Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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 M
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	07 November 2023
Centre ID:	OSV-0005162
Fieldwork ID:	MON-0032767

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 M is a designated centre operated by Avista CLG. It provides a community residential service to a maximum of five adults with a disability. The centre is a three story building which consists of a kitchen/dining room, sitting room, five resident bedrooms, staff sleepover room/office and a number of shared bathrooms. There is a well maintained garden to the rear of the centre which contains a Seomra. The centre is located in a rural village in Co. Tipperary and is close to local amenities. The staff team consists of a team leader and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 (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 7 November 2023	08:30hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

On arrival to the designated centre, the inspector met with the three residents of the designated centre. The inspector had a cup of coffee with the residents at the kitchen table as they prepared for the day. The residents appeared happy and comfortable in the service. The residents told the inspector about their plans for the day, chatted about recent holidays and day trips which they had taken and showed the inspector photographs. One resident noted that they and another resident had been in living in the designated centre for 20 years. The resident stated that they liked the staff team and living in the house. Later in the morning, one resident showed the inspector around the premises and two residents proudly showed the inspector their bedrooms. The residents bedrooms were decorated in line with personal preferences with pictures of family members, music posters and some with Christmas decorations. The three residents were then supported to go to their day service.

The inspector carried out a walk through of the designated centre accompanied by the person in charge. As noted, the centre is a three story building which consists of a kitchen/dining room, sitting room, five individual resident bedrooms, staff sleepover room/office and a number of shared bathrooms. The previous inspection identified there were areas of the premises which required attention including the kitchen counter top, broken floor tiles in one shared bathroom, areas of the roof of the entrance porch and areas of dampness. There was evidence of work completed or being completed to address these issues including new flooring in areas of the centre, internal painting of some rooms, the roof of the entrance porch had been repaired, fresh grout in gaps between tiles in the shared bathroom. In addition, on the day of inspection, the inspector observed the kitchen cabinets, worktop and tiles in the process of being upgraded.

However, there were areas of the premises which required further attention. For example, the external paint of the premises was in need of attention as it was peeling in places and did not present in a homely manner. In relation to the dampness, the inspector observed some internal paint bubbling and peeling in one bedroom. In response to the previous inspection, the provider outlined in the compliance plan that the guttering around the entire designated centre will be reviewed to improve its effectiveness in management of water retention in walls. On the day of the inspection, the inspector observed the soffits and fascia in need of repair in places. These were also self-identified by the provider in the annual review of the service as areas for improvement. The inspector was informed that the provider was in the process of reviewing the soffits and fascia with the view of developing a long-term plan.

The inspector also reviewed four questionnaires completed by the residents and

their representatives describing their views of the care and support provided in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents.

The provider supported the staff team to undertake training in human rights. While the staff team did not identify particular examples of direct impact on the lived experience of the residents, they noted that the residents were actively involved in decisions about the care and the running of their home. In addition, the inspector reviewed a sample of rights awareness assessment which had been completed for each resident. This assessment identified areas for improvement including a previously unidentified restrictive practice.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in governance and management, premises and fire safety.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management system in place which ensured a good level of oversight of care delivery in the designated centre. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in the governance and management systems.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure appropriate oversight and that the service provided was effectively monitored. These audits included the annual review for 2023 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the governance and management systems.

On the day of inspection, the inspector observed that there was sufficient staffing levels in place to meet the residents' needs. There was an small established staff team in place which ensured continuity of care and support to the residents. From a review of training records, it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date skills and knowledge to support the resident with their identified support needs.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations. Some documentation required to be reviewed, updated and resubmitted as part of the application. This was discussed with the provider.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably experienced. The person in charge was also responsible for two other designated centres and a house manager was in place to support the person in charge in their role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the residents. From a review of staffing rosters, it was demonstrable that appropriate staffing levels were in place to meet the assessed needs of the residents. For example, during the day the three residents were supported by two staff members. At night, one sleep over staff member supported the residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including safe administration of medication, fire safety, safeguarding and de-escalation and intervention techniques.

There was a supervision system in place and all staff engaged in formal supervision.

From a review of records it was evident that the staff team were provided with supervision in line with the provider's policy. Staff members spoken to noted that they felt supported by the governance systems in place.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included all of the information as required by regulation 19.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records were in place in line with Schedule 3 and 4 of the regulations. The inspector did not review Schedule 2 records on this inspection.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including cover in the case of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for two other designated centres and was supported in their role by a home manager.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review for 2023 and six-monthly provider visits. The audits identified areas for improvement and action plans were developed in response.

