



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 N
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	30 March 2021
Centre ID:	OSV-0005163
Fieldwork ID:	MON-0031785

About the designated centre

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

St. Anne's residential service -Group N is a residential centre located in Co. Offaly. The centre currently affords a service to five adults, both male and female over the age of 18 years with an intellectual disability. The capacity of the centre is six residents. 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 a detached dormer 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 - 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 30 March 2021	11:00hrs to 17:30hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place from a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to talk with all five residents on the day of inspection, albeit this time was limited. The regulations prioritised for examination were those which provided the best evaluation of what it was like for residents to live in this house and what level of safety and care was afforded to residents by the staff and the organisation supporting them.

In many aspects of care, residents in this centre were well supported. They lived in a comfortable home, received support from familiar staff and generally enjoyed a good quality of life. However, some issues were present around the expressed wishes and identified needs of one resident, that being not to cohabit with the other residents. This situation impacted on the quality of life experienced by all five residents.

Five adults lived in this house. Each had their own ensuite bedroom. Three of the residents used non verbal means of communication. When the inspector arrived at the centre, four residents were out taking advantage of the pleasant weather. The fifth resident was at their individualised day service in a local town. Four residents returned from their morning out and had lunch in the house. Afterwards the inspector met with one resident who communicated non verbally. This resident was seen relaxing in the sitting room and watching a television programme. One resident was particularly chatty and happy to talk with the inspector. They told the inspector about their activities, showed the inspector their room and spoke about the things they enjoyed. This resident had a guitar and a significant repertoire of songs, which the inspector had the pleasure of listening to. A resident who was a wheelchair user also communicated non verbally. The inspector noted how relaxed this resident was, how they smiled and appeared to listen and understand what was happening around them. The inspector also noted the good quality specialised wheelchair the resident had and the pressure relieving cushion on the seat of the wheelchair. The fourth resident also kindly showed the inspector their ensuite bedroom and their extensive music collection. This resident used limited verbal communication and had a good understanding and comprehension of the spoken word. All of these four residents were seen to go out for another drive and walk in the afternoon.

In the late afternoon the fifth resident returned from their individualised day service. This resident had their own car which staff drove. A separate vehicle was available to the other residents. The resident was warm in their greeting with the inspector and spoke with the inspector about their day. From documentation viewed and from reports from the person in charge, this resident experienced improved contentment since using the facility for individualised care in the nearby town. This was a vacant house owned by the Daughters of Charity and used at the time of inspection, for one to one day service. The use of the house came about following a number of

disturbances in the home where all five residents lived. It was known by management and staff that the resident had challenges around sharing accommodation and sharing staff time with other residents. This was well documented by different members of the multidisciplinary team. When a one to one day service in a different location was provided for, the number of upsetting instances reduced. At the time of this inspection, the time most likely for such occurrences was when the resident returned to their home. There was a clear correlation between behaviours that challenge and being in the company of fellow residents.

For fellow residents, living with a peer with such needs was also challenging. The residents expressed their challenges with the behaviours in different ways. For the resident who had vocal skills, their increased chatter and calling the person's name was interpreted as a "reprimand" and generally aggravated the situation. One resident would leave the room and close the door as a non-verbal communication of their upset. Another resident who used non-verbal means of communication, used laughter as a de-stressor when there was shouting and banging in the house. One person who had very limited words, repeated the word "no" when such outbursts occurred. In order to alleviate the challenges for all, a restrictive practice was introduced whereby if such an outburst began, four of the residents were asked to leave their activities and possibly leave the house until the outburst had settled which was usually about an hour. While this was a means of managing the situation, it was not a resolution.

The provider, person in charge, staff, residents, family members, and the multidisciplinary team all recognised that an alternative long term placement was needed for one resident. An application had been made to the funding authority for this accommodation; however, at the time of inspection there was no known timeline as to when this ongoing matter would be resolved.

In summary, the service provided to all five residents was aimed at providing the best support possible to each resident within the limitations of the funding available. The home was staffed and managed in such a way as to minimise the risk of residents needs not being met. However, it was not unusual for residents to be upset and at times fearful, at the behaviour of another. For the person displaying such behaviours, their distress could also not be underestimated. A longer term and more permanent solution needed to be found. 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

In general, the governance and management arrangements in the centre were effective and good oversight systems were in place. In addition to the day-to-day

operations of the designated centre, clear lines of reporting were in place to ensure that the provider was aware of how the centre operated. The person in charge was responsible for the day to day management of the centre and another centre within the locality. Prior to taking up the role in the months preceding this inspection, the person in charge worked as a manager in another organisation working with people with disabilities. The person in charge was supported in her position by an experienced member of the senior management team. Formal and informal meetings were held between the the person in charge and their line manager. The person in charge held regular meetings/information memos with staff. The person in charge was satisfied that the altered way of staff communication was effective and she ensured that she met individually with each staff member as part of the supervision process.

