



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

Issued by the Chief Inspector

Name of designated centre:	The Anne Sullivan Centre
Name of provider:	The Anne Sullivan Centre CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	02 February 2021
Centre ID:	OSV-0001388
Fieldwork ID:	MON-0031164

About the designated centre

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

The centre was established specifically to meet the needs of people who are deafblind. The centre provides a residential service to 13 male and female residents. The centre comprises of four houses all within a cul-de-sac in a residential area in a suburb of Dublin. There are also two apartments located adjacent to a building that was previously used for day services. The centre is located a short distance from a range of shops, restaurants and public transport. Each of the residents have their own bedrooms which had been personalised to their own tastes. A number of the residents have their own kitchen and living room area whilst other residents share these areas. Each of the houses and apartments have a kitchen and living room area. There was a communal garden area and walkway around the centre and then each of the houses have their own garden to the back of the properties.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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 2 February 2021	10:15hrs to 17:50hrs	Anna Doyle	Lead
Tuesday 2 February 2021	10:15hrs to 17:15hrs	Raymond Lynch	Support

What residents told us and what inspectors observed

Due to the current restrictions in place around COVID- 19 and the layout of the centre, this inspection was announced to enable inspectors to get the views of residents and their representatives. Prior to the inspection, the person in charge spoke to residents and their representatives to see who would like to speak to inspectors to discuss their views on the quality of services being provided. One resident agreed to meet with an inspector and four family representatives agreed to speak to the inspectors over the phone. Some residents and family members chose to give written feedback on the services provided. The inspectors also reviewed some written feedback from family members to the provider about the quality of care being provided over the preceding months.

The one resident met with said that they liked living there and got on well with the staff team. They also said that they liked their home and felt safe living there. They told the inspector that prior to the COVID-19 pandemic, they had a busy social life and regularly went swimming, shopping and met with friends to have a coffee. The resident also reported that once the restrictions were lifted and it was safe to do so, they were looking forward to planning holidays and a number of day trips including a trip to Belfast, London and Cork. The inspector observed that the staff member supporting this resident was at all times professional, caring, and person centred in their interactions with them.

One resident was observed for a short time in their home with the support of staff. The staff explained specific communication needs for the resident which enabled them to identify the staff on duty. For example: objects of reference were used which through touch the resident could identify the staff member working with them.

Other examples of how residents were supported with communication were also observed for example; signage around the centre had been enhanced using tactile graphic materials so as residents could understand the information by touching it. In another house staff were observed using sign language to explain to the resident that the inspector was in their home. Residents were observed being out for walks on several occasions.

Of the four family members spoke with, all reported that they were very happy with the service provided, that residents were very happy in their homes and the quality and safety of care provided was very good. One family representative informed the inspector that their relative looked on the service as their home, their human rights were respected, they were happy with the healthcare provided, they felt the service was safe and they had no complaints. They also reported to the inspector that prior to COVID-19, their relative was being supported to go on trips overseas such as to Spain and London.

Another family representative informed the inspectors that their family member

enjoyed an excellent quality of life in the service and that the staff team were very approachable and flexible. They also said that prior to COVID-19, their relative enjoyed a number of social activities of their choice and that they were also being supported to attend a work placement on a regular basis.

The other two family members spoke with were also very complimentary of the services provided and said that they were always informed about any changes or updates to the care and support provided. One gave an example of how the person in charge had advocated for the rights of a resident, which was contrary at the time to what the family member had expressed. The family member said that this was very reassuring as the person in charge had advocated for the rights of their family member.

Written feedback on the service also informed the inspectors that residents and their representatives were happy with the services provided. For example; residents were happy with the staff supporting them, the level of activities in the centre and knew who to make a complaint to. Some residents expressed frustration with the current restrictions as they had enjoyed very active social lives prior to this and some had jobs in the local community. However, other residents did not mind the restrictions and found that they were enjoying a slower pace of life at the moment. One resident outlined some of the activities they enjoyed which included, horse-riding, swimming, music therapy and other group activities in line with their preferences.

The inspectors found that residents were able to raise concerns about the quality of care being provided and where they had, the provider had taken steps to address this. For example; some residents had said that they wanted more training for staff on Irish Sign Language. In response, the provider had employed a trainer to attend the centre once a week to provide support to staff.

The person in charge also outlined to the inspector of upcoming training to educate staff on deaf blind awareness and this training was being facilitated by a resident living in the centre who advocates for this.

One resident said that they would like more storage in their bedroom and when this issue was highlighted to the person in charge, they were aware of this and intended to review this for the resident.

However, one family member was not satisfied with the outcome of a complaint they had made. This was followed up at the inspection and it was found that while the matter had been investigated, it was not clear whether the complainant was satisfied with the outcome. This was one area of improvement required in relation to complaints.

