



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

Issued by the Chief Inspector

Name of designated centre:	Group J - St. Anne's Residential Services
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	08 February 2023
Centre ID:	OSV-0005158
Fieldwork ID:	MON-0030080

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of four adults. In its stated objectives the provider strives to provide each resident with a community based, person centred service; a service that aims for each resident to reach their full potential. Residents attend a variety of day services. Transport to and from these day services is provided. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory support. The premises comprises of a spacious two storey house. Each resident has their own bedroom shared communal, dining and bathroom facilities. One bedroom is en-suite. The house is located on the outskirts of a large town and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care staff with nursing staff support as need be. Staff have expertise and education in care of persons with a disability. Care is guided and directed by the person in charge who is supported by staff and by senior management personnel. Ordinarily there is two to three staff in the house during the times residents are in the house. At night time there is one sleep over staff.

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 (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 8 February 2023	10:00hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an announced inspection that was completed by one inspector across one day. In order to ascertain resident views of what it was like to live in the centre, the inspector spent time with residents, had discussions with the staff team and completed documentation review of aspects of their care and support needs. Residents expressed how they were all very happy living in their home. Discussions with staff and reviews of relevant documentation indicated that residents had busy active lives where their wishes and preferences were considered at all times. Good continuity of care for the people living in this centre was evidenced with the three most recent inspections achieving high levels of compliance across regulations.

As the inspection was completed during the COVID-19 pandemic, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. As such, appropriate Personal Protective Equipment (PPE) was used and the inspector adhered to good practices in relation to hand hygiene.

On arrival at the centre it was noted that it was a large two-storey detached home in a residential area. Flower pots had recently been planted at the front door. No residents were present at this time as they had all left to attend their day service or place of work. The inspector completed a walk around of the home with the person in charge. It was noted that there were notice boards for residents displaying important information such as staff on duty, public health information in relation to COVID-19, and a charter of rights. These documents were in accessible formats so all residents could easily understand the information presented. The house was homely, warm and overall well kept. Painting work had commenced and painters were on the premises on the day of inspection. Residents each had an individual bedroom, with access to a communal kitchen/dining area, sitting room and large well maintained garden. Residents took part in a yearly garden competition and there was plans for them to compete in this again. However, due to general wear and tear some aspects of the premises needed repair to ensure best practice was always adhered to in relation to infection prevention and control measures (IPC), this is discussed further in the relevant section of the report.

In the evening time the inspector spent some time sitting with the residents and discussing different aspects of their care and support. The majority of residents were eager to sit and engage with the inspector. Many of the residents discussed, in detail, activities and events that they had completed or were occurring to in the future. Holidays and day trips were being planned in line with the residents' individual personal planning process. Residents spoke about holidays to Liverpool, day trips to Wicklow, tennis games, upcoming match fixtures and a variety of other activities. It was apparent during the discussions that residents were actively involved in all aspects of the planning process. For example, a recent trip was booked for one resident to visit Liverpool, the resident and staff team planned what seats to book on the plane journey and what was the best mode of transport to take

to the airport. Both staff and the resident were very excited about this upcoming trip.

During this time in the afternoon, residents seemed very comfortable in their home. They were seen to request hot drinks or make them independently. They sat happily in each others company and moved about their home freely. They were very familiar with the staff team and called them all by name. Past events, such as day trips and holidays were discussed with staff in a familiar manner. Residents were seen to laugh and smile throughout the conversations. When a resident sought assurance around different aspects of their day this was provided by the staff team. Staff were respectful in all interactions and ensured that residents were included in all conversations. A number of residents expressed that they liked living in the home and that staff looked after them well.

In addition, family and friend connections were discussed. Some residents had family visits planned or planned to stay in the family home. This was facilitated and encouraged by the staff team. A sample of family questionnaires were reviewed. The registered provider sends these on an annual basis to ensure residents family views are captured on a regular basis. In these documents the family members stated they were very satisfied with the service being provided and stated that 'the service was excellent' and that residents 'were well looked after'.

In advance of the inspection the residents completed a questionnaire to reflect their views in relation to the care and support they received. Staff supported residents to complete these documents. In this questionnaire they indicated that they were happy with the comfort, warmth and access to their home and garden. When asked if there was anything about the centre that they particularly liked they said 'I like my housemates' and 'I like sky sports'. many residents also indicated that they were happy with their bedroom, food and mealtimes, visiting arrangements, their rights, and their access to activities in their home and in the local community. They listed some activities they enjoyed such as gym visits, going out for meals, gardening, bowling, cinema and sleeping late at the weekend. A resident had indicated one small aspect of care that they felt needed improvement. The person in charge discussed this in detail with the inspector, including how it was treated as a complaint and what measures were put in place to address this with the resident. It was evident that the service encouraged feedback from residents and was eager to rectify any identified issues in line with the resident's wishes and preferences.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the inspector found that the designated centre was well managed, and that this was resulting in the delivery of high-quality, person-centred care and support

for the residents living in the centre. The residents appeared happy, relaxed and content in their home. They were supported by a staff team who were very familiar with their needs and preferences. Each staff member who spoke with the inspector was motivated to ensure each resident was living a life of their choosing. Oversight and monitoring were carried out routinely by the provider and person in charge and they were evaluating the effectiveness of practices to support the resident's rights. There was a clear focus on ensuring continuous improvement across all aspects of the service provided. Consistent compliance with regulations had been demonstrated across the last three inspections indicating a strong sustainable model of quality service delivery for the people that lived in this centre.

