



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 F
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	31 August 2023
Centre ID:	OSV-0003949
Fieldwork ID:	MON-0031908

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 F consists of two homes, located in a large town, a few minutes drive from each other. Each resident has their own bedroom and most bedrooms have en-suite facilities. In this centre a full-time residential service is provided to a maximum of 10 adults; however, ordinarily no more than nine residents are accommodated in the two homes that make up Group F. In its stated objectives, the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. There is at least two staff on duty during the day in each house. Both houses have a sleeping-night staff. Extra staff is provided when and as the need arises, including the provision of in-house day services during the COVID-19 pandemic.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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
Thursday 31 August 2023	08:45hrs to 15:15hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The provider had applied to renew the registration of this centre; this inspection was being carried out to monitor ongoing compliance and to inform this application. The person in charge met the inspector on arrival and supported the inspection process throughout the day.

This centre comprised of two houses and the inspector arrived at the first house prior to the residents leaving for day service. The residents were expecting the inspector and the inspector's photograph was displayed on the notice board in the kitchen. The residents were very welcoming and although some did not have the ability to converse verbally the staff members on duty were able to assist the inspector in understanding some residents. The four residents in this house were relaxing after breakfast and offered the inspector coffee or tea. One resident very proudly showed off their new coffee maker and recommended that the inspector have a coffee. The residents had a beautiful home and although small, was very homely and met all their needs. The residents had lived there a long time and said they loved their home and this was apparent from the pride they took in it. The residents had every convenience and comfort and there were beautiful photographs, artwork and accessories throughout the house.

The residents had a music play list and 'alexa' which they played their favourite music through. One resident sang along with the music for the inspector and told the inspector they loved going to the pub to hear music and loved socialising. The residents had recently been on holiday in Spain and told the inspector all about it and for those who were non-verbal there was a photo album of the holiday which they could show the inspector. The residents gave the inspector permission to see their bedrooms and while the house was a older home it was maintained in very good order. The residents' bedrooms were bright, airy and spotlessly clean. Each bedroom was personalised with photographs of family members, holidays, activities and each bedroom had a photo frame with the residents' chosen goals in it.

The residents told the the inspector about the activities they do in day service and were very excited about learning dancing later in the morning. They spoke about going out for dinner to restaurants, outings to parks, castles, beach days, local festivals and events. They went bowling and several residents went home for visits to family. All the outings which were discussed were depicted in photo books and in the residents personal files. One resident had started a new job in a local shop where staff supported her. The day service staff member arrived to collect the residents in the service vehicle and the residents went off happily. The staff members with whom the inspector met and spoke were very respectful of the residents and facilitated them to be independent and make their own choices. They encouraged them to get ready for the bus to day service and reminded them of what they were doing that day.

The inspector visited the second house after lunch and was very impressed by the

residents' home and garden. The residents grew a large vegetable garden with potatoes, cabbage, lettuce and in their sun room area at the back of the house they grew tomatoes and peppers. They had beautiful flower boxes, beds and baskets around the outside of the house. Photographs of the residents tending to their garden and a trophy was proudly displayed in the dining room from a garden competition which they had won. The residents' bedrooms were similar to the first house in that they were beautifully decorated and everywhere was visibly clean and fresh. The kitchen in the second house was dated but clean and well maintained. The residents in the second house were in day service and the inspector went to meet them there. They were very welcoming to the inspector and sat and chatted and told the inspector about their summer and all the activities they had done and outings they had gone on. One resident had gone on holidays to Germany with family and then had gone onto Italy for a week's holiday. They had gone on train trips and had enjoyed a visit to the Guinness storehouse in Dublin and were planning a trip to the Dublin zoo lights display. The residents concluded our chat as one of the residents had an appointment to get their hair done in a local salon and two other residents had arrangements to go out for dinner.

In summary the residents were very involved in the running of their home and were active decision makers. The residents in both houses in the designated centre communicated that they were happy in their home and felt safe. They were treated with respect by staff and were supported in a very person-centred manner. A satisfaction survey issued to both residents and family members returned very positive feedback.

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

Capacity and capability

This centre demonstrated a high standard of care delivery and governance with evidence of audits and monitoring by the person in charge. The centre was well resourced and the provider had arrangements in place to ensure that the residents have a good quality of life and felt safe in their home.

