



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 Q
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	23 November 2021
Centre ID:	OSV-0003091
Fieldwork ID:	MON-0031723

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 Q is a residential home located in Co.Offaly. The service has the capacity to provide supports to five adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as a bungalow on the outskirts of a large town. Each resident has a private bedroom, with a shared living area space. The centre also incorporated a spacious kitchen dining area and a garden area

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 November 2021	09:30hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that they had opportunities to engage in activities which they enjoyed in their local community. Although, many areas of care were maintained to a good standard, several areas such as social care, premises, risk management and infection prevention and control required further attention to ensure that they also were held to a good standard at all times. These issues will be further discussed in the subsequent sections of this report.

The inspector met with three residents on the day of inspection and five staff members, including the person in charge. There was a very pleasant atmosphere in the centre and staff members were observed to interact with residents in a kind and considerate manner. Two residents were preparing to go on activities in the morning with one going horse riding and the other going for a massage. The remaining resident relaxed in their bedroom and staff popped in to them frequently to see how they were and warm interactions were heard throughout the morning.

Two residents interacted with the inspector in line with their own needs and the remaining resident sat and spoke about their plans for the day and they also showed the inspector around their home. They said that they liked living in the centre and that staff were very nice. They were very proud of their bedroom and pictures of them participating in the special Olympics decorated the walls. The residents appeared at ease in their surroundings and staff members were observed to chat freely and warmly with residents when keeping them informed of plans for the day. Staff who met with the inspector had detailed knowledge of residents' care needs and they spoke in a confident manner in regards to individual issues such as health, safety and safeguards which were implemented within the centre.

The centre was comfortably furnished and there was a large and inviting reception room in which residents could relax. Each resident had their own bedroom, some of which were ensuite and additional specialised equipment was in place to support residents with their mobility and nutritional needs. For example, the person in charge showed the inspector specialised equipment, which was recommended by a member of the multidisciplinary team, and supported a resident to sit at a recommended position while having their meals. Although the premises was homely in nature, the upkeep and maintenance of the exterior and one aspect of the interior did detract from the overall experience of living in this centre. The exterior paths, driveways and patio areas were covered in debris from falling leaves. These areas also had an extensive coverage of moss which posed a slip hazard to both residents and staff. The exterior walls of the centre also required a fresh coat of paint and the entrance hallway also had evidence of damp present.

It was clear that residents enjoyed a good quality of life and a review of daily notes indicated that they were out and about in their local community on a daily basis. Residents went horse riding weekly and also attended regular fitness classes and

mindfulness sessions. Residents also went for meals out, shopping and popped out for coffee to a nearby hotel. Although, residents had regular access to the community improvements were required in regards to social care. For example the inspector could clearly see that residents were supported to achieve goals in the past; however, a review of a resident's personal plan showed little progress in regards to them achieving their current goals in relation to holidays and day trips to tourist areas.

Residents' rights were actively promoted and information on upholding their rights and accessing advocacy was clearly displayed throughout the centre. Weekly informal meetings with staff were occurring where residents decided on meals and upcoming activities and events. A more formal monthly residents' meeting was also held where topics such as complaints, safety and topical issues such as COVID 19 were discussed. The inspector found that these arrangements ensured that residents were kept up-to-date on regards to the running and operation of their home and also issues which may impact upon them.

The inspector found that the centre was a pleasant place in which to live and that residents were supported by a staff team who knew their needs well and had a pleasant approach to care. Although, several areas were identified as requiring adjustment on this inspection, improvement in these areas of care would further build upon the many positive care practices which were found on this inspection.

Capacity and capability

The provider had systems in place which ensured that many aspects of care were held to a good standard; however, the inspector found that some improvements were required in regards to preparedness planning for COVID 19.

The provider had completed all audits and reviews as required by the regulations. The centre's annual review gave a considered account of the service over the previous year and a number of areas for improvements had been highlighted. This review was also completed following consultation with residents and their representatives with an overall positive response. The centre's six monthly audits had also been completed with some minor actions identified as requiring review. The person in charge was also completing regular medication audits and trending of adverse events for any patterns which may impact on the provision of care.

The provider had produced a comprehensive preparedness plan in response to COVID 19 which clearly outlined how the provider would prepare and support the centre in the event of an outbreak of the disease. Plans highlighted the importance of personal protective equipment and residents were kept up-to-date in regards to developments with the disease. Although, planning was comprehensive, some improvements were required. For example, the plan highlighted that a lead worker

would conduct regular audits to ensure that the centre was ready for an outbreak of the disease, however, these audits were not occurring. Furthermore, although overall planning was robust for the centre, there was no individualised planning in place to guide staff in the specific care of residents who may be required to isolate in their home.

The provider had a staff rota which indicated that residents were supported by a familiar staff team. Regular team meetings and individual supervision was occurring which facilitated staff to raise any concerns they may have in relation to care. Staff were also up-to-date with their training needs and additional training in hand hygiene, infection prevention and control and personal protective equipment had been completed by all staff.

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents were supported by a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and regular support and supervision was occurring which facilitated staff to raise concerns in regards to care practices.

Judgment: Compliant

Regulation 23: Governance and management

The provider failed to ensure that COVID 19 audits as detailed in the centre's preparedness plan were occurring as described. The provider also failed to ensure that individualised planning was in place to guide staff in the specific care of residents who may be required to isolate in their home.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as described.

Judgment: Compliant

Quality and safety

The inspector found that residents did enjoy a good quality of life and that their inclusion in the running and operation of their home was actively promoted. However, as mentioned earlier, improvements were required in regards to several areas of care which were found on this inspection.

As mentioned earlier, residents had good access to their local community and they were well supported to engage in activities which they enjoyed. A review of personal plans found that they were detailed in nature and contained relevant information relating to individual care needs. Staff who met with the inspector were found to have a good understanding of care planning and they could clearly account for resident's individual needs and preferences. Although, personal plans were robust in nature some improvements were required in regards to supporting residents with their individual goals. Personal plans clearly outlined how residents were assisted to achieve their personal goals prior to COVID 19; however, as mentioned earlier in the report improvements were required in regards to supporting some residents with goals they had chosen at their last planning meeting.

The interior of the centre was warm, cosy and also had a homely feel. Each resident had their own spacious bedroom and communal areas were comfortably furnished and decorated with pictures of residents. Additional equipment was also in place to assist residents with their mobility and dietary needs and residents could easily access all areas of their home. Although, the premises was homely in nature, maintenance issues did detract from the lived experience for residents. Damp was noted to walls in an entrance hallway and an extensive cleanup and removal of moss from driveway, paths and a patio area was required as it presented with a slip hazard. Uneven and cracked paths and patio area also presented as a trip hazard and the exterior of the building required an extensive repaint.

The provider had a system in place for monitoring and responding to incidents within the centre. The person in charge held responsibility for reviewing incidents and escalating any issues which may impact on the quality and safety of care which was provided. A review of recorded incidents indicated that the staff team had ensured resident's safety following any incident and the person in charge had also responded promptly. Although, there was no serious incidents of concern, management of the centre regularly examined incidents for any patterns which may

be occurring. The person in charge also kept risk assessments up-to-date and specific risk assessments had been completed in response to fire safety and COVID 19. Individual risk assessments had also been completed for issues such as the risk of choking and falls. Although, risk assessments were generally held to a good standard two issues in relation to a safeguarding and the poor upkeep of the exterior of the premises had not been assessed to ensure that the safety of residents was actively promoted with regard to these issues.

The provider had taken fire safety seriously with fire doors, emergency lighting, fire extinguishers and a fire alarm panel in place. Fire procedures were also displayed to guide staff in the overall evacuation of residents and fire drills were completed which indicated that residents could evacuate the centre in a prompt manner. Personal emergency evacuation plans (PEEPS) were also in place and were reviewed on a regular basis, but some improvements were required as these plans did not clearly highlight evacuation routes or the arrangements, including available supports, for day or night time evacuation.

The centre appeared like a pleasant place in which to live and residents attended regular house meetings where there were kept informed in regards to COVID 19 and any decisions about the running and operation of their home. The inspector also observed staff members chatting to residents in regards to what they would like to do for the day and a review of daily notes indicated that they lived fulfilling lives. There was one active safeguarding plan on the day of inspection which kept under robust review by the provider. The staff team who met with the inspector had an indepth knowledge of the arrangements to keep residents safe and they could clearly outline how this safeguarding plan was implemented.

The inspector found that residents had a good quality of life and that they enjoyed living in the centre; however, several areas for improvement were identified on this inspection which detracted from the overall lived experience for residents.

Regulation 17: Premises

The provider failed to ensure that the premises and it's exterior were maintained to a good standard.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider failed to ensure risk assessments were in place for issues in regards to the premises and a specific safeguarding issue.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had an enhanced cleaning regime in place and staff were observed to wear face coverings. Regular sign and symptom checks for COVID 19 were occurring and a robust infection prevention and control audit had occurred in the recent past. Although the overall premises appeared clean, a bathroom required further review to ensure it was cleaned to a good standard.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider failed to ensure that PEEPS clearly highlight evacuation routes and the arrangements, including available supports, for day or night time evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicinal products had appropriate storage in place and an issue in regards to a medication administration recording error which was highlighted by the inspector was rectified subsequent to the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider failed to ensure that residents were appropriately supported to achieve all their chosen goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to their general practitioner of choice and they also had access to preventive screening programmes.

Judgment: Compliant

Regulation 8: Protection

There was one active safeguarding plan in place which was regularly reviewed by the provider and the staff team.

Judgment: Compliant

Regulation 9: Residents' rights

Residents attended regular house meetings and they were actively involved in decisions about their care.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services - Group Q OSV-0003091

Inspection ID: MON-0031723

Date of inspection: 23/11/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Covid-19 Audits as detailed in the Centre's preparedness plan are occurring from 23rd November 2021. Individualised planning is now in place to guide staff in the specific care of the residents who may be required to isolate in their home.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Extensive clean up has taken place and moss removed from driveway . Request form submitted to Maintenance Department to ensure a good standard will be maintained to the outside of the premises. Painting of premises to take place in 2022.</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>Risk Assessment in place for issues in regards to outside of the premises. Risk</p>	

Assessment now in place for a specific safeguarding issue.	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Request form submitted to Maintenance Department to replace shower grid and hand rail in bathroom and same agreed as an action. Staff team reminded re the cleaning schedule for the bathroom and to report any deficits so high standards are maintained in this area.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PEEP's are reviewed 3 monthly in line with the needs of the residents and evacuation route made more explicit with supports identified for all plans.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All residents now have clear documentation around Person Centred goals in their Care Plans and are supported to achieve their chosen goals through monitoring of goals on a monthly basis. Review of same will take place by monitoring by PIC, Provider and Annual auditing.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	24/11/2021
Regulation 26(2)	The registered provider shall	Substantially Compliant	Yellow	23/11/2021

	ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2022
Regulation	The person in	Substantially	Yellow	24/11/2021

05(6)(c)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Compliant		
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