The registered provider had strived to ensure that the residents who lived in this house were well supported. The provider sought to enable residents to live in a community environment that allowed them to live a meaningful life. This was reflected in overall good levels of compliance across the regulations reviewed. While there was much evidence of good compliance, there were also matters which needed to be addressed. Despite the provider putting in place structures and supports to provide residents with a good quality of life, there were ongoing challenges around the expressed needs of one resident, namely their wish to live on their own. This was ongoing for four years. Finding a way to facilitate this was a work in process and is further discussed under quality and safety below.

There was a core team of staff, who were suitably qualified and experienced, to meet the assessed needs of residents. Staff had received training in all mandatory areas. For example, training in infection control, hand hygiene and breaking the chain of infection.

A formalised supervision process for staff was in place and implemented. From discussions with staff (albeit that they were brief) the inspector was satisfied that staff could highlight issues or concerns through staff meetings and through the supervisory arrangements. Staffing levels were adequate and adjusted as residents' needs changed.

The registered provider had undertaken an annual review of the quality and safety of the service, which consulted with residents and their representatives. The most recent annual review was carried out on 21st January 2021. The review showed that that there was good compliance with regulations and standards. In addition to such regulatory requirements, the provider was also carrying out their own audits and reviews into areas such as medicines, complaints, health and safety, resident finances and incidents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the documents required for the renewal of the centre's

<p>registration. These documents were submitted in a timely manner.</p>
<p>Judgment: Compliant</p>
<p>Regulation 14: Persons in charge</p>
<p>The person in charge was informed, actively participating and in control of the altered ways of working in the centre. This provided reassurance that practices were appropriately supervised and managed. The person in charge in turn was supported by a clinical nurse manager and a services manager. In addition, the person in charge reported that their colleagues met regularly by video link and supported each other to ensure that effective management continued if one or the other was not or could not have a presence in the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 15: Staffing</p>
<p>The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus.</p>
<p>Judgment: Compliant</p>
<p>Regulation 16: Training and staff development</p>
<p>Discussions with the person in charge indicated that all staff, who had a role in the centre, had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. This training was facilitated by online platforms operated by the HSE.</p>
<p>Judgment: Compliant</p>
<p>Regulation 22: Insurance</p>
<p>Evidence of up to date insurance cover was submitted as required as part of the</p>

renewal of registration documentation.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well resourced in terms of staffing levels and general house facilities. Every effort was made to ensure the effective delivery of care and support in accordance with the statement of purpose.

The management systems also included an annual review of the quality and safety of care and support in the centre.

Arrangements were in place to ensure the risk of the introduction of and the transmission of COVID-19 infection was minimised. The required resources, including personal protective equipment had been sourced. The inspector was satisfied that the person in charge had good awareness of infection control and was supported by the clinical guidance of an experienced nurse.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided.

Judgment: Compliant

Quality and safety

Resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required in the area of meeting the needs of each resident.

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Supports were in place to develop and maintain personal relationships and links with the wider community. For example, residents were part

of a neighbourhood community garden project, one resident had paid employment locally and the residents availed of nearby amenities.

Residents used modern technology to support their interests such as listening to music, watching films, contacting their families.

Contact with families and friends was nurtured, especially in times of restricted home visits due to COVID-19.

Each resident was provided with care and support by a range of medical, nursing and allied health services. Residents choose their own general practitioner (GP) who knew the residents and was in a position to provide GP care when and as required.

Other aspects of health care support were well catered for. For example, nursing support was available to all residents, a multidisciplinary team engaged in reviewing the resident care needs on a regular basis and dental care was accessible to all. Residents had the support of a clinical psychologist and this was an important aspect of maintaining residents' wellbeing. Any restrictive practice was reviewed by a restrictive strategy committee. The focus of the committee was to continually reduce restrictions.

Behaviour support plans were in place where there was an identified need for these and again, these were kept under constant review. Health promotion was incorporated into daily life with residents being encouraged to exercise and eat healthily.

Since the last inspection, safeguarding plans had been put in place for four residents. This was initiated by the person in charge due to the impact another resident's behaviour had on the other four residents. All five residents were supported to develop the self awareness and understanding needed for self care and protection. Strategies were in place for residents to protect their mental wellbeing if challenging situations arose. This primarily involved removing themselves from the area or the person who was upsetting them.

Gender, age, level of disability and personal beliefs were well respected. The manner in which the house was operated involved, in so far as practicable, residents participating in decisions which affected them. However, due to the specific needs of each resident not being fully catered for in the cohabiting living arrangements, for four residents their choice to move freely around their house was curtailed at times. The needs of one resident regularly caused unease to others residents living in the house.

As far as reasonably practicable, each resident had access to and retained control of personal property and possessions. Laundry facilities were available and residents were supported by staff to manage their own laundry. Residents were provided with support to manage their financial affairs, facilitated to bring their own furniture and furnishings and have their rooms decorated according to their individual taste.