There was a committed, qualified and experienced person in charge in place who ensured that the staff team were meeting the residents assessed needs and were very knowledgeable regarding all aspects of their care and support. The person in charge had very good oversight and monitoring of processes and systems in the centre and had a positive relationship with staff and residents. On the day of inspection the residents were observed to be thoroughly engaged by an established staff team and were cared for in a very meaningful and person-centred manner.

There was a full compliment of staff in line with the rota with a diverse skill-mix.

Staff in the centre were fully trained to meet the requirements of the regulations and the needs of the residents. They also received quarterly supervision from the person in charge who in turn received supervision from their line manager. There were clear records kept by the human resources department of the staff recruitment process, contracts, Garda Síochána (police) vetting and the staff members role within the organisation.

There was a detailed section in the residents personal plan and a directory of residents outlining all of their details in relation to Schedule 3 of the regulations including the name, address and telephone number of the resident's next of kin, and of the resident's general practitioner. The date on which the resident first came to reside in the designated centre and all medical needs of the residents were also recorded.

The centre had an audit schedule in place which included the annual review and two six-monthly unannounced audits of the quality of care in the centre. There was also infection prevention and control audits, health and safety, finance and medication audits completed regularly. The actions from the unannounced audit included a review of staffing and subsequent recruitment, medication review for one resident and upgrading of one residents flooring. On review of all the actions they were all either complete or were in progress and notes were kept of actions completed. The person in charge had good knowledge of what needed to be progressed and or escalated to senior management. Satisfaction surveys with both family and residents and informal discussions with both gave positive feedback.

Residents' contracts of care had been discussed and the contents outlined including fees to be charged and signed by residents and or their representative.

The inspector reviewed notifications and incidents on the provider's internal system and found that all adverse incidents had been notified to the Chief Inspector of Social Services. There was evidence of learning from these events at monthly incident review meetings.

Registration Regulation 5: Application for registration or renewal of registration

The provided had submitted a completed application to renew the registration of this centre in the required time frame and paid the application fee.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was experienced, qualified and full-time in the role. They were present in the centre very often and were very engaged with all aspects of the residents' care. They were familiar with the residents' needs and were very knowledgeable about their backgrounds and their abilities. They were very committed to the role and had very good oversight of all areas of the centre, residents and the staff team.

Judgment: Compliant

Regulation 15: Staffing

Care and support in the centre was provided by a regular core staff team who were very dedicated in their role. They treated the residents with the utmost respect and had very positive relationships with them. There were no gaps in the rota when the inspector reviewed a number of weeks and the skill set of the staff team was in line with the residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members had completed all mandatory training in line with the requirements of the regulations including safeguarding of vulnerable adults, fire precautions and positive behaviour support. Some staff members had completed extra training in infection prevention and control and one staff member was being supported to complete an external psychology qualification. The staff were knowledgeable about their training and were able to answer questions in relation safeguarding supports, resident personal egress plans, fire drills and proactive strategies to support residents to manage their behaviour. A clear training record was maintained and certificates were available for review.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained which outlined the services to be provided to each resident in line with their assessed needs. It also gave detailed information regarding when the resident was admitted and the service or home they resided in

prior to coming into the centre. It outlined the resident's background, their diagnosis and other pertinent information.

Judgment: Compliant

Regulation 21: Records

Clear and comprehensive records were kept in this centre. The inspector requested a sample of staff members records to review and Garda Síochána (police) vetting was in place for each staff member and their identification and qualifications were documented as well as their role and contractual arrangements. Residents' details were also clearly outlined in their personal plan and the directory of residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider complied with their regulatory responsibilities and had completed all audits; annual review and two six-monthly unannounced. The action plans from each of these were clearly documented in a live document which the person in charge and staff team worked from. Where actions were being completed progress notes were kept and once an action was complete it was signed off by the relevant staff member. One area highlighted in the annual review was the changing health needs of residents, at present, all residents are very well but this is being kept under review and residents' health checks are completed regularly. There are governance meetings which occur monthly with the person in charge, senior nursing staff and service manager to discuss well being of the residents, the activities undertaken, issues arising for residents or families, staffing and the financial breakdown costs for each centre. The quality and risk officer issued a satisfaction survey to both residents and families in this centre. Residents and families indicated high levels of satisfaction with the centre. All residents had been supported to sign their survey.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The residents had all resided in this centre for a numbers of years and their were no new admissions to the centre. There were contracts of care in place which outlined

the services to be provided to each resident in line with their assessed needs. The fees to be charged were discussed with residents and then agreed and signed by the residents or their advocate.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were reviewed on inspection and the inspector found that all incidents had been notified to The Health Information and Quality Authority (HIQA). The inspector reviewed 'near misses' and found that none of the above met the criteria to be notified to the case holder. The staff team and the person in charge had a clear understanding what their reporting responsibilities were.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no active complaints at the time of inspection but there was a clear complaints procedure in place which was adhered to. There was a log book in which complaints or compliments could be logged and the inspector noted that complaints were minor and were resolved locally and also that some compliments had been logged.

