



## Office of the Chief Inspector

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

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:	Unannounced
Date of inspection:	02 May 2019
Centre ID:	OSV-0005158
Fieldwork ID:	MON-0025609

## About the designated centre

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

Group J - St. Anne's Residential Services consists of a two-storey house, located in the outskirts of a town. The centre provides a residential service for up to four adults with moderate to profound intellectual disabilities. The centre can also provide for one resident with mobility issues. Each resident has their own bedroom and other facilities in the centre include a kitchen/dining room, a sitting room, a relaxation room and bathroom facilities. Staff support is provided by a social care leader and care assistants. The centre cannot provide for emergency admissions.

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

Current registration end date:	20/07/2020
Number of residents on the date of inspection:	4

## 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
02 May 2019	11:00hrs to 17:45hrs	Conor Dennehy	Lead

## Views of people who use the service

During the course of this inspection, the inspector met all four residents who lived in this designated centre. The inspector had an opportunity to speak to three of the residents and was able to observe all four residents in their environments and in their interactions with staff.

One resident spoken with indicated that were happy living in the centre and that they felt safe while doing so. Another two residents spoke of the things that they liked to do such as work with Inclusion Ireland, overnight stays in their family home and trips away. These residents appeared very satisfied when discussing such activities.

The fourth resident did not meaningfully engage with the inspector but was seen to appear very happy while they were present in the centre. All residents were also seen to interact with staff present in a positive and warm manner which contributed to a sociable atmosphere in the centre when residents and staff were present together.

## Capacity and capability

This inspection found that the registered provider and the management team in place had ensured that residents living in this designated centre received a good quality service. The inspector found evidence, across the regulations reviewed, of a service that supported and promoted the needs of residents in a person-centred way. It was noted though that one action from the previous inspection relating to residents' contracts for the provision of services had not been fully addressed.

This designated centred had last been inspected in March 2017 where a good level of compliance overall had been found. At the time of that inspection, the centre provided a home for five residents but one resident was due to move away from the centre to provide additional space in the premises provided. As a result the centre was registered with a restrictive condition around this resident's move elsewhere. The provider ensured that this condition was adhered to in a timely manner, which resulted in the restrictive condition being removed and the capacity of the centre reduced to four in November 2017.

Since that time, a new person in charge had been appointed to oversee the running of this designated centre. The person in charge was suitably skilled and experienced to perform the role and, prior to being appoint to this role, had undergone further education to ensure they met the requirements of the regulations to become a

person in charge. During this inspection, the person in charge demonstrated a strong knowledge of the residents' needs and how to support them. The person in charge was responsible for a total of two designated centres but, for the present centre, it was found that suitable arrangements were in place to support the person in charge to carry out their duties.

As part of these, the person in charge was supported by the organisational structure that was in place. This structure provided for clear lines of accountability and responsibility. It was noted that within this structure, the provider had delegated responsibility for carrying out certain tasks related to this centre. For example, one of the overall management team in place was responsible for carrying out unannounced visits to centre on behalf of the provider and producing written reports of such visits. These unannounced visits are required to be carried out at 6 monthly intervals and are important in reviewing the quality and safety of care and support that is provided to residents.

After the March 2017 inspection, the provider had ensured that four such visits were carried out. A report of each of these visits was available for the inspector to review which included an action plan to respond to any issues identified. The most recent of these unannounced visits was carried out in March 2019 and the inspector saw evidence that issues highlighted by this were satisfactorily addressed. It was also seen that the provider had carried out timely annual reviews, another regulatory requirement, which included the input of residents. Audits in areas such as health and safety, infection control and medicines were also carried out by the provider. Such findings gave assurances that the provider had appropriate management systems in place to review the quality and safety of care and support provided to residents.

The provider had also ensured that appropriate staffing arrangements were in place to support residents. Having spoken with staff and the person in charge, reviewed information relating to residents' needs, and observed rosters, the inspector was satisfied that appropriate staff were provided to meet residents' needs at the time of this inspection. It was also evident that a continuity of staff was in place which is important in ensuring a continuity of care and maintaining professional relationships. Such a continuity contributed to the social atmosphere as observed in the centre on the day of inspection.