Throughout the course of the inspection, the inspectors observed that residents were very much at ease in the company of staff and staff were seen to be professional, warm, caring and respectful in their interactions resident.

Notwithstanding the very positive feedback received over the course of the inspection, the inspectors did find some areas of improvement in relation to risk management, staff training, records and complaints. These matters are discussed

further in the following two sections of this report.

Capacity and capability

Overall this centre was well resourced which enabled residents to self-direct their day to day lives. However, improvements were required to some regulations including staff training, records, complaints and risk management.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by three residential managers. In each house a team leader was also assigned who had specific responsibilities around staff supervision and oversight of the care and support provided to residents. The person in charge was a qualified professional, who provided good leadership and support to their team and knew the residents well. They were responsive and transparent throughout the inspection process and aware of their remit and responsibilities under the regulations.

The person in charge also met with the board of management every month, where they provided a report about the quality and safety of care in the centre. This provided assurances that good governance arrangements were in place.

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times. Each new staff had to complete induction which included shadowing other staff to learn the specific communication styles of each resident.

Staff met with said they felt supported in their role and were able to raise concerns if needed to a manager on a daily basis. A sample of supervision files viewed showed that staff could also raise concerns through the supervision process and also request any additional training supports.

From a sample of training records viewed, the inspectors observed that all staff had been provided with training in safeguarding adults and manual handling. Some staff had also completed training in deafblind awareness, Irish sign language, first aid, positive behaviour support and medication management.

However, a small number of staff had not completed fire training or completed all three infection control training sessions as required in the providers own contingency plan. In addition, it was not clear if all staff in one house had completed training to support one resident with their healthcare needs. The statement of purpose for the centre also outlined that staff should have a specific type of training for positive behaviour support and communication techniques; however, the training records viewed did not reflect this for all staff. This required significant

improvements.

The centre was also being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports which identified areas for improvement.

The provider had a complaints policy in place. This provided a guide for how a complaint should be managed and where a complainant could appeal the outcome if they were not satisfied. A review of a sample of complaints dating back to 2018 found that the provider had taken steps to resolve complaints. However, one of the records viewed did not include whether the complainant was satisfied with the outcome of the complaint. This required improvements.

Improvements were also required to some of the records stored in residents personal plans to ensure that they were the most up to date records in order to guide practice. For example; inspectors went through a residents plan with a staff member and found that while the staff was very knowledgeable about the supports in place for this resident, the records were confusing and needed to be updated to ensure consistency in the application of care for this resident.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. A regular number of relief staff were also employed to cover planned and unplanned leave.

A sample of personnel files viewed were found to contain the requirements of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

A small number of staff had not completed fire training or completed all three infection control training sessions as required in the providers own contingency plan. In addition, it was not clear if all staff in one house had completed training to support one resident with their healthcare needs. The statement of purpose for the centre also outlined that staff should have a specific type of training for positive behaviour support and communication techniques however, the training records viewed did not reflect this. This required significant improvements

Judgment: Not compliant

Regulation 19: Directory of residents
A directory of residents was maintained in the designated centre and contained all of the information required under schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records
Improvements were also required to some of the records stored in residents personal plans to ensure that they were the most up to date records in order to guide practice. For example; inspectors went through a residents plan with a staff member and found that while the staff was very knowledgeable about the supports in place for this resident, the records were confusing and needed to be updated to ensure consistency in the application of care for this resident.
Judgment: Substantially compliant
Regulation 23: Governance and management
There were defined management structures in the centre and audits had been conducted in line with the regulations.
Judgment: Compliant
Regulation 3: Statement of purpose
A statement of purpose containing the information set out in Schedule 1 of the regulations was available in the centre. This had recently been reviewed.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had a complaints policy in place. This provided a guide for how a

complaint should be managed and where a complainant could appeal the outcome if they were not satisfied. A review of a sample of complaints dating back to 2018 found that the provider had taken steps to resolve complaints. However, one of the records viewed did not include whether the complainant was satisfied with the outcome of the complaint. This required improvements.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Two policies were reviewed as part of this inspection. This included the policy on complaints and the safeguarding policy. Both of the policies had been reviewed in line with the regulations and included clear reporting procedures to guide staff practice.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and within their community and systems were in place to meet their assessed health, emotional and social care needs. However, some issues were identified with the process of risk management which are discussed later in this report.