Judgment: Compliant

Quality and safety

The residents in this centre led very full and active lives and were supported by a dedicated staff team who ensured they received a high standard of quality and safety of care. The residents were encouraged to be independent and to make informed decisions and they were treated with great respect by the staff team.

The residents' belongings and finances were safeguarded through rigorous record keeping and monitoring. As well as the regular checks on monies, there was an annual audit where all residents' accounts were reviewed. If a new item was

purchased with residents' money it was added straight away to the personal possessions' inventory.

The residents were very active in their community, some had supported employment locally and others utilised classes and activities such as Zumba dance class, restaurants and hair and beauty salons. They went on holidays and outings to castles, for beach days, black tie awards events and local parks and walkways. Residents choose goals and were supported to achieve them. The assessments of need were reviewed annually with participation from a circle of support including clinicians, staff and family members.

The premises were very homely and were personalised with all the residents' belongings, artwork, photographs, radios and televisions. It was apparent that the residents had input into the decorating of their bedroom and the beautiful garden in the second house. There was evidence of residents' consultation when choosing bed linen, paint colour and soft furnishings. One resident had wanted 'alexa' to play music and this was purchased also. The outside of the house was equally maintained to a high standard with well kept storage areas for mops and flower beds.

The person in charge maintained a risk register for the centre and all identified risks were outlined on it. The residents were encouraged in positive risk taking and they engaged in all activities of choosing. The staff supported the process by assessing each risk and putting the appropriate measures in place to ensure residents safety.

This centre had a strong infection prevention control system in place and this was supported by a robust audit process which was completed by an infection prevention and control nominated nurse.

The person in charge maintained a very good fire management system in the centre. There were regular in house checks by staff of the panel, alarm sounders and emergency exits as well as the formal checks and servicing by the fire company. The certificates issued by the fire company were checked and were all up to date. The residents had a good understanding of fire and when they needed to leave and their were arrangements in place for staff to supervise residents once they evacuated the building so they would not return.

Medication was secured in a locked cabinet in both houses and all the requirements of the regulations were being met in terms of administration of medication and training of staff. There was a medication audit completed at six-month intervals and any medication errors were reviewed as they occurred for learning. An external medication audit was completed annually.

There was an assessment of need in place for each resident which was reviewed and updated annually as part of the person centred planning process. This was audited six months later to ensure any recommendations were being followed up. There was pictorial evidence of residents progress and achievement with goals and one resident talked about their goals and was very proud of what they had achieved.

The good health of the residents was prioritised in the centre. The residents were facilitated and supported to continue to enjoy good health through good diet, exercise, attendance at appointments, referrals for medical issues and adherence to clinicians recommendations.

There were very good systems in place to safeguard and protect the residents. While there were safeguarding plans in place the issue was very well managed; there was open and transparent communication around the issues and all staff had full knowledge of the measures to be implemented.

The rights of the residents and the voice of the residents were very much to the forefront in this centre. It was evident on the day of inspection that the residents were given choice and they were consulted on all aspects of their care and support. The relationship the residents had with the staff was very respectful and pleasant and it was obvious to the inspector that this was the norm. Throughout the documentation reviewed there was residents' consultation notes for activities, holidays, train trips, stays in hotels and discussions around medical appointments and consent given for vaccines. Overall the inspector found the residents were very happy in this centre, were safe and had a very good quality of life.

Regulation 12: Personal possessions

The residents personal possessions were all accounted for in an inventory of belongings. The residents had full control over their possessions and finances. There was a detailed account of monies in and out and receipts for all purchases. One resident proudly showed the inspector his new coffee machine which when checked was accounted for in his finances.

