



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

Issued by the Chief Inspector

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:	05 October 2021
Centre ID:	OSV-0005158
Fieldwork ID:	MON-0030083

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of four adults. In its stated objectives the provider strives to provide each resident with a community based, person centred service; a service that aims for each resident to reach their full potential. Residents attend a variety of day services. Transport to and from these day services is provided. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory support. The premises comprises of a spacious two storey house. Each resident has their own bedroom shared communal, dining and bathroom facilities. One bedroom is en-suite. The house is located on the outskirts of a large town and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care staff with nursing staff support as need be. Staff have expertise and education in care of persons with a disability. Care is guided and directed by the person in charge who is supported by staff and by senior management personnel. Ordinarily there is two to three staff in the house during the times residents are in the house. At night time there is one sleep over staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 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
Tuesday 5 October 2021	09:30hrs to 17:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

Over the course of the day, the inspector met with the four residents that lived in the designated centre.

The inspector had an opportunity to speak with all residents. During this time, the inspector completed some short observations of residents in their environment and their relevant interactions with staff. In addition to this, the inspector conducted documentation review and discussions with staff to gather an understanding of what it was like to live in the centre. Evidence on the day of inspection indicated that residents received person centred, good quality services where the residents' opinions were actively sought and brought about relevant improvements in service delivery.

On arrival at the centre, there was one resident in the home. The other three residents had left to attend their day service. The resident was relaxing in their room and watching television. A staff member asked the resident if they would like to speak with the inspector. The resident came to the kitchen and sat and chatted with the inspector. They were not attending their day service as they had a scheduled advocacy meeting that morning. This resident was the advocacy representative for the home, and relevant information was displayed on a notice board in the kitchen. The resident spoke about some aspects they would be talking about at the meeting, including requesting a new couch and blinds. When asked about activities they liked to do, they spoke about day trips to Kilkenny and Portlaoise. The resident stated they liked living in the house. Observations in regards to staff interactions were noted to be kind, caring, and meaningful. The resident frequently smiled at staff when they spoke to them. Assistance was offered in a respectful and caring manner, where the resident's consent was determined before the staff member completed the relevant activity. For example, the resident was observed to put on a face mask. When the staff member noted it was on the wrong way, they kindly asked the resident if they would like some help to put it on the correct way.

The inspector completed a walk around the house with two members of staff later. The house was found to be warm, clean, and homely. There were notice boards for residents displaying important information such as staff on duty, public health information in relation to Covid-19, and a charter of rights. These documents were in accessible formats so all residents could easily understand the information presented. The garden was bright, cheerful, and very well maintained. The residents had been involved in the development of the garden and were proud of this achievement.

Later in the day, a resident came and spent a short period of time in the office with the inspector. They were eager to tell the inspector about a recent trip that they had been on to Spike Island. They spoke in detail about different aspects of the trip and

what they had learned. They had clearly enjoyed the day out.

The inspector spent some time sitting with the residents in the evening time. All four residents at one point sat at the kitchen table together, drinking tea and sharing out some cakes. They were comfortable in each others presence. Residents spoke about what they liked to do, such as shopping, going to hotels, meeting with friends, and being an active part of the community. One resident's picture was recently in the paper as they had become an honorary member of the local football club. They were also taking part in the steering committee to set up a football for all abilities club. When staff asked the resident to speak about this, they smiled and, with some help, provided the information in relation to this.

From the documentation review, the inspector noted busy, meaningful lives for each of the residents in the home. The residents actively spoke about their goals and told the inspector that some goals had to be put on hold due to restrictions. They were an active voice in the determination of what was important to them. Family feedback was also sought on a regular basis through the Family/Relative questionnaire. This questionnaire rated family members experience of the service from 'very satisfied' to 'don't know'. From the sample reviewed all families indicated they were 'very satisfied'. Comments from family included that it was an 'excellent service'.