At the last inspection the premises required some updates in relation to wear and tear and upkeep of the premises. Some actions were followed up in relation to this. For example; a work top had been installed in one house and some areas had been painted. However, there were some areas that still needed to be updated. The provider was aware of these but given the current restrictions could not action them. The person in charge outlined that any modifications to the properties requires significant planning which due to the current restrictions could not be managed. Inspectors were satisfied that the person in charge had this issues identified and would follow these up once the restrictions were lifted.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that residents were being supported to achieve personal and social goals and to maintain links with their families and community. Prior to COVID-19, residents were regularly frequenting local amenities such as shops, restaurants, attend clubs and meet friends for coffee. Residents were also being supported to go on trips overseas to Spain and London and some were attending work placements in their community. Whilst much of these activities were on hold due to the current pandemic, some social outings and

activities were still being provided for and residents were being supported to go for walks, drives, participate in cooking classes and wellness sessions were being provided for on line.

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided. Residents also had access to a dentist, dietitian, occupational therapy and physiotherapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health. Of the family members spoken with, they reported that they were satisfied that the healthcare needs of the residents were being provided for. They also reported that they received regular updates from staff if there was any changes to the residents health care needs. Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. Where required, residents had a positive behavioural support plan in place.

Systems were in place to promote and protect the rights of the residents. Of the family representatives spoken with, two reported that they felt the rights of their relatives were respected and their individual choices were promoted. Information on rights (in an accessible format) was available to the residents and this information was also displayed publicly in the centre. One resident spoken with informed the inspector that they chose their own routine each day.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of a allegations of abuse occurring in the centre. The resident met said they felt safe in the centre. Some alleged incidents had been notified to HIQA prior to this inspection as required under the regulations. In those instances the provider had reported them to the appropriate authorities, had conducted an investigation and had implemented safeguards to protect the residents.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. However, aspects of the risk management process required review. For example, some of the documented control measures to manage specific risks in the centre required review, as they did not identify or specify how a number of risks were controlled in the centre.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). However, as outlined already in this report a small number of staff had not completed all three of the infection control training sessions identified in the providers own contingency plan.

There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in

place. Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. There were also measures in place to ensure that both staff and residents were monitored for possible symptoms. Care plans had been developed to ensure that residents received safe care in the event of becoming positive for COVID-19. The provider also had a plan in place to support residents who may not be able to self isolate in their own homes in such an event.

Regulation 17: Premises

At the last inspection the premises required some updates in relation to wear and tear and upkeep of the premises. Some actions were followed up in relation to this. For example; a work top had been installed in one house and some areas had been painted. However, there were some areas that still needed to be updated. The provider was aware of these but given the current restrictions could not action them. The person in charge outlined that any modifications to the properties requires significant planning which due to the current restrictions could not be managed.

Judgment: Compliant

Regulation 26: Risk management procedures

Aspects of the risk management process required review. For example, some of the documented control measures to manage specific risks in the centre required review, as they did not identify or specify how a number of risks were controlled in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection control measures were in place to prevent/manage an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that residents were being supported to achieve personal and social goals and to maintain links with their families and community.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. Where required, residents had a positive behavioural support plan in place. From a small sample of files viewed, it was also observed that staff had training in positive behavioural support techniques.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to promote and protect the rights of the residents. Information on rights (in an accessible format) was available to the residents and this information was also displayed publicly in the centre.

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	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 The Anne Sullivan Centre OSV-0001388

Inspection ID: MON-0031164

Date of inspection: 02/02/2021

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A consolidated training analysis has been conducted and a new tracking system is being developed to assess gaps and training needs based on organisational risks and requirements. Training review meetings are now scheduled to take place quarterly. The Person in Charge will ensure that staff complete training as required in our Statement of Purpose, policies and plans offering greater clarity between required/mandatory training and CPD training. Training will be conducted based on mandatory requirements across the organisation and specialist/specific training conducted based on risk and/or residents' support needs. Date for completion 31/05/2021	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Person in Charge will ensure that residents personal plans are reviewed and organized in a manner that ensures consistency of support and care for each resident. A care planning project group has been established to lead on this work; the aim of which is to simplify personal care plans in order to offer greater consistency and ease of access to records. Date of completion: 30/06/2021	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Person in Charge will ensure that a full record of all complaints going forward is maintained in compliance with Regulation 34. This will include details of any investigation, outcome of the complaint, actions taken and whether or not the complainant is satisfied. The complainant will also be made aware of the appeals process. Date: 08/03/2021</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge will ensure that there are appropriate systems in place to assess, manage and review risks including a system for responding to emergencies. A risk-based analysis is being completed for each resident/house. Care plans and risk assessments are being reviewed and updated with reference to regulations 26, 16 and 21. Control measures to manage specific risks in the Centre are undergoing a comprehensive review process. Date of completion: 30/06/2021</p>	

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.	Not Compliant	Orange	31/05/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/06/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	30/06/2021

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	08/03/2021