



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

## Issued by the Chief Inspector

Name of designated centre:	Group K - St Anne's Residential Services
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	12 July 2021
Centre ID:	OSV-0005157
Fieldwork ID:	MON-0029550

## About the designated centre

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

Group K - St Anne's Residential Services consists of a detached two-storey house, located in a small town. The designated centre provides a residential service for up to five residents with intellectual disabilities, both male and female, over the age of 18. The centre can offer support for those with mobility issues. Each resident has their own bedroom and other facilities in the centre include a kitchen/dining room, two sitting rooms, bathroom facilities and staff rooms. Staff support is provided by a clinical nurse manager, a home manager and care staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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## How we inspect

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
Monday 12 July 2021	10:00 am to 6:00 pm	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

From what the inspector observed, residents enjoyed a good quality of life in this centre and were offered a person centred service, tailored to their individual needs and preferences. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them and it was evident that including residents in decisions about their lives was important in this centre. Management systems in place in the centre were ensuring that a safe and effective service was being provided to residents. Some issues identified in the previous inspection had not been fully addressed at the time of this inspection, such as independent access to laundry facilities as was desired by a resident and fire containment issues.

The centre comprised a large two storey house that could accommodate five residents. Resident accommodation was provided only on the ground floor, with staff and office spaces occupying the first floor. The centre was located on the outskirts of a rural village, close to local amenities such as shops and the local church and graveyard. The centre was fully occupied at the time of this inspection. Residents had varying levels of mobility in this centre, with some residents fully mobile and some residents using assistive equipment such as wheelchairs.

Residents' bedrooms were personalised and the centre was homely and inviting and nicely decorated. Pictures of residents taking part in days out and activities were displayed throughout the house and one resident showed the inspector a memorial area for a deceased resident. Externally, residents had access to a patio and garden area that included a garden shed that housed the laundry facilities for this centre. The garden contained a lawn area, some raised beds and garden furniture. One resident told the inspector that not all areas of the garden were accessible to them and that they would like better access to the shed and the patio area around the raised beds so that they could independently carry out laundry and gardening activities as desired.

This inspection took place in the backdrop of the COVID-19 pandemic. Communication between the inspector, the residents, staff and management took place in adherence with public health guidance. All of the residents present in this centre interacted with the inspector for brief periods during the inspection. One resident also completed a questionnaire for the inspector to view. Some residents told the inspector that they liked living in the centre and were supported to make choices and that the staff supported them to do the things they wanted to do. Some residents were unable to fully communicate verbally, their views about the quality of the service in the centre. The inspector observed these residents attending to their daily routines and saw that they appeared content and relaxed in the centre and that the staff supporting them knew them well and had a good understanding of their communication styles. Residents were observed to be comfortable in presence of the staff supporting them and staff were seen to be responsive to residents when they sought support from staff. Residents were seen to be consulted with regularly

through resident meetings and residents moved freely about their home. For example, the inspector saw that residents were free to make tea and coffee themselves and where support was required this was offered by staff in a friendly and unobtrusive manner. Residents were encouraged to take part in the day-to-day activities of the house and one resident told the inspector that they enjoyed participating in meal preparation and had prepared the vegetables for dinner that day.

Some residents were accessing partial day services at the time of this inspection. Day services had been curtailed during the COVID-19 pandemic. The person in charge told the inspector that some residents had declined to return to their day service when they were recently offered the opportunity to, and had instead requested to enter into retirement. This was discussed with the residents and their wishes on this matter respected. On the day of this inspection, the inspector met with all the four residents present in the centre, one resident was in hospital at the time of the inspection. The inspector saw that residents were supported to go out on a planned activities and to attend to activities of their own choosing throughout the day. Residents were seen to spend time independently in their bedrooms, spending time together in communal areas, and carrying out their own activities such as Zoom calls, artwork and attending to their own personal care. One resident showed the inspector a workstation containing a personal computer that had been set up in the sitting room for their use and told the inspector about the different activities they took part in such as zoom calls with day services. Staff were seen to be mindful of residents' dignity and privacy.

The inspector spoke with some of the staff members working in the centre on the day of the inspection and obtained their views on the running of the centre and the quality of life afforded to residents in the centre. Due to restrictions in place during the COVID-19 pandemic it was not possible for the inspector to meet with family members on the day of this inspection. The person in charge and staff working in the centre spoke about how family communication was maintained and facilitated in the centre.