The provider was completing six monthly announced inspections and annual reviews in the centre. In addition, regular audits were being completed by the person in charge and the staff team. The actions following these reviews were leading to positive outcomes for the residents in relation to their care and support, and in relation to their home. For example, the annual review had identified that one resident wanted to spend time in their family home. Staffing had been identified as a barrier to achieving this. Staffing arrangements had been reviewed and a plan was in place to ensure this resident could visit this home on a regular basis.

The provider had employed a person in charge who had the qualifications, skills and experience to fulfill the role. They were employed on a full-time basis and had responsibility for one other designated centre. They were found to be knowledgeable in relation to each resident's wishes and preferences and motivated to ensure they were happy and safe in their home. They were a very strong advocate for the residents living here and were continually promoting residents rights in all aspects of care. The person in charge was supported in their role by Clinical Nurse Manager. The person in charge attended monthly governance meetings to discuss shared learning opportunities and important aspects of care and support in the centre.

The residents were supported by a staff team that had the knowledge and skills to provide person-centred evidence based practices. The staff team were committed to ensuring residents were well looked after and safe in their homes. They had the appropriate skill set to ensure residents care was optimised and that residents interests and strengths were encouraged and recognised. Staff were regularly supervised to ensure they were appropriately supported in their role.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The residents were supported by a staff team who were familiar with their likes, dislikes and preferences. Regular relief staff were utilised to cover planned and unplanned staff leave, to ensure continuity of care and support for the residents. Although there were some minor vacancies in the staff team, all current shifts were being covered by familiar staff. Ongoing recruitment was in place. The person in charge had protected hours, which had recently been increased to ensure that they could effectively complete their role. There were planned and actual rosters in place and they were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed training and refresher training in line with the organisation's policies and procedures, and the residents' assessed needs. Any training needs were identified in a timely manner and staff were booked onto relevant trainings. Observation of staff on the day of inspection indicated that they had the ability to transfer the skills they had learning in training sessions to direct practice with residents.

The staff team were in receipt of regular formal staff supervision which was being completed by the person in charge. Staff training and development, infection prevention and control, the resident's goals and the day-to-day management of the centre were discussed regularly at these meetings.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place in the centre against the risks in the centre, including injury to the residents.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. There was an audit schedule in place in the centre and the provider had completed six monthly reviews and an annual review of care and support in the centre.

Staff meetings were occurring regularly and the staff team were in receipt of regular formal supervision. Staff who spoke with the inspector, stated they were well supported.

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Quality and safety

The residents lived in a warm, clean and comfortable home. A review of documentation and observations indicated that their rights and choices were promoted and respected. They were being supported to regularly engage in activities of their choice, both in their home and their local community. There were systems in place to ensure they were safe at all times. The service was achieving best practice in many areas of quality improvement which ensured that residents were living a life of their choosing.

Each resident was provided with care and support by a range of health and social care professionals to ensure best possible health. Residents were facilitated to attend a range of different appointments and there was good evidence of staff following up on ongoing referrals. Previous inspection reports identified the need for access to psychiatric medical care. This was now in place for all residents. Care plans were in place to guide staff in providing the best possible care and these were person-centred in how they were presented and written to ensure residents right to

privacy and dignity was upheld.

The residents were protected by the policies procedures and practices relating to safeguarding in the centre. Staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding. Safeguarding was regularly discussed at the resident's weekly meeting. There were good practices in place in terms of general risk management and also in relation to fire safety. All risks were appropriately assessed with relevant control measures in place.

The premises was overall very well presented and homely. Residents were clearly comfortable in their home and on the day of inspection were seen to move freely around each area of the home. However, due to general wear and tear, some aspects of IPC could not be effectively adhered to.

Regulation 10: Communication

The provider ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. Residents used modern technology to support their interests via the Internet, via their smart phones and other computer type devices. The person in charge ensured that staff were aware of particular and individual communication supports that each resident required. Visual aids and communication passports were used to aid communication. There were a number of easy read documents in place to guide staff and residents in their communication style around important aspects of care and support.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and wishes. They had active busy lives and had autonomy over their daily schedule and individual goals. A number of residents discussed their active personal goals and what steps were in to achieve this. For example, a resident expressed a wish to attend tennis games. Local games had been sourced initially to ensure the resident had the opportunity to explore this interest in a safe and meaningful way. Residents were encouraged to be active in their community and had been encouraged to attend local community meetings

Judgment: Compliant

Regulation 17: Premises

As previously mentioned, the premises was designed and laid out to meet the residents' needs. It was found to be warm, clean, comfortable and homely. They had communal and private spaces available to relax in. Each resident had their own individual bedroom and many residents' had chosen to have a tv in their room One resident discussed how they liked to watch tv with their peers in the sitting rooms but also enjoyed the option of watching specific films in their own bedroom.

