

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 A
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	29 November 2022
Centre ID:	OSV-0003944
Fieldwork ID:	MON-0029132

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 A is a designated centre operated by Avista CLG. It provides a residential service to a maximum of five adults with a disability. The designated centre is located on the outskirts of a town in County Tipperary with access to facilities and amenities. The designated centre comprises of one dormer bungalow in a campus setting. The house consisted of five individual resident bedrooms, clinic room, office, staff sleep over room, sensory room, open plan dining/living area, kitchen and a number of shared bathrooms. The designated centre is staffed by clinical nurse managers, staff nurses and care staff. The staff team are supported by a person in charge.

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
Tuesday 29 November 2022	09:40hrs to 17:45hrs	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. This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet the five residents over the course of the inspection. On arrival to the house, the inspector observed the five residents being supported to prepare for the day. The inspector observed some residents being supported by the staff team to have breakfast. Later in the morning, one resident was supported to access a local mens shed and go for lunch in the local community. The inspector also observed a massage therapist visiting the centre to provide massage therapy to a number of residents. The residents were observed being supported to have lunch, relaxing in their living area, watching TV and interacting positively with staff. In the afternoon, two residents were supported to go for a walk in the local area. Overall, the residents appeared happy and comfortable in their home.

Since the last inspection in October 2021, the provider had supported 16 residents to transition to appropriate community-based homes. Following the transition of the 16 residents, the provider had applied to vary the conditions of registration to reduce the footprint and capacity of this centre. The inspector was informed of plans in place to transition the remaining five residents to community based services. The plans included the identification of a new property which was currently being assessed for suitability and possible vacancies in another community designated centre operated by the provider.

As noted, the house consisted of five individual resident bedrooms, clinic room, office, staff sleep over room, sensory room, open plan dining/living area, kitchen and a number of shared bathrooms. The inspector found that the centre was decorated in a homely manner with residents' personal possessions throughout the centre and Christmas decorations in place in the shared areas of the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the resident. The inspector was informed that the centre had been repainted and new kitchen units had been installed. However, the provider had self-identified that the location, design and layout of the premises not suitable in the long-term to meet the residents' assessed needs.

At the time of the inspection, the designated centre had access to one vehicle to support the five residents. This meant that there were occasions where there was

limited access to transport. The inspector was informed that vehicles had been ordered and the provider was awaiting delivery of same.

The inspector also reviewed four questionnaires completed by the resident representatives describing their views of the care and support provided to the residents 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. However, some representatives highlighted the need to transition the five residents to their new home in a timely manner.

In summary, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents received a good quality of care and support. 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, there were areas for improvement identified including general welfare and development, premises, identification of restrictive practices, infection prevention and control practices 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 the service provided quality safe care and effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in the person in charge role.

There was a clear management structure in place. However, at the time of the inspection, due to a recent change in staffing personnel there was no full-time person in charge in place. The inspector found that the provider had defined interim governance arrangements in place to manage this change. For example, the centre was managed by an experienced Clinical Nurse Manager (CNM) 1 with support from the centre's CNM3. Following the inspection, the provider submitted a notification appointing the CNM3 to the person in charge role until the recruitment of a long term person in charge was completed in January 2023.

There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was an established staff team and a regular agency in place which ensured continuity of care and support to residents.

The inspector reviewed a sample of staff training records and found that the staff team had up-to-date training. Where some of the staff team required refresher training, this had been identified and scheduled. This meant that the staff team had up to date knowledge and skills to meet the residents assessed 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.

Judgment: Compliant

Regulation 14: Persons in charge

On the day of the inspection, due to a recent change in staffing personnel, there was no named full-time person in charge in place.

Judgment: Not compliant

Regulation 15: Staffing

The designated centre maintained a planned and actual roster. The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the five residents were supported by three residential staff members. In addition, during the day two residents were supported by day service staff. At night, one waking-night staff and one sleep over staff were in place to support the five residents.

At the time of the inspection, the designated centre was operating with two vacancies. The vacancies were managed by staff team and the use of regular agency and relief staff. The inspector was informed that one vacancy would be filled shortly as a staff member was returning from leave. Throughout the inspection, staff

were observed treating and speaking with the residents in a dignified and caring manner.