The inspector observed and overheard the residents being offered fresh, home cooked foods and drinks regularly throughout the day and choices were offered at mealtimes. Where a modified diet was recommended, the inspector saw that this were offered in accordance with residents assessed needs. The inspector viewed records showing that residents received a varied diet in the centre that took into account their dietary needs and preferences.

Residents had access to transport to facilitate community access and were seen to utilise this on the day of this inspection. Where restrictions associated with COVID-19 presented challenges to residents carrying out their usual activities, alternatives were put in place, such as access to outdoor activities and walking areas, and visits to the local church and graveyard as per resident requests.

Overall, this inspection found that there was a very good level of compliance with the regulations and that this meant that residents were being afforded safe and person centred services that met their assessed needs. 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.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. There was a clear management structure present and this centre was found to be providing a responsive and overall good quality service to the residents living there. Some non-compliance identified in the previous inspection was ongoing and this will be discussed further in the quality and safety section of this report. Some further information was requested from the provider in relation to the fire containment measures in place in the centre. This information was provided following the inspection in a timely manner and the provider was seen to be responsive, with assurances provided that identified works would be completed within a set time frame.

The person in charge in this centre had recently been appointed following the departure of the previous person in charge. Prior to this, the newly appointed individual had been a member of the management team of the centre and was aware of the needs of the residents. An experienced clinical nurse manager (CNM2) had been identified by the provider to take over the role of person in charge, as soon as they met the mandatory requirements for this role. This individual was also present on the day of the inspection and at that time was undergoing an induction process so that they could take over the day-to-day management of the centre. A home manager was also present on the staff team and this individual was on duty in the centre on the day of the inspection and spoke with the inspector also.

The home manager reported to the CNM2, who in turn reported to the person in charge. The person in charge was present on the day of the inspection and had remit over three designated centres as person in charge, as well as participating in the management of a number of other centres. The person in charge reported to a services manager. Reporting structures were clear and there were organisational supports such as audit systems in place that supported the person in charge and the staff working in the centre, and provided oversight at a provider level. The presence of a home manager and a CNM2 in the centre meant that the person in charge was adequately supported to maintain oversight in the centre. A sample of supervision records viewed indicated that the person in charge and their deputy in the centre were receiving regular formal supervision and there was evidence of regular contact between the staff team, the person in charge and wider management team.

The person in charge was very knowledgeable about the residents and their specific support needs and this enabled them to direct a high quality service for the

residents living in the centre. The inspector saw that the person in charge maintained a presence in the centre and had an active role in maintaining oversight and the running of the centre, and staff spoken to reported a supportive environment fostered by the person in charge.

Overall, the centre was adequately resourced to provide for a good quality service for the individuals living there. Staffing levels were appropriate, essential maintenance was carried out and there was suitable transport available for the use of the residents. A recent fire drill had identified some concerns about the timely evacuation of all residents in the centre. It had also been recently identified that some residents had increased needs and the inspector saw that the provider had responded proactively to these concerns by increasing the staffing levels in the centre and making arrangements for works to be completed to install an additional fire exit from a resident's bedroom. These works were at tendering stage at the time of this inspection and in the interim the inspector saw that staffing levels at night had been increased on a temporary basis to ensure that all residents could be evacuated in a timely manner if required.

A dedicated staff team provided supports to the residents of this centre. The staff team present on the day of the inspection were familiar with the residents and this provided the residents with continuity of care and consistency in their daily lives. The person in charge had a good awareness of the future needs of the residents to include that additional nursing input would be an advantage on the staff team to meet the changing needs of residents in the centre and a CNM2 had recently been appointed to work in the centre.

Contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. Residents and staff in the centre had been supported to access vaccination services if desired. Audit schedules were in place and audits such as infection control and hygiene audits were taking place. An annual review and six monthly audit had been completed and actions identified were being addressed. Overall, the timely identification and management of issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre.



The person in charge had the required qualifications, skills and experience necessary for the role and demonstrated good oversight of the centre.

Judgment: Compliant

### Regulation 15: Staffing

There were arrangements in place to ensure that there were sufficient staff on duty to support the residents. This centre was staffed by a core group of dedicated staff with a skill mix appropriate to the assessed needs of the residents living there. Staffing levels had been increased in line with the assessed needs of residents and to ensure residents safety.

