



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

Issued by the Chief Inspector

Name of designated centre:	Anneverna
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	20 April 2021
Centre ID:	OSV-0007837
Fieldwork ID:	MON-0032060

About the designated centre

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

Anneverna is a full-time residential service for up to four adults with intellectual disabilities. Anneverna is located in Co. Louth. The centre comprises four bedrooms, one with an ensuite, a large kitchen with a living and dining area, and a separate sitting room; there is also a large secure garden to the front and rear of the centre. The centre is near a large town where residents can be supported to access amenities. The centre is nurse-led, with a staff nurse present on a twenty-four-hour basis; the team comprises staff nurses, care assistants and a healthcare assistant.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 April 2021	10:00hrs to 15:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was undertaken in a manner to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre. Through observations and review of residents' information, the inspector found that the centre was operated in a manner that promoted and respected the rights of residents and that residents were receiving appropriate care and support.

This centre was opened in August 2020. Residents had moved from a campus-based setting into the community. The transition was positive. However, residents' opportunities to engage in their new community and partake in social activities had been hampered by restrictions due to the COVID-19 pandemic.

The inspector did not formally meet with the residents but observed them move about their home as they wished. The inspector observed some of the residents relax in the kitchen areas; this was the residents' preferred activity. The kitchen was the focal point of the centre, and the residents enjoyed observing staff prepare meals and carry out duties.

The centre's management and staff team provided individualised services that were aimed at supporting residents to settle into their new environment and, when possible, to engage in their new community. This approach had been captured in social care goals that had been set for residents.

Activity plans had been developed for residents that were linked to supporting residents to engage in their personalised goals. Gardening and the creation of a sensory garden were identified as goals for some of the residents, and this was being actioned with the support of staff. Encouraging some residents to engage in activities of daily living had also been identified. A resident also planned to visit sports fields in their new community and attend games when possible. Other residents were being supported to watch religious services remotely.

Some of the residents had also celebrated significant birthdays since their move. The staff team had organised themed parties for the residents, and there were pictures taken of residents enjoying the events.

The provider and staff team supported the residents to maintain their relationships with their families. The inspector had the opportunity to speak with two residents' representatives. Both family members expressed that they were happy with the service and the staff team supporting their loved ones. Both felt that the staff team were responsive to the residents' needs and that their loved ones were happy in their home. The family members explained that they were kept informed of any developments and that there was good communication between the staff team and families. The family members spoke positively of the move from the campus-based setting to the community. They felt that once restrictions were lifted that the

residents would be very active in their community.

Overall, residents were receiving a service that was meeting their needs.

Capacity and capability

The centre was effectively resourced with a clearly defined management structure in place. The centre's management team was made up of a person in charge and a house manager. There were appropriate arrangements in place to ensure that service was effectively monitored. This ensured the service provided to residents was effective and focused on meeting the needs of residents. For example, the provider had ensured that an annual review of the quality and safety of care and support had been completed.

The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these. The centre's management team were also carrying out monthly audits that, when required, identified areas that required attention to ensure that the best service possible was being provided to residents.

The staff team was made up of staff nurses, care assistants, and health care assistants. The provider had ensured that residents were receiving continuity of care and that staffing levels and qualifications were appropriate to the number and assessed residents' needs.

The provider had systems to ensure that the staff team had access to appropriate training, including refresher training as part of a continuous professional development programme. There was some refresher training that was outstanding due to COVID-19 restrictions. The provider, however, had a plan in place to address these when possible.

The person in charge was submitting notifications regarding adverse incidents to HIQA; a review of the notifications, however, demonstrated that a notification had not been submitted within the prescribed timeframe as per the regulations.

The provider had ensured that there was an effective complaints procedure in place. The centre's management team had responded to complaints promptly, and steps taken had been documented.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents.

Regulation 15: Staffing
The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.
Judgment: Compliant
Regulation 16: Training and staff development
The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.
Judgment: Compliant
Regulation 23: Governance and management
There was an internal management structure that was appropriate to the size and purpose, and function of the residential service.
Judgment: Compliant
Regulation 31: Notification of incidents
While the provider had reported adverse incidents to HIQA, they had not ensured that all incidents were reported within the timeframe as per the regulations.
Judgment: Substantially compliant
Regulation 34: Complaints procedure
The provider had ensured that there was an effective complaints procedure in place.
Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and tailored to their needs. A review of the centre's information did, however, highlight that improvements were required to the centres fire precautions.

There was a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm systems, and emergency lighting. While fire drills were taking place in the centre regularly, the provider had failed to carry out a fire drill that simulated maximum resident numbers and minimum staffing numbers. The provider had, therefore, not demonstrated that they could safely evacuate all residents with minimum staffing levels. There were some further improvements required to the documentation of the procedure to be followed in the case of fire. This was discussed with the centre's management team, and they set about addressing this during the inspection.

An appraisal of residents' information demonstrated that comprehensive assessments of resident's health and social care needs had been completed. These assessments were under review, and there was evidence of the assessments and residents' personal plans reflecting changes in needs and circumstances for the residents. Residents' health needs were captured in their plans, and information on how to best support residents was clearly displayed. For some residents, there were regular correspondences with external health care professionals, and these were easily accessible. Members of the provider's multidisciplinary team were involved in the development of supports for residents, and the provider's audit systems prompted their input if required.

The provider had ensured that there were systems in place to respond to safeguarding concerns. The person in charge had also ensured that all staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse. The inspector reviewed an active safeguarding plan and found that the person in charge and provider had responded appropriately to the incident and that learning had also been prioritised following the incident.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. There was an active risk register in place that captured the environmental and social care risks present in the centre. Residents' risk assessments were detailed and were linked to their support plans. These assessments were being reviewed and updated if required regularly.

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training, and infection control processes. The review found that the provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections

published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was tailored to their needs.

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had not demonstrated that they could safely evacuate all residents with minimum staffing levels.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were appropriate systems to respond to safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were being promoted and respected by those supporting them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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 Anneverna OSV-0007837

Inspection ID: MON-0032060

Date of inspection: 20/04/2021

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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The House Manager has been granted access to the Hiqa Portal which will allow for ease of access submitting notifications within correct timeframe during holiday periods</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Risk assessment was completed on 20/04/2021 for lone worker at night safely evacuating the residents in the event of a fire</p> <p>A night fire drill took place on 27/04/2021 with reduced staffing numbers and with participation of all residents</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Substantially Compliant	Yellow	27/04/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	31/05/2021