In keeping with this atmosphere, the inspector observed staff members engaging with residents in a positive, respectful manner and providing appropriate support where required. Staff members spoken with were able to accurately describe the needs of residents and the supports required to provide for these needs. This gave assurances that a person-centred service was provided to residents. To ensure staff were equipped with the necessary knowledge and skills in this regard, training records reviewed indicated that staff were provided with a wide range of training. It was also seen that appropriate supervision arrangements were in place for staff while staff team meetings were taking place at regular intervals.

Based on the findings of this inspection, the provider had made good progress with regulatory actions from the March 2017 inspection. It was noted though that one

action, relating to residents' contracts for the provision of services, needed some further improvement. Such contracts are important in setting out the services that residents should receive when in the designated centre along with the fees to be charged. The March 2017 inspection had found that the stated fees required updating. Since then the contracts had been updated but in the sample of contracts reviewed it was noted that the fees were not clearly set out.

Overall though, the inspector was satisfied that residents were receiving a service that was in keeping with the designated centre's statement of purpose. This is an important governance document which forms the basis of one of the centre's conditions of registration and should set out the service which the provider intends to offer. The inspector reviewed a copy of the designated centre's statement of purpose which was noted to have been recently reviewed, contained all of the required information and was available in an easy-to-read format for residents.

#### Regulation 14: Persons in charge

A suitable person in charge was in place who was responsible for a total of two designated centres. Based on the findings of this inspection, this arrangement was not negatively impacting on the person in charge's ability to perform their duties.

Judgment: Compliant

#### Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents living in this centre. This included a continuity of staff. Planned and actual rosters were maintained in the centre. Staff files were held centrally by the provider and so were not reviewed during this inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training records reviewed indicated that staff had received up-to-date training in areas such as fire safety, medicine, manual handling and first aid. Arrangements were in place for staff to receive formal and informal supervision while staff team meetings were taking place monthly.

Judgment: Compliant

### Regulation 23: Governance and management

A clear organisational structure was in place in the centre along with management systems to review the quality and safety of care and support that was provided to residents. The provider had ensured that unannounced visits and annual reviews, as required by the regulations, were being carried out in a timely manner.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Contracts for the provisions of services had been updated since the previous inspection but it was noted that they did not clearly set out the fees to be charged to residents. The provider had policies and procedures relating to admissions but there had been no admissions to this centre since the previous inspection in March 2017.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information such as the total staffing compliment and the arrangements for dealing with complaints. The statement of purpose had been recently reviewed and was available to residents in an easy-to-read format.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had policies and procedures relating to complaints. Systems were in place for the recording of any complaints. Information on how to make complaints was available in the centre while issues relating to complaints was discussed with residents during monthly resident meetings in the centre.



Judgment: Compliant

## Quality and safety

The inspector was satisfied that residents were supported and encouraged to enjoy a good quality of life whilst living the centre with care delivered in a person-centred way. This was reflected by a strong level of compliance across the regulations reviewed.

Throughout the inspection, evidence was seen that residents were supported to participate in meaningful activities of their choice. Residents talked to the inspector of activities they enjoyed which included cooking, arts and crafts, work with Inclusion Ireland and foreign trips away. When reviewing records relating to residents it was clear that activities such as work in a charity shop, attending shows and boat trips were also being participated in. It was noted that residents were supported to maintain existing community and family links that they had. For example, one resident was supported to enjoy overnight stays at their family home.

To facilitate external activities, the designated centre had access to its own vehicle and shared a second vehicle at the weekends with another centre. Opportunities to engage in such activities were actively encouraged and supported within the designated centre. For example, it was seen that arrangements were being made to support one resident to experience their first airplane journey and first foreign holiday. As part of this, a specific plan had been put in place and recently commenced to support this resident in this regard. Such findings provided assurance that a person-centred service was being provided to the residents living in this centre.

Activities and goals which were important to residents were identified through the personal planning process that was in place. All residents living in this centre had individual personal plans in place which are important in identifying the needs of residents and outlining the supports required to provide for these. Such plans were informed by relevant assessments, had been developed with the active input of residents and were subject to annual multidisciplinary review. It was noted that the personal plans in place contained a good level of detail on how to support residents. Personal plans were also provided in an easy-to-read format for residents.

