



# 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 B
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	08 January 2024
Centre ID:	OSV-0003945
Fieldwork ID:	MON-0033477

## About the designated centre

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

Group B : St. Anne's residential service is a residential centre located in Co. Tipperary. The centre can provide a service to seven adults, both male and female over the age of 18 years with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. Supports are afforded in a person centred manner as reflected within individualised personal plans. Service users are supported to participate in a range of meaningful activities. The residence is two semi-detached homes with an interlinking corridor to the rear of the house which promotes a safe homely environment decorated in tasteful manner.

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

Number of residents on the date of inspection:	5
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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
Monday 8 January 2024	10:25hrs to 17:30hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to inform the registration renewal decision in relation to this designated centre. The inspection was completed over a one day period by one inspector. Overall the findings indicated that residents were receiving a quality driven service where their needs, preferences and wishes were at the centre of all care delivered. The provider had demonstrated consistent compliance over a number of inspections indicating that the systems in place were effective in driving meaningful quality improvement.

The designated centre has capacity to accommodate seven individuals. On the day of inspection five residents were living in the centre. The inspector had the opportunity to meet with all five residents. In addition, the inspector met with three staff members, members of the management team and reviewed key documentation in relation to care and support needs to gather a sense of what it was like to live in the centre.

The centre comprises of two adjoining semi-detached homes located in a residential area in Co. Tipperary. Both homes had an identical layout, with a sitting room, kitchen, utility room, small bathroom and en-suite bedroom located on the ground floor. Upstairs, there were four en-suite bedrooms and a main bathroom. Some bedrooms were allocated as office space and staff sleep over bedrooms. At the back of the home there was a conservatory that spanned the back of both properties and allowed the residents access both homes as they so wished. On the day of inspection one house was home for four individuals and in the other house there was one resident.

The inspector completed a walk around of both houses with the person in charge. Both houses were very well kept and maintained. They presented as a homely, warm and inviting home. All bedrooms were individually decorated with residents' personal items and possessions on display. Some residents had tv's in their rooms. One resident had a pet fish. Pictures of residents were displayed throughout the homes. Many of the en-suite bathrooms had recently been renovated with new flooring, shower doors, sinks and toilets installed. All areas of the home were well organised and very clean. Outside there was a large, well presented back garden. There was a large seating area for residents to sit on with paved paths leading to this area to ensure residents could access it with ease. Large planted beds were in place.

On arrival at the centre there was one resident present. They were sitting in the sitting room in their recliner chair. The remote to this chair was attached to the side so that the resident could use this to get up without staff assistance. They were watching television and held the tv remote in their hand. The resident had recently retired from their day service and staff reported that they were enjoying the time at home. The resident enjoyed going to mass, eating out and watching their favourite television shows. On the day of inspection they went to mass, visited a family grave

and went out to lunch. Two staff were available to support the resident in line with their assessed mobility needs. The resident was happy to meet with the inspector. They asked some specific questions and told the inspector what they were doing for the day. They appeared relaxed and very content. Due to the resident's changing needs and presentation a slower pace of life was preferred and facilitated for this resident. Other suitable activities were sought for this resident, recently they had joined a singing group and staff reported that they thoroughly enjoyed this. Family connections were also very important to this resident and they were facilitated to visit family when they so wished. When asked, the resident stated they were well looked after.

The other four residents returned in the afternoon. Three of the four residents attended day service five days a week and had busy active lives. One resident worked in the local mart one day a week. The fourth resident attended day service four days a week. They had recently requested to have a day off and they did not attend day service on a Thursday. This arrangement was working very well and staff stated that they enjoyed the one-to-one time with staff in the home or going out in the community. When residents returned the inspector heard staff warmly welcome them home. The staff member asked each resident about their day and had a genuine interest in their replies. Residents were observed to move between both houses by means of the conservatory. Staff told the inspector that the five residents often choose to eat together or watch tv. Residents were actively part of running the home, they engaged in everyday chores and on the day of inspection residents were seen to empty the dishwasher or help with bins. They staff reported that they were very house proud.

All residents introduced themselves to the inspector. They told the inspector about their day and spoke about the recent cold weather. When asked direct questions around the care and support they received the residents stated they were happy. They appeared very comfortable in their home and were seen to access all areas as they so wished. They approached staff to speak with them and ask for help. For example, one resident's bedroom window was difficult to open and they approached staff for help. The staff immediately stopped the task they were doing to help the resident. Staff interactions with residents were warm, caring and professional.

Residents had busy, active lives in line with their assessed needs, wishes and preferences. Residents had good family contact, were involved in their local community and enjoyed day trips and also holidays abroad and more locally. Residents set individual goals through the personal planning process and in the coming year were looking forward to music concerts, holidays with peers and family, day trips, and other activities. For example a resident was planning an overnight stay to Belfast to visit the local attractions, a music concert and to visit a hotel for afternoon tea. Residents were involved in all parts of the planning process and their specific preferences were taken into account.

As part of the inspection process staff were asked if they completed training in relation to a human rights based approach to care and support. All staff within this centre had completed the training. Staff spoke about the benefits of this training in their everyday practice. Observations on the day of inspection indicated that all staff

treated residents with the up most dignity and respect and all staff referred to the designated centre as the residents' home. They were aware that their role was to help and support them and to continue to encourage independence as much as possible.

Residents filled out questionnaires in relation to the care and support they received prior to the inspection. Some residents completed this form independently and others required the support of staff. In the questionnaire residents rated areas of care and support related to the home, food, choices and decisions, staff and people they live with. All answers in the questionnaire indicated that the residents were happy with all aspects of care and support.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's registration. The inspector found that this centre met the requirements of the regulations in all areas of service provision. Residents were afforded a good quality service that had a positive impact on their quality of life. The management systems in place were effective in driving meaningful change and identifying and responding to relevant risks in a timely and responsive manner.

There was a suitably qualified and experienced person in charge who had oversight of two other designated centres in addition to the current centre. This person in charge was employed in a full-time capacity. There was a clearly defined management structure in place which identified lines of authority and accountability. The designated centre had a social care worker in place who reported directly to the person in charge. This supported the person in charge in their governance, operational management and administration of the designated centre.

Overall there was sufficient staff in place to provide care and support in an effective manner. The residents were supported by a dedicated staff team that consisted of a person in charge, a social care worker and care assistants. A planned and actual roster was in place that was well maintained.

An up-to-date statement of purpose was in place in the designated centre. The statement of purpose was found to contain much of the information as required by Schedule 1 of the regulations.

A training matrix was maintained which accurately reflected the training completed by the designated centre's staff. All staff had completed mandatory training in areas including fire safety, safeguarding and medication management. Staff in the

designated centre had access to regular supervision, the frequency of which was found to be in line with the provider's policy. A review of supervision records found that the content of supervision was appropriate to the needs of staff. It was clear that where actions were identified in supervision that these were followed through. The person in charge also had access to regular supervision which was in line with the provider's policy.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted all relevant information to renew the registration of the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured that the residents were supported by a consistent staff team. Currently there was a vacancy of 40 hours per week in the designated centre. The majority of the hours were being covered by relief staff or the existing staff team at the time of inspection. Ongoing recruitment was occurring for these hours.

It was apparent to the inspector that there was a sufficient number of staff on duty to support residents in their home and the skill mix was suitable to meet their assessed needs. Residents were familiar with the staff team and interactions between staff and residents were professional and caring.

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 the training records all staff had up-to-date training in mandatory areas and areas that were specific to residents assessed needs. Staff had training and up-to-date refresher training in fire safety, safeguarding, administration of medication, behaviour support, epilepsy and infection prevention and control measures. In addition, staff had excellent knowledge in all areas of resident support needs and had evidenced good practice by putting the knowledge they gained from relevant training into everyday practice. For example, a resident recently had a seizure, the staff member had correctly identified the early onset symptoms to this



and was able to guide the resident to a position to ensure their safety.

All staff spoken with stated that they were well supported in their roles and knew who to contact for support if it was required. Staff were also able to bring concerns up around care and support in local and provider level audits which further improved the level of service provided to residents. A supervision schedule was in place for 2024. All staff had been received one-to-one supervision form a senior staff member/manager in 2023 in line with the providers policy. A sample of supervision forms were reviewed and it was found that the support provided facilitated the staff to complete their roles effectively.

Judgment: Compliant

### Regulation 22: Insurance

As part of the renewal of registration process the registered provider demonstrated that they were adequately insured in the event of an incident or accident occurring in the designated centre.

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 three designated centres and was supported in their role by a social care worker. There was evidence of quality assurance audits taking place, both at local and provider level, to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response. For example, provider audits had identified that due to changing needs the layout of the premises was not always suitable for individuals with declining mobility. The provider was actively pursuing other solutions in relation to this to ensure all residents' needs were adequately met.

Sufficient resources were in place to ensure the centre was providing a person-centered service. There was sufficient staff in place and residents had access to two vehicles to ensure they could access the community when they so wished.

The provider actively sought ongoing feedback from both residents and staff to further improve the quality of service being provided.

Judgment: Compliant

### Regulation 3: Statement of purpose

As per the requirements of the renewal process the provider had submitted an up-to-date statement of purpose which clearly outlined the service that was to be provided to residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents were supported to raise a complaint, if they so wished. There was a clear and accessible complaints protocol to support them to do so and there was evidence that this process was discussed during residents' meetings and in one-to-one settings with residents.

The inspector reviewed the complaints log that was in place. A small number of complaints had been raised by residents over the last 18 months. From a review of the information it was found that each complaint was appropriately investigated and responded too in line with the provider's policy.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were safe and were receiving a quality service. Residents were seen to be treated with dignity and respect and the care provided was appropriate to the residents' needs and was person centred. A consistent staff team worked at the centre and those spoken with were knowledgeable of residents' needs and the local policies and procedures. This resulted in positive outcomes for the residents living in the centre.

The inspector found the premises to be well maintained, homely and for the most part laid out to meet the needs and number of residents. Each resident had a their own bedroom complete with an en-suite. This space was personalised to reflect the things and people that were most important to them. There was a well maintained garden to the rear of the centre, with seating available and there were also raised flower bed. Residents had access to communal spaces to relax in as required.

From a review of a sample of residents' assessment of needs and personal care

plans it was evident that residents were receiving care that was person centred, tailored to meet their needs and focused on supporting residents to achieve best possible health. Where needs were assessed as requiring support, a support plan was developed and was further reinforced by a risk assessment. It was evident that personal care plans were reviewed at a minimum annually or sooner if there was a change in need.

Residents had access to a range of health and social care professionals and multi-disciplinary supports as required. This was evidenced through attendance at consultant clinics, chiropodist, psychiatrist, dietitians, speech and language therapist and their local General Practitioner (GP) as recorded in their plans.

Arrangements were in place for the management of risk at the centre. There was a site specific health and safety folder which outlined roles and responsibilities in addition to documents such as the centre's emergency plan. A risk register was maintained as too were individual and centre risks

### Regulation 17: Premises

The premises was overall laid out to meet the aims and objectives of the service and the number and needs of residents. The premises was well maintained and was in a good state or repair both externally and internally. It presented as a welcoming environment with personal items and objects on display throughout. A number of en-suite bathrooms had recently been renovated. One en-suite had been identified as requiring some upgrades, the provider had sourced and receive the funding for this and the works were to be completed over the coming weeks.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide was in place and contained all the required information as set out by the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was an up-to-date risk register for the centre and individualised risk assessments in place.

Residents' risk assessment were updated following the reported incidents with appropriate additional control measures identified. There was an effective system in place for recording incidents and accidents. Where learning was identified following an incident or accident this was appropriately communicated to the staff team through both regular meetings and supervision.

The centre had up to date risk management policy in place which was also subject to regular review and contained all the information as required by the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

The designated centre was provided with fire safety systems which included a fire alarm, emergency lighting and fire extinguishers. Regular internal staff checks on the effectiveness of this equipment were completed as required. The fire alarm and emergency lighting were undergoing timely maintenance checks by external contractors.

All residents could evacuate from the building with no identified issues. Some residents required verbal prompts or assistance to leave the building. From a review of residents' individual personal emergency plans the supports identified to leave the building in the event of a fire were clearly identified. Fire drills occurred at regular intervals that practiced different emergency scenarios.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found there were appropriate practices in place for the administration and safe storage of medications including refrigerated medications. All staff had received training in relation to the administration of medication. Staff spoken with were knowledgeable as to the residents' needs in relation to medication. Staff were also clear on the process to be followed should a medication error occur

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need had been carried out for each resident and was available on their individual files. Support plans were in place for each assessed

need. It was evident from a review of these plans that residents were receiving care which was person-centred and tailored to meet their assessed needs. The assessments of need were up-to-date, having been reviewed within the last 12 months or if a changing need presented.

All residents had personal goals in place. These were clearly documented in their file and residents and staff spoke about these goals across the inspection day.

Judgment: Compliant

### Regulation 6: Health care

The registered provider took measures to ensure the residents' healthcare needs were met. Healthcare assessments were in place and reviewed regularly with appropriate healthcare-plans developed from these assessments. There was also appropriate personal care plans in place specific to the healthcare-management needs of the residents. There was evidence that residents were facilitated to access medical treatment when required including national screenings. The inspector noted there was nursing care provided and the residents had access to and there was input from various health and social care professionals such as occupational therapists and speech and language therapists and physiotherapists.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had arrangements in place to safeguard residents and to protect them from all forms of abuse. Staff spoken with were knowledgeable on both local and national procedures and were all up-to-date with the relevant safeguarding training. There were no open safeguarding concerns at the time of inspection

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector saw evidence that the designated centre provided a service which was person-centred and respected individual residents' dignity, choice and autonomy. There was evidence that residents were actively consulted with regarding the day-to-day running of the centre and that their individual choices and preferences were

respected. For example, some recent furniture had been purchased for the centre and this had been discussed at a resident meeting to ensure their individual choices were respected. Resident meetings took place at regular intervals to ensure they were consulted on an ongoing basis.

How staff spoke about residents and all documentation in relation to residents was presented in a person-centred and respectful manner. The staff were seen to interact with residents in a kind, respectful, and dignified manner.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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