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, the staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. In addition, the staff team had received specific training specific to residents' identified needs including epilepsy and the administration of oxygen. Where some of the staff team required refresher training, this had been appropriately identified and scheduled.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. As noted under Regulation 14, on the day of the inspection a full-time person in charge to the centre was not appointed to the centre. The provider had appropriate interim management arrangements in place to manage the service and ensure the quality and safety of care provided.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

Judgment: 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 was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service provided person-centred care and support to the residents in a homely environment. However, improvement was required in general welfare and development, the fire safety arrangements, infection prevention and control practices, restrictive practices and premises.

The inspector reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the resident with their personal, social and health needs. Residents were supported to engage in activities in the wider community including attending concerts, going to restaurants and maintaining positive relationships with their family members. However, the arrangements in place for resident activation required review.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, improvement was required in ensuring the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night-time, were appropriate.

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence

of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The designated centre was visibly clean and well maintained on the day of the inspection. However, some improvement was required in areas of infection prevention and control practices.

Regulation 13: General welfare and development

Residents were being encouraged and supported to develop and maintain their personal and family relationships and links with the wider community. However, the arrangements in place for resident activation required review. For example, two of the residents attended day services and were supported from the designated centre with activities during the day. Two other residents had been discharged from their day service and one resident did not access a day service. These residents were supported with activation by the residential staff team. However, due to the assessed needs of the residents and access to transport, at times this meant that there was limited opportunities for activation outside of the designated centre.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre was decorated in a homely manner and well-maintained. The residents' bedrooms and living areas were decorated with residents' personal possessions and pictures of people important to them. The previous inspection found that internal painting and general upkeep was required. This had been completed.

However, the provider had self-identified that this premises was not appropriate in the long-term to meet the residents needs. As noted, the provider was in advanced stages of de-congregating the centre. Since the last inspection in October 2021, 16 people had been supported to move to more appropriate community based designated centres. The inspector was informed of the plans in place to support the remaining five residents to transition to community based services.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a

centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Good practices were in place for infection prevention and control including laundry management and a color coded mop system. Cleaning schedules were in place for high touch areas and regular cleaning of rooms.

However, some improvement was required in some practices in place for infection prevention and control. For example, the practices in relation to the recording and cleaning of individual assistive equipment required review. In addition, the arrangements in place to ensure that equipment is only used in line with its stated purpose required improvement.

Judgment: Substantially 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. There was evidence of regular fire evacuation drills taking place. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate.

However, improvement was required in the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night-time. For example, there was evidence that a night-time fire drill had been completed in May 2022. It took nine minutes to fully evacuate the five residents with two members of staff. The provider had self-identified areas for improvement including staff reaction times.

Following the drill, it was evident that a number of discussions had taken place with the staff team regarding evacuations and a number of day time drills had been completed. However, a follow up night-time drill had not been completed to ensure that the arrangements in place at night-time were appropriate to evacuate all

persons from the designated centre in a timely manner. Shortly after the inspection, the provider informed the inspector that a follow up night-time fire drill had been completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspector reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The designated centre had ensured that the residents were facilitated to access appropriate allied health professional as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practice committee.

However, one practice had not been identified as restrictive and required review. For example, night-time checks were in place for all residents. The inspector was informed that the checks were in place due to the needs of the residents. However, this had not been identified as a restrictive practice and was not subject to regular review.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home. The staff team demonstrated good knowledge of how to identify a concern and the steps to take in the event of a concern.

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	Not 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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Anne's Residential Services Group A OSV-0003944

Inspection ID: MON-0029132

Date of inspection: 29/11/2022

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A competent person in charge has been appointed to this role. This is a temporary appointment until the newly recruited person in charge has completed the required management course.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>A new vehicle has been ordered for this centre and are awaiting delivery of same. 2 residents from this centre have been identified to transfer to community home, this will increase opportunities for social activities for remaining 3 residents. A review of activity planners will take place post transfer</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

A property has been identified and negotiations re purchase are currently ongoing with the vendor and the funding authority. Hiqa will be updated in relation to any advancement with this process once same is established.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Since inspection the provider has undertaken a review of syringes provided by pharmacist. Correct syringes now in use and all staff are aware of correct type to be used.

In relation to cleaning and recording, this has been discussed with the team and will be an agenda item at next team meeting.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire drill was completed on 30/11/2022 and full evacuation was completed within the agreed time frame.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Each resident will be individually reviewed. 2 residents have assistive equipment in place therefore prescribed 30 minute checks are not required and have been reviewed accordingly.

All other residents will be reviewed by MDT to ensure least restrictive option is in place for all.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/03/2023
Regulation 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	14/01/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/03/2023
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	16/01/2023

	ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/11/2022
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	31/03/2023