Judgment: Compliant

### Regulation 21: Records

The previous inspection had identified that required records were not adequately maintained in relation to residents diets. These were viewed on the day of this inspection and seen to be maintained to an adequate standard. Overall, records in the centre were seen to be maintained and were accessible to the inspector.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure that identified lines of authority and accountability, and management systems in place in the designated centre were appropriate. The centre was adequately resourced and appropriate plans were in place at a provider level to manage and mitigate against the risk of the COVID-19 virus during the ongoing pandemic. An annual review had been completed that included consultation with the residents and their representatives and issues identified in the annual review and six monthly report for the centre were being addressed. There was evidence that there was appropriate oversight of this centre.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Contracts of care were viewed for residents that set out the terms and conditions of residency and the fees and charges payable by residents. These had been signed by the residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider and person in charge maintained a clear register of all incidents and accidents in the centre in line with the organisations policy. All incidents that required notification to the Office of The Chief Inspector were submitted as required.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Written policies and procedures were adopted and implemented in this centre. There were some gaps in the maintenance of documentation. For example, the inspector was unable to view an up-to-date policy relating to the provision of behaviour support in the centre on the day of the inspection and it was unclear if this was under review or was overdue review. However, the provider subsequently provided the inspector with an up-to-date copy of this policy in the days following the inspection.

Judgment: Substantially compliant

## Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of care and support and good quality supports were provided to the five residents that lived in this centre. This inspection found that while overall residents were safe in this centre, there were some improvements required in relation to fire safety measures in place in the centre, the storage of chilled foodstuffs, and the documentation relating to medication in the centre. Also, as highlighted in the previous inspection of this centre, some improvements were required to ensure independent access for residents to the laundry facilities and garden areas in the centre.

Overall, the premises was suitable to meet the needs of the residents living there.

Resident accommodation was all located on the ground floor of the centre and the centre was nicely decorated and well maintained. Equipment such as hoists and adapted bathrooms were available for the use of residents and were well maintained and regularly serviced. Since the previous inspection had taken place, one resident remained unsatisfied at the level of access they had to the laundry facilities in the centre. While, this resident could access a shed that contained laundry facilities with the assistance of staff, they were unable to access this area independently as per their own wishes. This was due to a concrete path not being wide enough to allow for the resident to independently navigate their way to and from the shed in their wheelchair. The service manager told the inspector that there were plans to widen this path and ensure adequate access to both the shed and garden area when upcoming works were being completed in the centre.

The inspector saw that there were appropriate systems in place to manage risk in this centre. Where an activity was identified as having certain risks attached, appropriate controls were put in place to mitigate these and residents were provided with opportunities to take part. For example, upon lifting of visiting restrictions during the COVID-19 pandemic residents were supported to make home visits and this was risk assessed as appropriate. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre. There was an organisational plan and risk assessment in place in relation to COVID-19 and individual risks had been considered and recorded. Where incidents occurred these were found to be appropriately recorded and considered.

Infection control procedures were in place in this centre to protect residents and staff in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Cleaning records indicated that there was a regular cleaning schedule taking place. Staff had undertaken training in recent months on infection control measures. The person in charge and staff had an awareness of infection control measures to take to protect residents, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). The staff seen working in this centre took their responsibilities in this regard seriously and demonstrated this throughout the time the inspector spent at the centre.

There were plans in place to evacuate residents in the event of an outbreak of fire in the centre. Fire evacuation drills were taking place regularly in this centre, with issues that might impact on the safe evacuation of residents being identified and acted upon appropriately. Night time drills were being completed and additional staff had been put in place to ensure that all residents could safely evacuate at all times. The previous inspection had identified that some fire containment works were required in the centre. While a review of these had been completed since then, the inspector was not assured that the measures in place were sufficient to ensure the safety of residents and staff in the centre should an outbreak of fire occur. The downstairs area of this centre, occupied by residents and had fire containment measures such as appropriate fire doors in place. However, the upstairs area, which accommodated sleepover staff and office accommodation did not have fire doors installed and this presented a risk that staff would be unable to respond to residents

in the event of an outbreak of fire in the centre at night. The inspector requested that this be reviewed by a competent professional and that review indicated that fire doors were recommended in this area of the centre. The provider immediately committed to ensuring that these works were completed.

