



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 U
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	03 May 2023
Centre ID:	OSV-0007882
Fieldwork ID:	MON-0031254

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 U is a designated centre operated by the Avista CLG. The centre provides a community residential service to a maximum of eight adults with a disability. The centre is located in an urban area in Co. Tipperary close to local amenities such as pubs, hotels, cafes, shops and banks. The centre comprises of two detached four bedroom bungalows which are a short distance from another. Each house consists of an open planned kitchen/dining room/sitting room, small sitting room, four resident bedrooms, a staff sleep over room and a shared bathroom. The staff team consists of social care workers, care assistants and a community nurse. 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:	8
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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
Wednesday 3 May 2023	09:00hrs to 17:00hrs	Conan O'Hara	Lead
Wednesday 3 May 2023	09:00hrs to 17:00hrs	Sarah Mockler	Support

What residents told us and what inspectors observed

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

The inspectors had the opportunity to meet eight residents over the course of the inspection. Some residents used alternative methods of communication and did not verbally share their views with the inspectors, and were observed throughout the course of the inspection in their home. Overall, 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 and enjoyed a good quality of life. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

On arrival at the first house, the inspectors meet with all four residents who were being supported to prepare for the day. The residents were having breakfast together and were supported by staff in line with their assessed needs. An inspector sat and had a coffee with the residents and staff. The four residents then left the centre to attend day services for the morning. In the afternoon, the four residents returned briefly to the designated centre before heading for lunch out in the community. Later in the afternoon, the inspectors observed staff supporting some residents to access the community and attend activities such as yoga. Overall, the residents were observed to appear relaxed and comfortable in their home.

In the second home, inspectors met with the four residents present. They were up and ready for the day and relaxing in the living area of the home. All residents appeared comfortable. Two residents were going out with day service staff in the morning and a third resident was supported to complete some shopping and go out to a café for a preferred drink. The fourth resident spent time in the home. They were supported to relax and listen to preferred music or enjoy a drink with a staff member.

The inspectors had the opportunity to observe the lunch time routine in the centre. All four residents were present at this time. All residents required some level of support during this meal. Staff were seen preparing food in line with each resident's assessed needs. Residents were brought to the table and supported in a gentle and kind manner. Staff were very knowledgeable around associated risks and provided full supervision at all times. Staff that were not assigned to supporting residents were seen eating their lunch at the table with the residents at this time. There was a relaxed and calm atmosphere.

In the afternoon two residents went out with day service staff. From discussions with staff and a review of relevant goals, residents enjoyed a range of activities such as chair yoga, swimming, bowling, day trips to places of interest and going for walks. As residents had recently moved into this home, exploring local amenities in the area was a focus. For example, prior to living in this home, a hairdresser or

barber would come to the residents house to cut their hair. Since moving into the home in the community all residents were now visiting their local hairdresser or barber in the local town on a regular basis.

The inspectors also reviewed eight questionnaires completed by the residents with the support of staff 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.

The inspectors carried out a walk through of the two houses. As noted the two houses consist of a open plan kitchen-dining and sitting room, small sitting room, four resident bedrooms, a staff sleep over room and a shared bathroom. Overall, the designated centre was found to be welcoming, well-maintained and decorated in a homely manner with pictures of the residents and people important to them located throughout the house. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, there were some areas for improvement identified including maintenance of the staff roster, training and development, premises and contracts of care.

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

Overall, there was a clearly defined management system in place which ensured the provision of high quality care and support to the residents. The management systems ensured that the services were 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 maintenance of the staff roster and staff training.

The centre was managed by a full-time, suitably qualified and experienced person in charge. On the day of inspection, the person in charge was unavailable and the inspection was facilitated by an experienced Clinical Nurse Manager (CNM3), community nurse, social care worker and the staff team. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. From a review of the roster, it was evident that there was an established staff team in place which ensured continuity of care and support to residents. The inspectors observed positive interactions between the residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample records, it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. However, some improvement was required in staff completing training that supported 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

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was supported in their role in this designated centre by a community nurse, social care worker and the staff team.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had planned and actual staffing rosters in place. The inspectors reviewed a sample of the roster and found that overall there was a core staff team in place which ensured continuity of care and support to residents. However, the maintenance of roster required review to ensure it accurately accounted for the staff present in the centre. For example, from the rosters reviewed at times the names of agency staff completing shifts was not present.

The previous inspection found that the staffing arrangements required further review to ensure they were appropriate to the needs of all residents and the size and layout of the centre. This had been completed. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. At the time of the inspection, the centre was

operating with some vacancies in the staff team. The vacancies were managed through the staff team and the use of regular agency staff. The inspectors were informed that the provider was actively in the process of recruiting to fill these vacancies.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including safeguarding, safe administration of medication, infection prevention and control, fire safety and manual handling. However, some improvement was required in ensuring all of the staff team had up to date training in specific care support needs such as feeding, eating and drinking supports.