The house was personalised throughout with the residents' personal belongings and photos on display. Maintenance works were ongoing on the day of inspection including painting of all areas of the home.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained the required information and was available for the resident and their representatives in the designated centre. It contained a summary of the services and facilities available, the terms and conditions of residency, arrangements for the resident's involvement in the running of the centre, how to access inspection reports, the procedure for complaints and the arrangements for visitors.

Judgment: Compliant

Regulation 26: Risk management procedures

The resident was protected by the systems which were in place to identify, assess, manage and review risk in the centre. The organisation's policy contained the information required by the Regulations and there were procedures in place for responding to emergencies.

There was a risk register which was reviewed and updated regularly. It was found to be reflective of the actual risks in the centre at the time of this inspection. General and individual risk assessments were developed and reviewed as required. Incidents were being regularly reviewed were informing the review of the risk register and the development and review of risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

There were a number of best practices implemented in relation to IPC within the designated centre. There were policies and procedures in place and staff were clear on how to implement these in practice. There was sufficient PPE and staff were utilising this as required. Staff had completed training in relation to infection prevention and control including hand hygiene and donning and doffing PPE.

On the walk around of the premises it was noted to be very clean and there were cleaning schedules in place. Due to wear and tear of some aspects of the premises some practices in relation to IPC could not be effectively adhered too. For example, there were gaps in floor boards in the kitchen and office area, some cracked tiles present in bathrooms, some bathroom flooring was marked and stained, some worn furniture present and staining on a ceiling following a recent leak For the most part these areas of improvement had been identified by the provider however, the works remained outstanding.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were effective fire management systems in place. There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre. All equipment was serviced on a regular basis to ensure it was in working order. Each resident had a personal evacuation plan in place that was regularly updated. On a review of fire drills it was found that all residents evacuated in a timely manner and there were no specific issues identified. Fire safety and drills was discussed both at team meetings and resident meetings.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall there were good systems in place in terms of medication management procedures. Staff were aware and able to discuss the processes involved that aligned with the providers policy. Each residents medication was appropriately stored and accounted for. Medication errors were well managed and appropriately documented.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had an assessment of need and personal plan in place. These documents were found to be person-centred and identifying each resident's wishes, preferences and goals. These documents were being reviewed and updated regularly to ensure they were effective. Residents took part in an annual person centred plan review and were able to discuss their goals in detail with the inspector on the day of inspection. Pictures of important events in their life, and of them reaching their goals were available and on display in the centre. For example, a resident had a poster display in their bedroom depicting the goals they had achieved in 2022. This included cookery classes, meals out and visits to places of interest.

Judgment: Compliant

Regulation 6: Health care

The residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required. They had access to health and social care professionals in line with their assessed needs and were found to be accessing national screening programmes in line with their wished, their age profile and their assessed needs. Adequate follow up of healthcare-associated appointments was occurring on a regular basis to ensure residents had timely access to the supports they required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required a positive behaviour support plans had a relevant updated plan in place. These plans were reviewed by the psychologist or clinical nurse specialist in behaviour when required and were clearly guiding staff practices. Minimal restrictive practices were in place in the centre and if required there was a clear rationale, risk assessments and input from a multi-disciplinary team.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding was discussed regularly at the residents' meetings. Staff had completed training in relation to safeguarding and the prevention, detection and response to abuse. Intimate care plans were detailed to ensure staff supported the resident in line with their wishes and needs. Comprehensive investigations took place where there were incidents of a safeguarding nature and plans were put in place as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were continually supported and advocated for. Staff were clear on their roles and responsibilities in relation to residents' rights. Throughout the inspection, staff were observed to listen to the residents and kind, caring and respectful interactions were observed at all times. Staff were found to be very familiar with the residents' likes, dislikes, goals and preferences.

The residents could freely access information in relation to their rights and accessing advocacy services, and these topics were regularly discussed at the residents' meeting. One resident attended quarterly advocacy meetings with other residents and staff from within the organisation. Independent advocacy services were sought for residents as required.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Group J - St. Anne's Residential Services OSV-0005158

Inspection ID: MON-0030080

Date of inspection: 08/02/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Since the inspection the provider has completed full internal and external painting of this centre, this has addressed all stains noted on ceiling.</p> <p>The provider has costed new flooring and tiles for the kitchen, office and bathroom and this has been brought forward to the approved housing body to be addressed as soon as possible.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2023