Overall, medication procedures in the centre were good. There was a locked room in the centre dedicated for the storage of medications. Medication administration records were in place and being completed appropriately by staff. Staff had received training in medication administration and management. Where medications were being crushed, this was clearly recorded on the medication administration record. PRN protocols were in place for medication administered as required. Prescribed rescue medications for residents with epilepsy were seen to be in date with clear instructions accompanying it in a care plan kept with the medication. One drug prescription record was seen to be unclear and did not guide staff sufficiently. The provider committed to rectifying this immediately.

Appropriate and considered goal setting provided residents with opportunities to live active full lives of their own choosing. Individualised plans were in place that contained detailed information to guide staff in supporting residents on an ongoing basis. These were seen to be comprehensive and detailed goals that were set by and with the residents. Goals were found to be relevant and the documentation around these was being updated regularly. Some of the goals set by residents in this centre included goals to return to activities previously enjoyed in the community such as massage, bingo and overnight stays. Some goals viewed related to residents entering the retirement phase of their lives and included actions such as purchasing a laptop to remain in contact with day services. There was evidence of residents taking part in activities and achieving previous goals. The documentation in place clearly demonstrated how goals were being achieved and any issues that arose in the completion of goals and this meant that residents had greater opportunities to succeed in their desired goals.

Residents were supported to adapt and reassess their goals as required during the COVID-19 pandemic when restrictions were in place that prevented them from achieving certain goals and where possible accommodations were put in place to facilitate residents to achieve alternative or amended goals. Personal plans were reviewed at least annually with residents and their representatives through scheduled person centred planning meetings.

There was evidence that the residents living in this centre were facilitated and supported to access medical supports and care as required and there were comprehensive plans in place to support residents to achieve the best possible health outcomes. Healthcare plans were updated regularly to reflect any new information and changes to a resident's support needs. There was evidence that the person in charge was maintaining contact with appropriate medical professionals, including when medical appointments had been cancelled or curtailed due to the COVID-19 pandemic. Residents were supported to access COVID-19 vaccination services if they wished. Staff had received appropriate training when required to support residents with specific medical needs.

The previous inspection had identified an issue in relation to the temperatures of the kitchen fridge not being within the required range for safe chilled food storage. This inspection found that daily records that were kept of the kitchen fridge temperature indicated that this issue had been rectified. However, when checked by the inspector, the temperature of the fridge was seen to be above the safe range for chilled food storage. The provider indicated that this had not been identified due to the time of the day that temperature checks were being completed and the close proximity of the fridge to the oven, which had been in use prior to the inspector viewing the fridge temperatures. Appropriate records were maintained in relation to food and drinks provided to residents and residents were supported with any specific dietary requirements they had and had been referred for review by an appropriate health and social care professional as required. Some residents in this centre had been assessed as requiring a modified diet by a speech and language therapist. These recommendations were seen to be available to staff in the centre and the inspector observed staff following these recommendations.

### Regulation 12: Personal possessions

Residents were provided with appropriate facilities to store their personal belongings. Laundry facilities were provided for but one resident continued to have issues regarding independent access to these facilities and was not supported to manage their laundry in accordance with their needs and wishes.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

Residents were observed to be relaxed and comfortable in their home and in the company of the staff that supported them. Residents were provided with opportunities for recreation and meaningful activities and staff were familiar with residents' preferences. Residents were involved with decisions about their life and facilitated to live a life of their own choosing. Continuity of care was provided to residents and the future needs of residents had been considered and appropriate plans put in place.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises was suitable for the residents that lived in this centre and was well maintained. Where the provider had identified that changes were required to ensure residents needs were met this was responded to. For example, the provider had identified that an additional fire exit was required and had put in place plans for this work to be completed. However, at the time of this inspection the garden and shed area of the centre were not accessible to all residents. The paving on the patio and a garden path were unsuitable to allow for safe, independent access to a resident in a wheelchair. The provider gave assurances that there was a plan in place to address this within the months following the inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that adequate quantities of food and drink consistent with the resident's individual needs and preferences was provided. The person in charge had ensured that residents had access to meals, refreshments and snacks as required. Some improvements were required to ensure that chilled food storage facilities were fit for purpose.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Individual risks had been appropriately considered and the inspector found that there was appropriate consideration given to positive risk within the centre. There was evidence that there was learning from incidents and the provider was proactive in their approach to risk management.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection control procedures in place in this centre were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. An enhanced cleaning schedule was in place and staff demonstrated an awareness of infection control measures to take to protect residents, staff and visitors to the