In keeping with the contents of residents' personal plans, it was found that residents were supported to enjoy the best possible health. As part of this, residents were facilitated to access a range of allied health professionals such as general practitioners, dietitians, dentists, physiotherapists and chiropodists. Residents had regular healthcare monitoring carried out and where any interventions were identified as being required they were provided for. It was also seen that appropriate arrangements were also in place for the centre to support residents with their medicines including secure storage facilities.

It was seen during this inspection that there were appropriate procedures in place to ensure that each resident living in the centre was protected from all forms of abuse. For example, residents had intimate care plans in place to guide staff practice in this area while robust procedures were observed to be in place with regard to safeguarding residents' finances. Records reviewed indicated that staff had been provided with relevant safeguarding training. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of the staff members on duty.

This was also evident in the social atmosphere that was observed during the inspection. Positive, warm and respectfully interactions were seen between residents and staff. Residents were consulted in relation to the running of the centre through regular resident meetings where issues such as food and activities were raised while information on complaints and health and safety matters were also provided. It was also seen that residents were being supported to exercise their right to vote. Such findings provided assurances that residents' rights were actively being facilitated within the centre.

The previous inspection in March 2017 had found that there was limited private space for residents to access in the designated centre's premises. This was related to the capacity of the centre and since then the number of residents living in the centre had reduced to four. This resulted in a relaxation room being available for residents' use which offered more private space. In addition to this, the premises overall was noted to be presented in a clean, well maintained and homely manner on the day of inspection. Various pictures of residents and artwork completed by residents were on display throughout. This was in keeping with the person-centred care provided as seen during this inspection.

### Regulation 13: General welfare and development

Residents were supported to engage in a range of activities such as trips away, attending shows, swimming, basketball and participating in work. Access to transport was available to facilitate external activities while internal activities such as arts and mindfulness were provided for within the designated centre. Residents were also supported to maintain links with the wider community and family.

Judgment: Compliant

### Regulation 17: Premises

Since the previous inspection the capacity of the centre had decreased from five to four residents. This provided increased private space for residents if they wished to avail of it. The overall premises provided was seen to be well maintained and

presented in a clean, homely manner on the day of inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy, safety statement and risk register in place. As part of this risk register, recently reviewed risk assessments were in place outlining the necessary steps to reduce the potential impact of any identified risks. Such risk assessments covered issues relating to individual residents and the designated centre as a whole.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire safety systems were in place which included a fire alarm, fire extinguishers and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure they were in working order. Fire drills were taking place at regular intervals while training records reviewed indicated that all staff had undergone fire safety training. The procedures for evacuating the centre in the event of a fire were seen to be on display.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Appropriate secure storage facilities were available in the designated centre. A sample of medicines documentation was reviewed. Such records were found to be clear and legible while containing the required information such as residents' names, the time medicines were to be given and the amount of medicines to be administered. A sample of administration records were reviewed which indicated that the prescribed amount of medicines were being given to residents at the correct time.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

All residents had personal plans in place were informed by relevant assessments, had been developed with the active input of residents, were subject to annual multidisciplinary review and were available in an accessible format. Based on the overall findings of this inspection, arrangements were in place to support the needs of the residents living in this centre.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to access a range of allied health professionals such as general practitioners, dentists and chiropodists. There was regular monitoring of residents' healthcare needs and interventions, such as vaccines, were facilitated in a timely manner.

Judgment: Compliant

### Regulation 8: Protection

Records reviewed indicated that staff had received relevant training. Intimate care plans were in place to guide staff practice. Processes were in place to safeguard residents' finances. Residents were observed to be comfortable with staff members present during this inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were being supported to exercise their right to vote. Throughout the inspection, residents were seen to be treated respectfully while regular resident meetings were taking place where issues such as food, complaints, activities and health and safety were discussed.

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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	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-0025609

Date of inspection: 02/05/2019

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:            Since inspection and in order to fully comply with regulation 24 the Service Manager in conjunction with the Quality and Risk Officer and relevant Regional Managers have engaged in meetings and discussions with a view to outlining the fees to be charged to residents in a more transparent manner. A meeting was held and a follow up is arranged.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	10/07/2019