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

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. Overall, there was a high level of compliance found against the regulations inspected. Some improvements were noted across a small number of regulations to ensure the high levels of quality were consistently maintained.

The person in charge was suitably skilled and experienced to perform the role. During this inspection, the person in charge demonstrated a strong knowledge of the residents' needs and how to support them. They were a key driver in ensuring the resident's voice was at the forefront of all aspects of service delivery. 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. The person in charge had been absent for a period of time, and suitably arrangements had been put in place during this time. The systems in place ensured that high quality, person centred services were

maintained during this time.

A motivated, overall appropriately skilled staff team were in place to assist residents as needed. Staff that spoke with the inspector clearly understood their roles as advocates for residents and ensured a person centered approach was delivered at all times. Observations indicated that staff members engaged with residents in a positive and respectful manner. Training records reviewed indicated that staff were provided with a wide range of training. However, there was a gap in training needs identified for a small number of staff within the designated centre.

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents living in this centre. Continuity of staffing was in place with the existing staff team or regular relief staff covering any identified staff absences or holidays. There was 0.76 Whole Time Equivalent (WTE) vacancy on the day of inspection. The provider was in the process of recruitment for this vacancy. Planned and actual rosters were maintained in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed indicated that for the most part, 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 supervision while staff team meetings were taking place monthly. Staff stated they felt well supported in their role.

There was a gap identified in the training for a small number of staff members. Three staff had not completed first aid training.

Judgment: Substantially 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. Audits such as these were identifying areas of improvement and driving quality improvement

within the centre. For example in line with the findings of this report the provider had identified the need psychiatric services for some of the individuals living in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications required in relation to the regulations were submitted within the designated timelines.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The Chief inspector was notified of the absence of the person in charge as required.

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. Complaints made were driving quality improvement within the centre. For example if a resident complained about an aspect of their environment that needed repair, this was logged as an active complaint and suitably addressed.

Judgment: Compliant

Quality and safety

The inspector was satisfied that residents were supported and encouraged to enjoy a good quality of life while living in the centre. Improvements were required in relation to positive behaviour support and access to psychiatry services to ensure

the consistency of quality driven care was maintained.

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 many interventions were identified as being required, they were provided for.

However, as identified in the previous inspection report, residents in this centre had a need for psychiatric medical care and several residents were prescribed medication for their mental health. The dosage and type of this medication, was until mid-2019, prescribed by a consultant psychiatrist. This was a medic with a specific expertise in the area of psychiatry and intellectual disability. Residents frequently consulted with this professional and their medication was adjusted as deemed appropriate. In mid-2019 this consultant was no longer available to residents. The consultant psychiatrist position continued to remain vacant at the time of this inspection. Efforts had been made by the provider to advertise and secure a person for this position. In addition to this, the provider had sought private psychiatric care for some residents but unfortunately was not able to secure the same. Although there had been a significant reduction of incidents for some individuals within the service, their medication had not been reviewed by psychiatry for a number of years.

Residents had the support of a clinical psychologist and this was an important aspect of maintaining residents' wellbeing. Any restrictive practice was reviewed at least annually by a restrictive strategy committee. The focus of the committee was to continually reduce restrictions. At the time of this inspection, a new restriction had been introduced to maintain residents safety at all times. It was found that this restrictive practice was discussed by the multi-disciplinary team (MDT) and an appropriate rationale was in place for its use. Records indicated it was only used as a last resort and for the least amount of time necessary. Positive Behaviour Support plans were in place for some residents within the centre. These positive behaviour support plans were drafted at a local level by the staff team. Improvements were required to ensure that these plans were being developed by suitably qualified individuals. This had been identified by the provider, and a clinical nurse specialist in behaviour was due to commence in the centre over the coming months.