centre, including appropriate use of personal protective equipment (PPE). Staff had undertaken training in recent months on infection control measures.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire fighting equipment including fire extinguishers and fire blankets were viewed throughout the centre. Equipment was regularly serviced by a competent professional in this area and plans were in place to provide for the safe evacuation of residents, staff and visitors in the event of a outbreak of fire in the centre. There was emergency lighting in place and regular fire drills were occurring, including night time simulation drills. Appropriate fire containment measures were in place in parts of the centre occupied by the residents. However, the upstairs section of the centre, used by staff for office and sleepover purposes did not have fire doors in place. Although identified in a previous report, the inspector was not assured that the compliance plan submitted at that time had sufficiently addressed this issue. The inspector requested that this be reviewed by a competent person and following the inspection, the inspector received assurances from the provider that this review had been completed and that works identified as required during this review would be carried out in a timely fashion.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Overall, there were good systems in place to ensure oversight of medications administered in this centre. Medications were seen to be stored securely and medication administration records were in place. Staff were trained in the safe administration of medications and PRN protocols were in place to guide staff. A drug prescription record was not clear in relation to one PRN medication that was prescribed for a resident. This had been signed by the GP as discontinued but this signature was subsequently crossed out and it was unclear if this resident should receive this medication or not. This required review to ensure that the information available to all staff was clear.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. These were comprehensive and person centred and had been reviewed with residents to take into account changing circumstances and new developments. Plans were person centred and included systems for review and were developed in consultation with residents.

Judgment: Compliant

### Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment. Access to health and social care professionals was facilitated as appropriate. There was clear guidance available to staff to guide them in ensuring that the medical needs of the residents were being met. Resident records indicated that healthcare plans were subject to regular review, with annual consultative multidisciplinary reviews taking place. Residents were supported to access COVID-19 testing and vaccination services as required. Hospital passports were in place to support residents in the event they would need to be transferred to an acute services and records were available about any previous hospital admissions.

Judgment: Compliant

### Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from all forms of abuse. Throughout the inspection residents were seen to be comfortable in the presence of staff members. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse and Garda vetting was in place for all staff, including agency staff. Staff spoken to were aware of their responsibilities in relation to safeguarding residents and residents expressed to the inspector that they felt safe in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were seen to have choice in this centre. Residents were involved in decisions about their lives and were supported to take part in activities and life



experiences of their own choosing. Staff were seen to be respectful of residents. Residents told the inspector that they were satisfied with the supports they received and the choices available to them in the centre. For example, some residents had expressed a desire to change their day service arrangements or retire from day services and these wishes were discussed with the resident and facilitated. Residents had access to advocacy services if required and took part in local advocacy groups if desired.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Group K - St Anne's Residential Services OSV-0005157

Inspection ID: MON-0029550

Date of inspection: 12/07/2021

## 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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: DOCS011 Policy on supporting persons with behaviours of concern approved on 11/05/2021. The policy was circulated to the designated centre on the 13/07/21. The registered provider made available a copy of the policy to the inspector on the 13/07/21.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: A maintenance request has been submitted to widen the existing access and egress to the laundry facilities in order to facilitate independence. This has been agreed and will be actioned 7/09/21.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The registered provider has identified that an additional fire exit is required in 1 residents bedroom, works scheduled to be completed on 07/09/21. The registered provider has scheduled works to ensure that the garden path, patio and shed area of the centre is made accessible to allow for safe, independent access to a resident in a wheelchair.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:  The registered provider has sanctioned a review of the facilities by qualified personnel and the purchasing of a new chilled food storage facility is sanctioned.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The registered provider has ensured all fire containment measures to the upstairs of the designated centre has been completed 16/08/21.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  The drug prescription record was reviewed by the pharmacist and the GP in relation to PRN medication and updated and signed on 30/08/21.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(3)(b)	The person in charge shall ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.	Substantially Compliant	Yellow	07/09/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	07/09/2021

Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	15/09/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	16/08/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/08/2021
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	13/07/2021