good knowledge of any supports that residents needed to evacuate the centre in a quick and safe manner if required.

The previous inspection of this centre had also highlighted that residents' privacy and dignity was not respected in relation to intimate personal care due to the location of a downstairs bathroom in one unit of the centre. Since that inspection residents had recently reviewed intimate personal care plans in place to guidance staff practice in this area and staff members spoken with demonstrated a good knowledge of these. In addition, the provider had refurbished an upstairs bathroom in the unit which meant that most residents now used this bathroom rather than the downstairs bathroom. It was observed though that in this unit there was some areas where additional maintenance was required such as cracked paintwork and a damaged kitchen press door. However, it was also noted that other maintenance work such as replacing the floor in the other unit of the designated centre had been carried out.

Both units of the designated centre contained appropriate facilities for medicines used by residents to be stored securely. Such storage facilities were viewed by the inspector and found to be neatly organised. A sample of medicines records were reviewed which contained all of the required information while such records indicated that medicines were given to residents at the prescribed times. While staff

supported residents with their medicines, it was noted during the inspection that residents had not been assessed to determine if they could administer their own medicines independently of staff. Medicines training had been provided for all staff but it was noted that one staff member did not demonstrate a full awareness of when a particular PRN medicine (medicine to be taken when required) was to be given.

Regulation 13: General welfare and development

Residents were facilitated and supported to maintain personal relationships with their families and to engage in activities such as going to the cinema and being involved in Special Olympics. Residents were being encouraged to develop and improve existing skills such as hairdressing and particular crafts.

Judgment: Compliant

Regulation 17: Premises

Both units which made up the designated centre were generally presented in a clean and homely manner. It was observed though that one of the units required maintenance in some areas. For example, it was seen that a kitchen press door was damaged and there was some cracked paintwork observed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A risk management process was in use for this centre. As part of this there was a risk register in place which detailed identified risks and outlined the control measures to mitigate the potential impacts of such risks. Individual residents also had risk assessments in place that contained similar information. Such risk documents were noted to have been recently reviewed. There were systems in place for the recording of any accidents and incidents while weekly health and safety checks were being carried out.

Judgment: Compliant

Regulation 28: Fire precautions

Records reviewed indicated that all staff members had undergone relevant fire safety training. Fire drills were taking place regularly and staff demonstrated a good knowledge of any particular supports to be provided to residents to help them to evacuate the centre in the event of a fire. Fire safety systems were in place throughout both units of the designated centre which included fire alarms, fire doors, emergency lighting and firefighting equipment such as fire extinguishers and fire blankets. External contractors serviced such fire safety systems while internal staff checks were also being carried out on a regular basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate facilities were in place in both units of the centre for medicines to be stored securely. A sample of medicines records were reviewed which were noted to comply with best practice. PRN protocols were in place to provide guidance on when such medicines were to be given but one staff member did not demonstrate a full knowledge of when a particular PRN medicine was to be given. Residents were not being assessed to determine if they could administer their own medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Arrangements were in place to meet the assessed needs of residents. The needs of residents were outlined in their individual personal plans which had been informed by assessments, were subject to multidisciplinary review and were developed with the input of residents and their families. It was noted though that accessible versions of personal plans were not yet in place but one resident did demonstrate that they were aware of their personal plan and were involved in developing it.

Judgment: Substantially compliant

Regulation 6: Health care

Support was given to residents to attend various allied health professionals where necessary such as chiropodists, dietitians and general practitioners. Interventions such as vaccines were provided for and systems were in place for the monitoring of residents' healthcare but it was noted that there was some inconsistencies in the

monitoring of one resident's weight.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

When reviewing a risk assessment related to a resident it was noted that a control measure listed to mitigate the risk was for all staff to have undergone particular training in how to support the resident engage in positive behaviour. Training records reviewed indicated that not all staff members working with the resident had undergone this training at the time of inspection. It was noted though that the majority of staff working in this designated centre had received this training.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were seen to be comfortable in the presence of their fellow residents and staff members present during this inspection. Intimate care plans were in place to guide staff practice in this area. Processes were in operation in the designated centre to safeguard residents' finances. Records reviewed indicated that staff had received relevant safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

During this inspection, staff members were seen to treat residents in a respectful manner while the bathroom arrangements in one unit of the centre had been changed to ensure greater privacy during intimate personal care. Regular residents' meetings were taking place in both units of the centre where residents were consulted in relation to the running of the designated centre.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially 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-0021137

Date of inspection: 28/06/2019

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
Outline how you are going to come into compliance with Regulation 17: Premises: Since the inspection the PIC has requested areas requiring painting to be completed and maintenance works to be carried out.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Since the inspection the staff member has read and revised the PRN protocol and demonstrated a full knowledge of when the PRN medication is to be given. Since the inspection the PIC has commenced assessing all service users to determine if they can administer their own medicines in line with service policy DOCS 015.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:	

A template for an accessible personal plan is available within the service. The PIC will ensure that all residents will have an accessible version of their personal plan in use within the centre.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Since the inspection a new system was introduced into the centre to ensure that resident's weight is monitored and recorded consistently as outlined as per recommendations in personal plans. The PIC discussed this at team meeting dated the 25.07.2019.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Since the inspection the PIC has reviewed all training records and scheduled Managing Challenging Behavior training for all staff.

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	30/08/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	02/07/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and	Substantially Compliant	Yellow	09/08/2019

	assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	06/09/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	25/07/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	13/09/2019