The house was seen by the inspector to be kept in a good state of repair and was attractively decorated. Equipment and facilities were provided and maintained in

good working order. There was a spacious garden. There was one maintenance issue that was outstanding for a year. It related to an occupational therapy assessment for one ensuite shower to be altered to minimise the risk of a fall for the resident who used this shower. The inspector was informed completion of this was delayed due to the COVID-19 pandemic.

Much work had been undertaken to ensure residents needs were met. In most instances this was achieved and care afforded to residents was of a high standard. Nonetheless, for one resident, the living arrangements were such that their expressed needs were not catered for. The resident had repeatedly stated they were unhappy in the house they were living. The resident had requested alternative living accommodation and had a reasonable expectation that alternative accommodation would be provided. Despite many documented meetings on this matter over a four year period and an application being made to the funding provider to facilitate this, the resident continued to live in an environment where they were unhappy. This situation also was uncomfortable for the other residents of the house and occasionally tensions rose and caused upset. Such instances were often managed by staff asking the residents that were impacted by behaviours to leave the area and engage in alternative activities. While this eased the tensions it significantly impacted on the freedom of movements of residents in the house. Residents were not forced to leave but staying was generally a poorer choice. Staff managed the day to day situation well but the underlying issue remained; this being that the centre was not suitable for the purpose of meeting the needs of each resident. In the interim, the inspector was satisfied that the person in charge and members of the senior management team, all of whom were familiar with the needs of all residents, were in a position to keep the appropriateness of the current living and social arrangements under constant review and continue to advocate for the resident.

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. For example, residents were involved in a local garden project, one resident had part time paid employment and one resident took on the role of "Green Officer". This not only allowed residents to engage in their preferred activities, it also provided for natural integration into their community.

Judgment: Compliant

Regulation 17: Premises

The occupational health recommendations to alter a shower, in order to minimise the risk of a fall, had not been completed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection prevention and control measures were in place and staff were requested to adhere to these. There was access to the appropriate information, and training had been completed with staff. Staff were supplied with PPE and the inspector observed that staff were using these at the appropriate level. There was a requirement (where possible) to physically distance. Daily temperature screening of staff and residents took place. There were facilities for the management of clinical waste. The person in charge was clear on cohorting guidance in the event of an outbreak of COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The centre was not meeting the needs of each resident. This was evidenced by the expressed behaviours of residents, the number of peer to peer incidents and the need for a restrictive practice to be employed to safeguard residents impacted by the behaviours of a resident.

Judgment: Not compliant

Regulation 6: Health care

The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge also described how residents were supported to access other healthcare services external to the centre and the measures taken by staff to protect them from the risk of infection whilst doing so. Nursing advice and care was available from senior managers.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a multidisciplinary approach to supporting residents in the management of their stress. Where medication was prescribed there was regular review with regards to its effectiveness.

Judgment: Compliant

Regulation 8: Protection

The provider made arrangements for each resident to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with residents around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

Regulation 9: Residents' rights

Overall resident's rights were well respected. However, the need for four residents to leave their activities because of a situation that happened from time to time, impacted on their right to enjoy the freedom of their own home.

Judgment: Substantially 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	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Anne's Residential Services Group N OSV-0005163

Inspection ID: MON-0031785

Date of inspection: 30/03/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider has arranged for a costed plan to be undertaken in relation to the en suite bathroom. It is hoped this will be available 30/05/2021. On obtaining same the Registered Provider will plan for the financing and refurbishment of the bathroom to meet the assessed needs of the service user.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Registered Provider continues to oversee with the Person In Charge and staff team an ongoing supportive framework for all residents in this center to meet the assessed needs of all. Within the designate center the residents will continue to be supported in expressing their needs and wishes through daily documented discussions and ongoing review with staff and the Multi Disciplinary Team. Safeguarding meetings will continue to be reviewed monthly (last review meeting 20/04/2021) .There is a continued Multidisciplinary input to the designate center. Supports for one individual with Psychology department are ongoing and regular with monthly meetings scheduled. Speech and language department are supporting the area with an ongoing review of personal plans, updated communication passports ,development of individualized time tables, and social stories relevant to issues being expressed by residents. The Registered Provider will continue to monitor the use of staff at night duty making the night manager aware that should supports be needed they will be made available on a</p>	

given night from another area. This serves to minimize heightened arousal in the area by introducing extra staffing supports yet ensuring supports are available should the need arise.

All residents in the designate center are now on the Approved housing list should the needs change in the designate center or if there is a need to afford other options for individuals.

The Registered Provider will maintain regular dialogue with the funding authority re the service provision in this designate center with a view to reaching agreement on the supports needed within the area.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Registered Provider will continue to ensure that staff training and development in this designate center promotes the maintenance of a low arousal environment eliminating the need for physical interventions. The residents are guided to another area within the designate center during a period of disturbance. This is recognized as a restrictive strategy and documented as such.

Dialogue is ongoing with the funding authority in relation to addressing current placement issues.

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(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	30/09/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in	Not Compliant	Orange	30/04/2022

	accordance with paragraph (1).			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/04/2022