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. Plans were informed by relevant assessments, had been developed with the active input of residents and were subject to annual multi-disciplinary team review. The personal plans in place contained a good level of detail on how to support residents and were easy to navigate. Staff expressed that the personal plans were clear and concise and enabled them to support residents effectively.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Residents were supported to engage in a range of activities such as trips away, football and community based activities such as being part of the areas residents committee. Access to transport was available to facilitate external activities. Contact with families and friends was encouraged and maintained.

Judgment: Compliant

Regulation 17: Premises

The overall premises provided was seen to be well maintained and presented in a clean, homely manner on the day of inspection. Meaningful items and pictures were on display throughout the home. The outside area was very well maintained, with planted flowerbeds and painted objects on display. Residents actively took part in the upkeep of their home and garden. Each resident had their own individual bedroom which was decorated to each residents' specific taste.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The office of the chief inspector receive some unsolicited information in relation to a transition that had occurred in March 2020. Although this transition had been planned some relevant stakeholders had been part of the decision making process. The provider had rectified this, and actions were taken to ensure this would not occur again. The inspector reviewed some relevant information in relation to this and was assured that relevant actions had been taken.

The inspector reviewed a transition plan. It was found to be detailed and the resident was consulted with on a number of occasions across this process.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy, safety statement and risk register in place. As part of the 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. Risk assessments were proportional to the level of risk identified.

Judgment: Compliant

Regulation 27: Protection against infection

From the information reviewed on the day of inspection the residents were protected by the infection prevention and control policies, procedures and practices in the centre. An infection control audit had been completed and had identified some areas of improvement, such as staff training. All actions had been completed.

The provider had developed contingency plans in relation to COVID-19 and these were guiding staff practice. The provider had also completed the

The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the house was being cleaned regularly.

There were stocks of PPE available and a stock control system in place.

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. A detailed fire risk assessment was completed for each resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents personal plans were reviewed. These plans 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 ensure the residents strengths, needs and goals were met to the best of the providers ability.

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. There was evidence to indicate that residents were facilitated to access the national health screening programs as necessary.

However, the level of psychiatric medical treatment and support, required by residents, was not being adequately facilitated. The provider had made considerable efforts to ensure residents needs were being met. This remained an area that required improvement to ensure residents' medication for related mental health conditions was being reviewed by the relevant prescribing professional.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Overall residents had access to psychology supports as required. Positive behaviour support plans were in place for residents. However, these had been drafted at a local level by staff and not by the psychology or behaviour support specialist. Psychology did have oversight of these plans as they were discussed at MDT meetings. The provider had self-identified this as an area of improvement and a Clinical Nurse Specialist in behaviour would be appointed in the coming months.

Due to the assessed needs of residents there were minimal restrictive practices in place. Good evidence based practices in relation to the use of the same was evidenced on the day of inspection. For example, a restrictive practice was introduced to ensure all residents safety. There was evidence of MDT input which had a detailed the decision making process in relation to its' use. Relevant risk assessments had been developed. There was evidence that it was only to be used once other strategies had failed.

Judgment: Substantially compliant

Regulation 8: Protection

The residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding was discussed regularly at the resident

Staff had completed training in relation to safeguarding and the prevention, detection and response to abuse.

The resident's personal plan was detailed in relation to any support they may require with their personal and intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had choice and control over their daily life. 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Group J - St. Anne's Residential Services OSV-0005158

Inspection ID: MON-0030083

Date of inspection: 05/10/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since inspection the service has committed to first aid training for staff within this designate center and same is being discussed with two training facilitators to roll out within short time line.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The service has had funding agreed to engage Psychiatric services and is actively seeking same. The funding provider and service CEO and ACEO are in ongoing dialogue to address this matter with a view to sourcing the services required .</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A review of status of all residents re their psychology input has taken place. One resident</p>	

has been identified as a priority and his review is taking place 15/11/21.
The needs of the three other residents in this cohort were discussed and no changes re
input were necessary at this time.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2021
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	30/03/2022
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the	Substantially Compliant	Yellow	15/11/2021

	cause of the resident's challenging behaviour.			
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