



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

## Issued by the Chief Inspector

Name of designated centre:	Marian Avenue
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	14 July 2021
Centre ID:	OSV-0001839
Fieldwork ID:	MON-0032113

## About the designated centre

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

Marian Avenue can accommodate male and female residents from 18 years to end of life. The centre can accommodate a maximum of five residents with a moderate to severe to profound intellectual disability. Marian Avenue provides support for older persons and associated end of life care needs. Residents are supported by nursing staff and care assistants under the direction of a Person in Charge in delivering a person centred model of service provision. Marian Avenue is a modern purpose built residence located in Co Longford. The house comprises of a large kitchen/dining and living room area, five bedrooms, which have en-suite facilities. There are two further bathrooms one of which includes a fully accessible bath and another which has accessible shower facilities. Residents receive intervention through the community and primary care team from occupational therapy, physiotherapy, and speech and language therapy. Therapists working with residents in Marian Avenue are appropriately qualified and vetted. These staff support residents during assessments and reviews.

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

Number of residents on the date of inspection:	5
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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
Wednesday 14 July 2021	10:00hrs to 16:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

From observations within the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The inspector met with four residents who lived in this centre. and three staff on the day of inspection. Although residents were unable to verbally express their views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, and were very supportive of residents' wishes and preferred activities. Observations and related documentation showed that residents' preferences were met.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning for each resident. There were adequate staff in the centre to ensure that residents' support needs were met. There were sufficient staff on duty during the day and night to ensure all residents were supported as per their individual plans. In addition, staff were observed providing individualised supports for residents on the day of inspection.

Two residents were observed by the inspector preparing to attend day services for a period of time during the day. These residents were relaxed and smiling while they awaited their transport. During the day residents in the centre were observed engaging in various table top activities. In addition staff were observed providing a variety of snacks and drinks throughout the day. One resident approached the inspector smiling to show their choice of a snack, which was a chocolate cake. There was also opportunity for outdoor activities such as relaxing in the garden, enjoying refreshments, listening to music and interacting with staff.

During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate their needs. Some of the communication techniques used included photographs to identify staff on duty and clear pictorial information. At a staff meeting staff had discussed dining experience for residents. The preparation of meals for residents included individual meal preparation based on their food preferences. This was to ensure that each resident had food that they really enjoyed at each meal.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean spacious, suitably furnished and decorated and equipped to meet the needs of residents. There was internet access, television, games, and music choices available for residents. Communal areas were decorated with suitable colour themes, and comfortable soft furnishings and decor. There was adequate communal and private space for residents, a well equipped kitchen and sufficient bathrooms,

Residents had their own bedrooms which were comfortably decorated, furnished and person centred. Residents' bedrooms were decorated in calm, relaxing colours, while others were vibrant and strong and represented themes and interests that residents were passionate about. There was adequate furniture in which residents could store their clothing and belongings.

At the rear of the house there was a spacious garden area to suit the needs of all residents and to support their enjoyment of this outdoor space. There was garden furniture so that residents, who chose to could maintain their personal space outdoors while dining or relaxing outside.

In summary, the inspector found residents' safety and welfare was paramount. The systems and arrangements that the provider had put in place in this centre ensured that the residents were supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

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 the quality and safety of the service being delivered.

## Capacity and capability

This service was last inspected in May 2019; that inspection found a number of areas that required improvements. This inspection found that the provider had responded appropriately to the findings from the 2019 inspection and that residents were receiving a service that was meeting their needs and wishes.

The provider had ensured that there was a management structure in place that was led by a person in charge. There was a strong management team presence, and in general, this led to the effective delivery of care. The provider had completed the required reviews and reports focusing on the quality and safety of care provided in the centre as per the regulations. The inspector noted that an annual review of quality and safety of care and support in the centre had also been carried out and that residents and their representatives had been consulted. Actions had been identified following these, and there were appropriate systems in place that ensured that identified actions were being addressed. The most recent audit had been completed in April, and there was evidence of identified actions being addressed

promptly.

A review of staff team's training needs record showed that training was up-to-date for all staff. In addition, the provider was also supporting staff to complete bespoke training to meet the additional needs of residents. The staff team supporting the residents were made up of a Clinical nurse manager, care staff, and at times social care staff. A review of planned and actual rotas displayed that, in general, three staff were assigned to support residents during each day. The provider, in their most recent audit, had identified that there was a need to ensure that there were appropriate staffing numbers each day. On review of the roster the inspector found that staffing levels were reliant on relief staff due to ongoing vacant positions. In addition, the skill-mix were not in-line with the statement of purpose for example, nursing staff were replaced with social care staff.

The person in charge was submitting the necessary notifications for review by the Chief Inspector as per the regulations. The inspector found that good audit structures were in place to monitor all incidents and notifications in the centre, which ensured that these were reported within the prescribed period.

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

#### Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge, who had good knowledge of the needs and support requirements for the residents and good systems for monitoring and review of these.

Judgment: Compliant

#### Regulation 15: Staffing

On review of the roster the inspector found that staffing levels were reliant on relief staff due to ongoing vacant positions. In addition, the skill-mix were not in-line with the statement of purpose for example, nursing staff were replaced with social care staff.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of good quality and safe service to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider and person in charge was forwarding the required notifications to the Chief Inspector.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members regularly.



The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. A number of residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence that these plans were treated as live documents and tracked the changing needs and supports required for residents.

The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes. The inspector noted that residents had been supported to complete a number of achievements in 2020 and goals had been set for them to work towards in 2021.

The inspector observed that residents had access to appropriate healthcare professionals. There were health action plans and risk assessments focused on promoting the health of residents, and these were under regular review.

Effective fire safety precautions were in place, including, fire detection and containment arrangements and multiple fire exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A waking night staff arrangement was also in place, meaning that should a fire occur at night, staff were available to quickly respond to it. A personal evacuation plan was in place for each resident: however, these required further review to ensure they gave clarity on specific support each resident required to evacuate. Furthermore, although there was a fire procedure available at the centre, it also required further review to ensure it gave additional clarity on how staff respond to fire at the centre.

The provider had ensured that there were systems in place to respond to safeguarding concerns. The inspector reviewed previous investigations carried out following concerns being raised and found that the provider and person in charge had responded appropriately. 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 the infection control practices in the centre and noted that since the introduction of public health safety guidelines, the provider had put a number of measures in place to maintain the safety and welfare of staff and residents. Regular temperature checks were occurring, social distancing was practiced and staff wore appropriate personal protective equipment (PPE) when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation as well as the response to decreasing staff numbers.

## Regulation 10: Communication

The staff team supporting residents were aware of their communication needs.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained and clean, comfortable and suitably decorated throughout.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The risk management systems protected residents and were proportionate, without impinging unduly on residents' freedom. Relevant risks were identified for the residents and suitable support plans implemented for situations such as fall, weight loss, seizure activity and mobility.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
There were robust measures in place to control the risk of COVID-19 infection in the centre.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The provider had safety precautions in place, including, fire detection and containment arrangements, emergency lighting and regular fire safety checks. Fire drills were regularly occurring with all staff and residents and records demonstrated that staff could effectively support residents to evacuate the centre in a timely manner. A personal evacuation plan was in place for each resident; however, these required further review to ensure they gave clarity on the specific support each resident required to evacuate.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The systems for the management and administration of the residents' medicines were safe and in accordance with all guidelines. The systems were monitored and the residents medicines were frequently reviewed and their impact monitored.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents had good access to a range of multidisciplinary assessments, including dietitians, occupational therapy, neurology, and general medicine care. The residents' care needs and plans were reviewed frequently, in consultation with the residents and their guardians. Changes were made to detailed support plans where necessary. the residents social care needs and preferences, access to their preferred activities and the community were well supported.

Judgment: Compliant

### Regulation 6: Health care

The residents' health needs were monitored and reviewed frequently with good access to GPs and other relevant clinicians.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

## Regulation 8: Protection

The provider had effective systems, policies and procedures in place to protect the residents from abuse. There was a protocol implemented in specific situations which ensured that they were safe. Their personal care and finances were managed with due regard to their dignity and their protection.

Judgment: Compliant

## Regulation 9: Residents' rights

The residents' rights were being protected by the systems for consultation with them and respecting their known preferences and wishes regarding their day-to day lives, their privacy and dignity, support with their monies and appropriate consultation with their families.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Marian Avenue OSV-0001839

Inspection ID: MON-0032113

Date of inspection: 14/07/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: St Christopher's Services CLG are actively recruiting staff nurses. The statement of purpose for the designated center has been updated.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All Personal Emergency Evacuation Plans will be updated to include the specific details of the supports required during an evacuation of the center	

## 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.	Substantially Compliant	Yellow	30/09/2021
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Substantially Compliant	Yellow	30/09/2021



	persons in the designated centre and bringing them to safe locations.			
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