Some improvement was required in the timeliness of the six-monthly unannounced provider audits to ensure they were completed in a timely manner. For example, the last two six-monthly audits were completed in June 2023 and October 2022, respectively.

In addition, some improvement was required in governance and management systems to ensure they were effective. For example, on review of residents finances there were some small discrepancies between the money in residents' wallets and the ledgers. This had not been self-identified through the daily checks and required review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was a comfortable home which provided a good standard of person-centred care and support to the residents. However, improvement was required in the maintenance of the premises and fire safety.

The inspector reviewed a sample of the residents' personal files which contained an up-to-date comprehensive assessment of the residents' personal, social and health needs. The personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills. However, on the day of the inspection, it was not demonstrable that the containment and evacuation measures in place were adequate. This was discussed with the provider and an initial review was completed shortly following the inspection.

Regulation 12: Personal possessions

Notwithstanding, the improvements required in the daily checks as outlined under Regulation 23: Governance and Management, the inspector found that there were local systems in place to provide oversight of monies held by the residents physically in the centre. The provider had supports in place based on the residents individual requirements. For example, local systems included day-to-day ledgers, storage of receipts and daily checks on the money held in the centre.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The designated centre was decorated in a homely manner. On the day of the inspection, the inspector observed new kitchen cabinets and tiles in the process of being installed. In addition, there was evidence of work completed since the last inspection including upgrading the kitchen cabinets and tiling.

However, there were areas of the premises which required attention including:

- the external paint of the premises,
- plaster missing from parts of wall,
- internal paint peeling in some rooms,
- areas of damp in one bedroom,
- areas of the soffits and fascia in need of repair.

This had been self-identified by the provider as an area for improvement in their annual review 2023.

Judgment: Substantially compliant

Regulation 20: Information for residents

An information guide was prepared by the provider which contained all of the

information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place, reflected the control measures in place and up to date.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the resident to evacuate. There was evidence of regular fire evacuation drills taking place in the centre including night-time drills.

However, it was not demonstrable on the day of inspection that the containment and evacuation measures in place were adequate and required review. For example, the sitting room was an 'inner-room' which meant that in the event of a fire, residents would have to evacuate through the kitchen/dining room in order to evacuate. It was not evident that the door between the sitting room and kitchen/dining room was a fire rated door. Also, a partition wall between the sitting room and a downstairs bedroom required review as it was not clear if it was was suitably fire resistant.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files which contained an up to date comprehensive assessment of the residents' health, social and personal needs. The assessment informed the personal plans which guided the staff team in supporting the residents with identified needs and supports.

Judgment: Compliant

Regulation 6: Health care

The residents health care supports had been appropriately identified and assessed. The health care plans appropriately guided the staff team in supporting the resident with their health needs. The provider had ensured that the residents were facilitated to access appropriate allied health professional as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required.

There was some restrictive practices in use in the designated centre. The restrictive practices in place had been suitably identified and reviewed in line with the provider's policy.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear happy and comfortable in their home. All staff had up-to-date safeguarding training. The provider had developed safeguarding plans to guide the staff team in the management of identified concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided the staff team with the opportunity to complete training in human rights. Residents were actively supported to be involved in decisions about the care and the running of their home. A rights awareness assessment had been completed for each resident. This assessment identified areas for improvement

including previously unidentified restrictive practices. The inspector observed that staff members also actively engaged with residents in regards to how they would like to spend their day.
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 (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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services Group M OSV-0005162

Inspection ID: MON-0032767

Date of inspection: 07/11/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the six-monthly unannounced provider audit schedule has taken place. All audits are now completed in a timely manner and within a 6 month timeframe. A review of governance and management systems within the designated centre has taken place to ensure the effective review and management of residents finances. Residents finances are checked daily and accurate financial records are maintained, this has been communicated to all staff and any financial discrepancies will we reported to management.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider has agreed a schedule to complete the following improvement works, within the designated centre, • External painting of the premises. • Repair of plaster missing from parts of walls. • Internal painting of rooms. • Repair to areas of damp in one bedroom. • Replacement of soffits and fascia.	

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider has undertaken a review of fire containment and evacuation measures in the designated centre to ensure they are adequate.
The registered provider has engaged the service of a suitably qualified person to design and install a fire rated screen and fire door in the kitchen. This fire screen and fire door will ensure the safe access and egress from the inner room in the event of a fire. The director of property estates and technical services has reviewed the partition blocking the original doorway between the living room and the bedroom and confirmed that this does not need to be fire rated when the new fire rated screen and fire door is installed in the kitchen.

The screen has been designed to support the individuals within their home and not cause any impediment to their day-to-day access to kitchen and dining room.

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	30/03/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	30/11/2023

	to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/03/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/03/2024