Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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 R
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:	04 March 2021
Centre ID:	OSV-0005643
Fieldwork ID:	MON-0030868

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 R is a designated centre operated Daughters of Charity Disability Support Services Company Limited by Guarantee. The designated centre provides community residential services to five adults with a disability. The centre is located on the outskirts of a town in Co. Tipperary. The centre is a detached two-storey house which comprises of five individual resident bedrooms, entrance hall, a sitting room, a kitchen/dining room, a utility room, a main bathroom and a staff office/bedroom. Staff support is provided by a social care leader and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Thursday 4 March 2021	10:00hrs to 16:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

From what residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and enjoyed a good quality of life.

In line with infection prevention and control guidelines, the inspector carried out the inspection mostly from a room of the designated centre. The inspector also ensured physical distancing measures and use of personal protective equipment (PPE) was implemented during interactions with residents and staff during the course of the inspection.

The inspector had the opportunity to meet with four of the residents of the designated centre during the inspection. Residents were observed to appear relaxed and comfortable in their home. The residents engaged in activities of daily living including watching tv and accessing the community.

Resident's rights were found to be respected and the inspector observed the staff team treating residents with respect and dignity. The residents were supported to develop and maintain their relationships with family and friends. While there were restrictions on visiting in place, in line with Public Health guidance, video calls had been utilised to support residents to maintain contact with people important in their lives.

The designated centre was suitably decorated in a homely manner. On the day of the inspection, one of the resident's bedrooms was in the process of being redecorated. However, there were areas of the designated centre which were in need of maintenance and upkeep including painting, broken tiling and the kitchen work top.

In summary, based on what residents communicated with the inspector and what was observed, the inspector found that residents received a quality of care in their home. However, there were areas for improvement particularly in relation to the centre's staffing levels and fire safety.

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. However, improvements were required in staffing arrangements.

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the residents and their needs. There was evidence of regular quality assurance audits taking place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. These audits included the annual report 2020 and the provider unannounced six monthly visits as required by the regulations. Additional quality assurance audits carried out included health and safety audits and medication management audits. The quality assurance audits identified areas for improvement and action plans were developed in response.

The person in charge maintained a planned and actual roster. From a review of the rosters, the inspector found that staffing levels required further review to ensure staffing levels were appropriate to the needs of residents. The provider self-identified improvements required in staffing levels to meet the assessed needs of two residents. While, there was evidence that the provider had made an two applications to the provider's funder regarding increasing staffing levels, it was not demonstrated that the current staffing arrangements in place were appropriate to meet residents' needs.

At the time of the inspection, the centre was operating with one whole time equivalent (WTE) vacancy in the current staffing complement. The inspector was informed that this vacancy had been filled and that the staff member is scheduled to start working in the centre shortly. As the resident's day service was closed due to COVID-19, there was evidence of additional staffing supports in place during the day. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

There were systems for the training and development of the staff team. The inspector reviewed a sample of staff training records and found that, for the most part, the staff team were up-to-date in mandatory training. However, of the records reviewed, some members of the staff team required refresher training in areas including de-escalation and intervention techniques and fire safety. This meant that they did not have up-to-date training to meet the needs of the residents. This had been self-identified by the provider and refresher training had been scheduled where necessary.

The inspector reviewed a sample of incidents and accidents in the centre and found that all incidents were notified to the Chief Inspector as required by Regulation 31.

Registration Regulation 5: Application for registration or renewal of registration

An appropriate application for the renewal of registration of this centre had been

received as required.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The current staffing levels at the designated centre were not appropriate to meet the identified needs of the resident. The changing needs of residents identified the need for additional staffing levels in the centre. At the time of the inspection, the increased staffing levels had not been put in place.

Judgment: Not compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. However, some members of the staff team required refresher training in in de-escalation and intervention techniques and fire safety.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which was up to date and contained all of the information as required by Regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place which identified areas that required improvement and actions plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose for the designated centre which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and accidents were notified to the Chief Inspector as appropriate.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was monitored. However, improvement was required in relation to ensuring the service provided was appropriate to the residents needs. In addition, improvement was required in relation to fire safety and premises.

There systems in place for fire safety required improvement. While, there was evidence of regular fire drills taking place, improvement was required in the arrangements in place to safely evacuated all persons in the case of a fire. For example, two night time fire drills completed in February 2020 and February 2021 identified concerns regarding the evacuation of two residents. The provider identified the need for additional staffing in place at night time to support residents to safely evacuate and an occupational therapist recommended adapting the fabric of the stairs to support one resident to evacuate. At the time of the inspection,

these actions remained outstanding.

The inspector observed that the centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. The resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the resident to evacuate.

The inspector completed a walk through of the centre accompanied by the person in charge and found that the centre was decorated in a homely manner. The designated centre consisted of five individual resident bedrooms, entrance hall, a sitting room, a kitchen/dining room, a utility room, a main bathroom and a staff office/bedroom. On the day of the inspection, one residents bedroom was in the process of being renovated and the inspector observed that the centre's external walls had been power washed in preparation for painting. The inspector was informed that painting the exterior of the premises had been delayed due to COVID-19. There were areas of the premises which required attention including areas of internal paint, a scratched kitchen work top and some broken tiles in the main bathroom and a resident's en-suite.

The inspector reviewed a sample of residents' personal plans. Each resident had an up-to-date assessment of need which identified the residents' health and social care needs and informed the resident's personal support plans. The personal plans were up-to-date and guided the staff team in supporting the resident with their assessed needs.

However, it was not evident that the current arrangements in place in the designated centre were suitable for the purposes of meeting each residents' assessed needs. For example, the provider had self-identified the need for additional staffing levels and adaptations to the premises in order to meet the residents assessed needs. The inspector was informed that the provider had reviewed the suitability of one residents placement and was in the process of reviewing a second resident's placement for suitability. In addition, improvement was required in supporting a resident access a service provided by an allied health professional. The resident was referred to an allied health professional in August 2020. While there was evidence that the provider had made efforts to access this service, at the time of the inspection the resident had not accessed this service.

There were positive behaviour supports in place to support residents manage their behaviours as required. The inspector reviewed a sample of positive behaviour support plans and found that they were up to date and guided the staff team in supporting the residents to manage their behaviour. There were a number of restrictive practices in use in the centre which were appropriately identified by the person in charge and reviewed by the provider.

There were systems in place to safeguard residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. There were safeguarding plans in place to address identified safeguarding concerns. Staff spoken with were knowledgeable of safeguarding and on what to do in the event of a concern. The inspector observed

that residents appearing comfortable and content in their home and relaxed in the presence of staff.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre-specific and individual risks and the measures in place to mitigate the identified risks.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre was supported by the provider's internal COVID19 management team and had access to support from Public Health.

Regulation 17: Premises

There were areas of the premises which required maintenance and upkeep including:

- paint on external walls
- areas of paint internally
- some broken tiles in the main bathroom and a resident's en-suite
- and a scratched kitchen work top.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre monitored risks through an up-to-date risk register which outlined the controls in place to manage identified centre and individual risks.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for staffing and self isolation of residents. There was infection control guidance and protocols in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The arrangements in place to ensure all persons in the designated centre can be safely evacuated in the case of a fire required improvement. There were identified concerns regarding the evacuation of two residents at night time. The identified actions to address these concerns included additional night time staff and recommendations to adapt the fabric of the stairs. These measures had not been put in place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The arrangements in place to meet the needs of each resident required improvement. For example, the current staffing levels at the designated centre were not appropriate to meet the identified needs of the residents and recommended adaptations to the premises had not been completed. At the time of the inspection, the provider was undertaking an assessment of the suitability of the centre to provide care for two of the residents. In addition, there was insufficient access to an allied health professional service for one of the residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were positive behaviour supports in place as required to support residents manage their behaviour. The positive behaviour support plans appropriately guided staff in supporting the residents.

The restrictive practices in use in the centre were appropriately identified by the provider. There was evidence of regular review of the restrictive practices to ensure they were applied in line with evidence based practice.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There were systems in place to review and respond to incidents occurring in the centre and safeguarding plans were in place to address identified safeguarding concerns. The staff team had up to date training in safeguarding vulnerable adults, were knowledgeable of safeguarding and on what to do in the event of a concern.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group R OSV-0005643

Inspection ID: MON-0030868

Date of inspection: 04/03/2021

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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
The registered provider can confirm that the vacancy identified in the report has now been filled and a staff Commenced on 14/03/2021.

The registered provider in view of the identified changing needs in this center has initiated and completed a staffing review. This review was completed by the Director of Nursing and Director of Quality & Risk on 29/03/2021. A meeting was held by the registered provider on 12/04/2021 to discuss the outcomes and recommendations of this staffing review with the Service manager and PIC in order to meet the assessed needs of the residents and agree a number of actions.

The registered provider will re-assess the current rostering structure in the center to meet the identified needs of the residents. A review of the day duty roster indicated some roster adjustment within the current staffing levels could benefit the area by ensuring that staffing levels were distributed evenly throughout the day to meet the resident's needs. This new rostering system is being introduced and will be evaluated to measure effectiveness.

The PIC will complete an assessment of needs for each resident. The registered provider will submit a business case to the HSE for enhanced funding where any deficits in staffing levels are identified.

With immediate effect and during the period of assessment the registered provider has increased the staffing complement by putting in place a waking night staff to ensure sufficient supports are available while an overview is taken of the current needs, processes and resource management. For clarity there is a sleepover staff and a waking staff on duty each night. This was commenced on the 20/04/2021 and is for a period of one month following which the registered provider will re-assess against the ongoing processes.
The registered provider through the Director of Nursing and PPIM will ensure supports

for staff are made available to guide staff in their care provision; this will include support and guidance from a CNS in Behaviors of concern to work with the team to enhance knowledge and practice. This to commence before 30/04/2021. The registered provider will ensure an ongoing review of this center through regular governance and management meetings. A meeting has been arranged for the 04/05/2021 to review information gathered and determine future planning.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Since the inspection the resumption of training in Fire Safety and in Management of Behaviors of Concern have resumed for all. The Person in Charge has identified all staff that require updated training and has through the training department placed all staff on the relevant training list. They are scheduled in for forthcoming sessions. All will be completed by 31/06/2021.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider has agreed a schedule for completion of all outstanding works in the area as identified in the inspection report.
Since the inspection the external painting has been completed and a costed plan regarding internal painting is being prepared. The work will commence on this immediately following the costed plan.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider through the Director of Nursing and Director of Quality & Risk and PPIM have reviewed the night time evacuation drills and plan for identified individuals who are presenting with intermittent resistance to the evacuation fire drills. With immediate effect and during the period of assessment the registered provider has

increased the staffing complement by putting in place a waking night staff to ensure sufficient supports are available while an overview is taken of the current needs, processes and resource management. For clarity there is a sleepover staff and a waking staff on duty each night. This was commenced on the 20/04/2021 and is for a period of one month following which the registered provider will re-assess against the ongoing processes. The PIC will complete an updated assessment of need for each resident. All individual Personal Evacuation Plans have been updated by the Person in Charge. The registered provider will ensure an analysis of the process surrounding the fire drill and evacuation within the designate center by the Director of Quality and Risk and The Director of Property, Estates and Technical Services with support of the MDT. This review will inform process going forward and accurately identify any resources required in the area. The registered provider will submit a business case to the HSE for enhanced funding where any deficits in staffing levels are identified. The replacement of the stair covering has been sanctioned with immediate effect and will be completed by the 15/05/2021. A meeting has been arranged for the 04/05/2021 to review information gathered and determine future planning.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Since the inspection the registered provider has ensured that the resident who required the services of an allied health care professional has been reviewed. All outcomes are identified and clear in the personal plan. The individuals Assessment of need has been updated to reflect any changes and needs.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/05/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/06/2021

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/06/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2021