There was a supervision system in place and all staff engaged in formal supervision. The previous inspection found that some staff were overdue formal supervision. From a review of the supervision schedule and a sample of records, this had been addressed. It was evident that formal supervisions were taking place in line with the provider's policy. This meant that the staff team had up to date knowledge and skills to meet the residents assessed needs.

Judgment: Substantially compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to Clinical Nurse Manager 3, who in turn reports to the Service Manager. The inspector found that the designated centre was appropriately resourced to ensure the effective delivery of care and support.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to each resident's needs. The quality assurance audits included the annual review 2022 and six monthly provider visits. These audits identified areas for improvement and comprehensive action plans were developed in response.

In addition to the provider led audits, the person in charge has a clear schedule of audits in place to ensure all areas of service provision was monitored on a continuous basis. This audit schedule included personal plans, medication, health and safety, fire register, infection prevention and control and finances. All audits were been completed in a timely basis and actions identified were escalated accordingly.

Overall the management systems in place were comprehensive and effective in driving quality improvement in this centre which was having a positive impact on the lived experience of the residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a contract for the provision of services in place. However, on review of a sample of contracts in place, the inspectors found that they required review to ensure they were up to date and accurately reflected the terms and conditions of the service provided.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors 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 management systems in place ensured the service was effectively monitored and provided good quality care and support to the residents. The inspectors found that this centre provided high quality person-centred care in a homely environment. However, improvement was required in the arrangements in place for suitable storage.

The inspectors reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their 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 needs.

There were effective systems in place for safeguarding the residents. The inspectors reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

Regulation 12: Personal possessions

The provider had policies and systems in place to support residents to manage and protect their finances.

Each resident had an up-to-date assessment of the support required to manage their financial affairs in place.

The inspectors reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day reconciliation of ledgers and storage of receipts. In addition, monthly reconciliation audits were completed of the money held in the centre and the residents bank statements by the staff team and centre manager.

This meant that the provider could demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

Judgment: Compliant

Regulation 17: Premises

The designated centre was well maintained and decorated in a homely manner. The residents' bedrooms were decorated in line with their preferences.

However, the previous inspection identified that storage arrangements required review. While there was evidence that the provider was working to resolve this issue, it remained outstanding at the time of inspection. For example, due to the lack of storage, equipment needed for residents was stored in bathrooms. This was observed on the day of inspection and the area appeared cluttered. Staff explained that the equipment had to be moved out of the bathroom by staff before a resident could use this area.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had a residents' guide in place which contained all of the information as required by Regulation 20.

Judgment: 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 individual risk assessments were up to date and reflective of 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. There was infection control guidance and protocols in place in the centre. The inspectors observed that the centre was visibly clean on the day of the inspection.

The previous inspection identified improvements required in some areas of infection control including cleaning schedules and the appropriate storage of equipment including cleaning equipment and personal equipment. This had for the most part been addressed other than the storage reflected under Regulation 17.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire drills taking place. Fire drills that had occurred and practiced a variety of possible scenarios' including the use of a bed during an evacuation. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspectors reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The provider had ensured that the residents were facilitated to access appropriate health and social care professionals as required. On the day of inspection upcoming appointments with relevant professionals were discussed in detail. Staff had an awareness of how to appropriately follow-up and ensure medical appointments were scheduled as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. Residents were supported to access psychology and psychiatry as required.

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, assessed and reviewed. There was evidence of restrictions being reduced as required to ensure a least restrictive environment was promoted at all times.

Judgment: Compliant

Regulation 8: Protection

The provider had 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. Staff spoken with were knowledgeable on what to do in the event of a concern.

Residents had detailed intimate care plans in place to guide staff practice.

There were systems in place to ensure residents' finances were safeguarded. For example, bank statements were reconciled with actual expenditure on a monthly basis.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were facilitated to exercise choice and control across a range of daily activities. There was evidence that the service provided was individualised to the residents' preferences and needs. For example, the residents daily routine was developed in line with their assessed needs. Personal plans were written in a person-centred manner where staff were encouraged to give choices as relevant care was being provided.

In order to gain residents' views around different aspects of care and support weekly and monthly advocate meetings were held. At these meetings topics such as a resident's right to to refuse treatment and their right to privacy and dignity was 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 (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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services Group U OSV-0007882

Inspection ID: MON-0031254

Date of inspection: 03/05/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since the inspection rosters clearly reflect the names of all staff including agency staff on both the planned and actual rosters. Staff recruitment is ongoing for this designated Centre one staff has been recruited and has commenced in post another is going through recruitment checks post interview.</p>	
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: Since the inspection Feeding Eating & Drinking Supports (FEDS) training has been added to the training calendar for staff. Staff will be scheduled for training including refresher FEDS training.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p>	

The residential contracts of care will be reviewed and amended to reflect the correct terms and conditions of the service provided to the supported individuals.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Since the inspection the registered provider has agreed a timescale to improve the storage facilities in both houses in the designated Centre by purchasing a shed for one house and renovating an existing shed in the other house.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	09/06/2023
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	30/06/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and	Substantially Compliant	Yellow	30/06/2023

	welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
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