Judgment: Compliant

Regulation 13: General welfare and development

The residents' welfare was supported to a very high standard in this centre. Comprehensive notes were maintained of the residents goals progress and it was highlighted in their personal files when their goals were achieved or if they required more time or support. There was positive engagement from staff and they were very committed to working from a person centred perspective and supported residents to enjoy many activities. Some residents had secured supported employment and had socially valued roles in their community. The residents were supported from a social, personal and psychological perspective and overall led very happy and meaningful lives.

Judgment: Compliant

Regulation 17: Premises

Both houses were maintained to a very high standard and although they were old houses, they were very clean, warm and homely. One house had recently had a new kitchen put in and it was modern with ample storage and new appliances. The garden in both homes was kept very well and in the second house, the residents enjoyed a beautiful flower and vegetable garden with raised beds. The houses had beautiful photographs and photo books of residents holidays, family weddings and residents birthday parties. Both houses were well equipped and laid out with lots of storage and communal space for residents to have visitors if they so wished.

Judgment: Compliant

Regulation 26: Risk management procedures

The residents in this centre enjoyed a very active life and were not restricted in any way due to risk. The residents were encouraged to engage in all activities and support was provided for example when one resident attended supported employment. Residents were facilitated to go on holidays and this was risk assessed and reasonable measures put in place to ensure residents safety. There was a risk register in place and all identified risks were reviewed quarterly. The person in charge had implemented a robust risk management system and had good oversight of it and this was informed by the organisation's risk policy

Judgment: Compliant

Regulation 27: Protection against infection

The centre had previously had an infection prevention and control inspection in June 2022 and was found compliant in regulation 27. On this occasion the inspector found that the standard of infection prevention and control (IPC) was maintained. There were regular IPC audits and there was a clear pathways for escalating any issues. There were protocols in place for cleaning and different areas were cleaned each night and the floors cleaned in the morning. There were coloured-coded mops for different areas and these were laundered and stored appropriately in a outdoor unit. There was a laundry management system in place which ensured that

residents clothing was washed separately and in alginet bags when required.

Judgment: Compliant

Regulation 28: Fire precautions

Residents were familiar with the process in the event of the fire alarm sounding and their personal egress plan reflected this. According to the fire drill records the residents could be evacuated in a safe time period. There were functioning fire doors throughout both buildings; adequate fire extinguishers, fire blankets and emergency lighting. The fire equipment had been serviced, their were containment measures in place and fire retardant materials used in soft furnishings.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored in a locked well-organised cabinet. All staff were trained in the safe administration of medicines. There was a clear photograph of all residents to ensure there were no errors. There was medication administration record available for review, it was very clear with all details outlined including dosage, route of administration, doctors details, known sensitivities and signing sheet. The medication policy was available and the inspector noted it had been reviewed regularly and amendments made as necessary.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured there was an assessment of need in place for all residents which assessed the residents health and social care needs. A personal plan was developed and reviewed annually or as required; personal goals were chosen by each residents and their key worker supported them in achieving same. The goals were outlined in each residents bedroom and they were very proud of all they had achieved. The residents' personal plans were all kept up to date

Judgment: Compliant

Regulation 6: Health care

There was evidence of regular healthcare appointments with; their general practitioner, dietitian, chiropractor and three residents had an appointment scheduled for the memory clinic which they attended annually. The residents each had an acute hospital communication passport in place which outlined all their details including diagnosis, medication and communication methods used by the resident including picture exchange. There was consent sought for flu and COVID-19 vaccinations.

Judgment: Compliant

Regulation 8: Protection

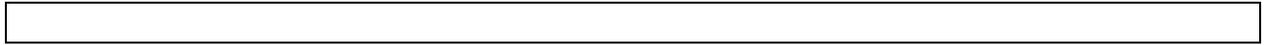
This centre currently has two interim safeguarding plans in place. There were appropriate measures in place to safeguard the residents and all staff had a strong knowledge of the issues. There was evidence at residents' house meetings and key worker meetings that self care and protection were discussed and education provided around protecting themselves. All staff were trained in safeguarding and there was a policy available to guide their practice.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged in this centre to exercise their rights and were supported in all their choices by staff. They make decisions regarding the running of the centre and choose meals, outings, holidays, make decisions regarding health care and are involved in advocacy discussions. Weekly-house meetings are held and residents can discuss any issues they wish at this meeting. They also have access to an independent advocate if they so wish. Staff did not have formal human rights training but had received training in decision making and capacity and also had a human rights officer to refer issues to.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant