



# 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 Q
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	20 June 2023
Centre ID:	OSV-0003091
Fieldwork ID:	MON-0031720

## 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 Q is a residential home located in Co. Offaly. The service has the capacity to provide supports to five residents over the age of eighteen years with an intellectual disability. The service operates on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents are facilitated and supported to participate in a range of meaningful activities within the home and in the local and wider community. The property presents as a bungalow on the outskirts of a large town. Each resident has a private bedroom and is provided with a shared living area space. The centre also incorporates a spacious kitchen-dining area and a garden.

**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 (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 June 2023	10:00hrs to 17:15hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

This was an announced inspection to inform the renewal of the registration of the designated centre. On arrival at the centre the inspector was met by the person in charge, signed in and completed hand hygiene.

The residents all attend a form of day service either an integrated day service within their home or external to their home. Residents lead active lives engaging in a mix of activities such as horse riding, swimming, walks, dance class, massage therapy, sensory supports,. One residents is completing a digital life story and residents also enjoy reflexology, bowling, meals out, and overnight stays in hotels. Residents are also involved in Special Olympics, going to the hair dresser, church, concerts and the zoo.

The residents were all in and out during the day and the inspector had the opportunity to meet with all five residents at different times and interact with them. They live a busy and active life which is very person centred and are encouraged to makes choices and decisions daily about where they want to go, with whom and what activity they would like to do. Some of the residents had the ability to verbally converse with the inspector and other residents methods of communication included vocalisations, gestures and smiles. The residents were all very positive and bubbly and happy to meet with the inspector. The inspector had lunch with one resident and during the course of the conversation the resident told the inspector they were happy in the centre and liked the people they lived with. They were particularly fond of the staff and the inspector noted that the staff members who they met had a lovely relationship with the residents and treated them with respect. The residents were all out during the day to sports classes, coffee out and to meet people. The centre had a lovely pleasant atmosphere and there was lots of chat and smiles and residents all indicated that they felt safe and enjoyed living in this centre.

The resident's bedrooms were beautiful and personalised with photographs of family events, holidays, trips and each resident had a radio or television in their bedroom. Each bedroom was painted in a colour of the residents choosing following service user consultation and each resident's bedroom had curtains and cushions and bed linen of choice. The centre had been painted since the last inspection and had lovely new flooring fitted. The centre was spotlessly clean, bright and the residents were involved in keeping their home so beautiful and were very proud of it.

The designated centre was very homely and had lovely touches such as plants and flowers and artwork on the walls. There was a beautiful granite seat outside the front door for the residents to sit and enjoy. On entering the centre there was a sign which stated that while this may be staffs workplace, first and foremost this was resident's home. The centre was very clean and smelled fresh and had been aired with windows open. The bathrooms were sanitised and there were paper towels and hand wash available. There were clean and full sanitising units available for

sanitising hands.

The staff in the centre facilitate a resident's meeting each Wednesday where they discuss advocacy, infection prevention and control and complaints, the confidential recipient and the charter of rights. Staff were facilitated with training in assisted decision making and are using this training to support residents to make decisions about their care and support. It was evident that the resident rights were respected in this centre and that the residents were very involved in the running of the centre.

In summary, the inspector found that residents enjoyed full and meaningful lives and were consulted regarding the running of the centre. Each resident's well-being was maintained to a high standard and the residents appeared happy and content in 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 on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

Overall the residents enjoyed a very good quality of life in the designated centre and had meaningful activities and relationships in their lives. They said they loved living in the centre and were very positive about the care and support they received.

The person in charge was effective in the role and maintained good oversight of the centre. There was a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specified roles, and details responsibilities for all areas of service provision.

The inspector reviewed the actual and planned rota and found that the provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. The rota indicated that the residents received continuity of care and support from staff who were well known to them.

All staff completed mandatory training including fire precautions, safeguarding of vulnerable adults and infection prevention and control. Staff also received additional training in line with the needs of the residents such as autism training and training in dysphagia. Staff with whom the inspector spoke were able to apply learned skills in practice, this was particularly evident when staff were observed to support residents in line with eating, drinking and swallowing plans.

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The provider had appointed suitably qualified people to manage this centre and they were effective in the role.

There was a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and detailed responsibilities for all areas of service provision. The person in charge had implemented a strong internal audit system to ensure good oversight and monitoring.

A directory of residents was maintained in the centre and the residents had signed contracts of care in place.

There was an accessible complaints system in place and information regarding same was on display.

Overall the residents enjoyed a very good standard of care in this centre, they had a beautiful home in which they felt safe and where they were respected. They had meaningful and active lives and were involved in the running of the centre.

### Registration Regulation 5: Application for registration or renewal of registration

All required documentation was submitted as part of the application process.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was full time in the role and was committed to providing a person centred service. They had very good oversight and monitoring of systems within the centre and there were clear reporting pathways for any issues that may arise. The person in charge had the experience and qualification for this role and managed the centre very effectively.

Judgment: Compliant

### Regulation 15: Staffing

The staff rota was reviewed over the last number of weeks and it was noted that there was consistency in the staffing of the centre. The residents were known to the staff, had very positive relationships with them and met all their needs in a kind and caring way. The staff had the skills and experience to work with the residents and were very knowledgeable regarding the residents care needs.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had received the mandatory trainings including safeguarding of vulnerable adults, fire precautions, infection prevention and control and positive behaviour support. The staff were very clear in how to apply their training in practice and could outline all measures included in an active safeguarding plan and how to protect the residents as part of this. The staff members saw training as a very positive part of their work, they were very engaged in training and requested training that was not mandatory to continually develop their practice such as knowledge around autism. Some staff were completing social care training outside of their work and were implementing good practice they had learned in the centre. There was very positive culture of learning in the centre.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents had been developed and maintained in the centre and it outlined when the residents came to reside in the centre and where they had lived previously. There was a very rich overview of the residents medical and care history which was invaluable when getting to know the residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a robust management system in place in this centre. The provider had put forward suitable people to manage the centre and they had very good processes in place to oversee practice. The provider had ensured that two unannounced audits and an annual review of the care and support were completed for 2022. The annual review outlined positive responses from both residents and their family through a consultation process to determine satisfaction with the service.

An internal schedule of audits was in place for 2023 which included an internal medication audit and also an audit from an external professional. There was also an infection prevention and control audits and a health and safety audit. There were action plans devised from these audits and the audit process was very effective in identifying deficits and addressing them. Some of the areas highlighted for improvement were maintenance issues such as upgrade of the bathrooms, one of

the bathrooms had been upgraded on the day of inspection and a grant had been applied to upgrade others to a greater extent.

Staff attended supervision and there was a supervision schedule in place and person in charge attends monthly governance meetings with the service manager.

Judgment: Compliant

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

There were signed contracts of care in place for each resident which outlined the services to be provided and the fees to be paid.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no active complaints in the centre on the day of inspection. There was an accessible complaints system and information on how to make a complaint was clearly displayed with a photograph of the complaints officer. The residents were supported to understand how to make a complaint and this was discussed weekly at the house meeting. When residents were asked if they knew how or who to make a complaint to, they named a staff member and the person in charge and said they would tell them their concerns.

Judgment: Compliant

## Quality and safety

The residents received a high standard of care and support in this centre. They received a good quality service which was safe, person centred and promoted their rights.

The residents were supported to communicate through their preferred means which included use of visuals and objects of reference. They had communication assessments in place and the person in charge ensured recommendations were followed. All residents had access to the Internet, television and radio.

The residents enjoyed meaningful activities of choice daily and engaged in their local community. Overall the residents welfare and development was supported and they

met friends and family regularly. They also had chosen goals with support from staff and there was evidence of achievement such as the digital life story for one resident.

The premises was well maintained, homely and clean. The residents were very involved in decorating the house and their opinion had been sought in relation to upgrades. The swings seats in the garden were purchased at the request of the residents and they were noted to enjoy them.

The residents choose meals weekly and were involved in the house shopping and preparing meals. Some residents had received support regarding their diet from a health care professional. A meal planner was completed weekly and it was provided in visual format to aid some residents.

There was accessible information available to residents to inform them of services to be provided to them in the form of a visual residents guide and accessible policies. There was visible information displayed throughout the house on hand hygiene and and cough etiquette.

The provider had a robust risk management system in place and identified risk through a process of review which was overseen by the person in charge. The residents were supported in positive risk taking and were provided with a safe service.

There was good fire management system in place which ensured that residents safety was maintained, there was regular fire drills, servicing of equipment and fire doors throughout the centre. Personal egress plans were person centred and accounted for hearing and visual impairment and the necessary accommodations were put in place.

Medicines administration practices this centre were maintained to a high standard. There were systems in place for the prescribing, ordering, collecting and returning discontinued medicines. There was a medication audit system in place and the inspector reviewed same and noted it was effective in maintaining good oversight of practice.

There was a clear assessment of need in place and it was audited regularly to ensure it was up to date. The person in charge ensured that all referrals for support and recommendations were adhered to. There was also a health care assessment of need completed for resident and there was evidence that these needs were met consistently.

Residents were protected and safeguarded from all for abuse in this centre and staff were very aware of their responsibilities in this regard and had familiarised themselves with all aspects of the residents safeguarding plans.

The residents was consulted on all areas of care and support and the running of the centre. The residents lived in a very person centre environment and their rights were respected. Consent was sought regarding activities, healthcare, meals and

vaccinations.

### Regulation 10: Communication

Residents are supported to communicate and have communication support plans and communication passports in place, these are reviewed and updated regularly with input as required from a speech and language therapist. The information in them is detailed and effective and gives clear guidance to staff on how to communicate with residents. Residents have access to television, radio and Internet, one resident has their own electronic tablet.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured the residents had access to facilities for occupation and recreation; they went to day service and choose activities of interest to them and which were in line with their developmental needs. They were supported to meet friends and family and maintain strong relationships with them. The residents were very active in their community and were well known, they frequented restaurants, coffee shops and beauty and hair salons. Overall the residents in this centre received a very high standard of care and support and led very active and meaningful lives.

Judgment: Compliant

### Regulation 17: Premises

The premises were maintained to a high standard both inside and out and residents had beautifully decorated rooms which were clean and cosy. The premises had a lovely kitchen and while it was not new it was kept clean and sanitised. The bathrooms were well maintained but the provider had applied for a grant for one of them and was hoping to turn it into a wet room. The back garden was well kept and was lovely place for residents to enjoy with lovely swing seats which the residents were observed to use.

Judgment: Compliant

## Regulation 18: Food and nutrition

There was nutrition support plan in place for residents to ensure that they have access to a healthy diet. It was noted that there were fresh fruit and vegetables available to the residents and staff were observed to cook a healthy meal for the residents. The residents choose meals at a weekly house meeting.

Judgment: Compliant

## Regulation 20: Information for residents

There was lots of information displayed for the residents on a notice board. There was information regarding how to make a complaint and this was actively encouraged and was discussed regularly at team meetings. The residents had access to information regarding vaccinations, advocacy and the confidential recipient.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a risk management system in place for the identification, assessment, response and monitoring of risk. There was a risk register in place and this was monitored by the person in charge. Through review and analysis of incidents the team were able to be proactive and identify risks and put measures in place to address them. The person in charge had good oversight of the risk management system and control measures were proportionate to the risk and supported positive risk taking. The person in charge ensured that there were risk assessments in place for falls, fire safety, maintenance of the premises and residents' changing needs.

Judgment: Compliant

## Regulation 28: Fire precautions

The person in charge had an effective fire management system in place. Fire drills were currently completed weekly as evacuation times had been slightly high and the person in charge recognised this and did more practice with staff and residents thus reducing the time to under three minutes for all residents to be safely evacuated.

The extinguishers, alarm and emergency had all been serviced and there was policy in place which was reviewed within a three year time period.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge maintained a good medicines management system in the designated centre. The provider completes an annual internal medication audit and an external annual audit is completed by the pharmacist. Medicines are ordered monthly from the general practitioner and blister packed by the pharmacy and collected by a staff member. Two staff members check the medication, count and sign them in. The administering staff member complete the medicines administration record and sign once administered to the resident. The medication administration record was reviewed by the inspector and all were clear and had all required detail and the medicines were suitably stored in a locked and organised cabinet.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the needs assessments for residents and all residents had an up to date needs assessment completed with a personal plan developed from this assessment. The personal plan outlined the supports required to maximise the resident's personal development in accordance with his or her wishes and was developed through a person centred approach with the maximum participation of each resident. There were personal plans in place for mobility, eating and swallowing and personal and intimate care. These were evaluated for their effectiveness and all changes in needs or circumstance were accounted for and the plan amended accordingly.

Judgment: Compliant

### Regulation 6: Health care

The person in charge had implemented a good health care support system where residents were facilitated to attend all medical appointments and enjoy good health. There was evidence of residents having been monitored and referred for dementia screening and attending mental health reviews. One resident had attended a

nutritionist and received advice and recommendations on healthy diet and lifestyle and was observed on the day of inspection on their exercise bicycle. All residents attended their general practitioner for medical reviews annually or as required.

Judgment: Compliant

### Regulation 8: Protection

All staff received training in the safeguarding of vulnerable adults and were knowledgeable regarding the safeguarding measures in the two safeguarding plans in place in the designated centre. There was a safeguarding policy in place, in date and which was reviewed regularly. The staff members with whom the inspector spoke were knowledgeable regarding the measures in place to safeguard the residents and were observed on the day to be very vigilant regarding same.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents rights were respected and maintained in this centre. The residents were actively involved in running the centre and making decisions about their care and welfare. They were consulted on numerous areas at the house meetings such as activity and meal choice and through regular service user consultation with their key workers. They were consulted on regarding whether they wished to take a vaccination or not and given appropriate information on the vaccinations to make an informed decision.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant