Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services - Group I
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	19 November 2021
Centre ID:	OSV-0005161
Fieldwork ID:	MON-0031461

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 I is a designated centre operated by the Daughters of Charity Disability Support Services CLG. The centre provided a residential service to a maximum of four adults with a disability. The centre comprises of a semi-detached five bedroom two story house located in a town in Co. Tipperary close to local amenities such as pubs, hotels, cafes, shops and local clubs. The house consisted of a open planned kitchen/dining room, sitting room, four resident bedrooms, a staff sleep over room, an office and a two shared bathrooms. The staff team consists of care workers who are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 19 November 2021	10:30hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an office area in the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the staff team and management over the course of this inspection.

The inspector had the opportunity to meet with the three residents throughout the inspection as they went about their day and participated in their activities, albeit this time was limited. .

On arrival to the designated centre, one resident was in the house with one staff member being supported to prepare for the day. The inspector observed a second staff member returning from supporting residents to attend day services. The resident greeted the inspector and was supported to have their breakfast. The inspector observed the resident and staff members engaging jovially. The resident told the inspector that they liked their bedroom and their home. The inspector observed the resident relaxing watching TV and reading magazines.

In the afternoon, two residents returned home from day services and were observed settling in to their home. The residents greeted the inspector and spoke of their family, where they were from and their interest in music. Some residents showed the inspector their rooms. The resident highlighted plans to update and paint their bedroom. In the evening, the inspector observed residents relaxing in the sitting room and staff supporting residents to have their nails painted.

The inspector carried out a walk through of the designated centre and found that it provided a comfortable space. As noted, the house consisted of a open planned kitchen/dining room, sitting room, four resident bedrooms, a staff sleep over room, an office and a two shared bathrooms. Overall, the centre was well-maintained and decorated in a homely manner with residents' personal possessions and pictures throughout the centre. However, some improvement was required in the maintenance of areas of the designated centre including worn flooring in areas of the stairs, painting in areas and the updating of the upstairs bathroom. This had been self-identified by the provider and plans were in process for same.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, there was areas for improvement which included the staffing arrangements, training, premises, fire safety, personal planning and positive behaviour support. In addition, access to wheel chair accessible transport was identified as an area for improvement. While the designated centre had access to a vehicle, it was not wheelchair accessible and suitable for the needs of one resident

in the centre. The inspector was informed that if needed the resident could access a wheelchair accessible taxi service or a service vehicle for planned events. A business case had been submitted to the provider's funder.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was effectively monitored. On the day of inspection, it was not demonstrable that there were sufficient numbers of staff in place at all times to support the residents' assessed needs. In addition, some improvement was required the training and development of the staff team.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was on annual leave on the day of the unannounced inspection and the inspection was facilitated by the staff team. There was evidence of regular quality assurance audits taking place to monitor the service. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The audits identified areas for improvement and actions plans to address same.

There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. However, the staffing arrangements required further review as on the day of inspection, it was not demonstrable that there was sufficient staffing levels in place to meet the assessed needs of residents' at all times.

The inspector reviewed a sample of staff training records and found that for the most part staff had up to date training. However, improvement was required to ensure that all staff training was up-to-date. Some of the staff team required refresher training in areas including fire safety, safeguarding and de-escalation and intervention techniques. This was also identified as an area for improvement at the time of the last inspection.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the

day of inspection. There was a core staff team in place which ensured continuity of care and support to residents.

However, it was not demonstrable that there was sufficient staffing levels in place at all times to meet the assessed needs of residents' and the size and layout of the centre. For example, during the day in the designated centre two staff support three residents. One resident is assessed as requiring the support of two staff for personal care. Three times during the week, the second staff member supports the other residents to attend and return from day services. This means that the staffing level in the house is reduced to one staff member to support the resident for periods of an hour. While there was an on-call system in place and other designated centres nearby, this staffing arrangement required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, a majority of the staff team had up-to-date training. However, a member of the staff team required training in areas including fire safety and de-escalation and intervention techniques. Another two members of the staff team required refresher training in safeguarding. This meant that not all of the staff team had the skills and knowledge to support the needs of the residents. This was also identified as an area for improvement at the time of the last inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for three designated centres and was supported in their role by a house leader. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

However, as noted, further review was required in the management of resources, in particular transport. For example, the centre's vehicle was not wheelchair accessible and did not meet the needs of one resident.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider prepared and maintained a statement of purpose which accurately described the service provided and contained all of teh information as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents and accidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a homely environment. However, some improvement was required in the premises, personal plans and fire safety arrangements.

There were systems in place for the prevention and management of risks associated with infection. The provider had prepared contingency plans for COVID-19 in relation to staffing and the self-isolation of residents. The inspector observed sufficient access to hand sanitising gels and personal protective equipment (PPE) through-out the centre. Staff were observed wearing PPE as required.

The inspector reviewed a sample of residents' personal files and found that an up-to-date assessment of need had been completed for each resident. The assessment of need informed the residents person support plans. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the residents with their needs. However, one nutrition plan required additional detail to appropriately guide the staff team.

There were positive behaviour supports in place to support the residents to manage their behaviour. The residents were supported to access health and social care professionals as appropriate including psychology and psychiatry. The inspector reviewed a sample of positive behaviour support plans and found that, for the most

part, they appropriately guided the staff team. However, one positive behaviour support plan required review to ensure the staff team were appropriately guided in supporting the resident assessed needs.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre consisted of a semi-detached two storey house located in an estate in a town in County Tipperary. The centre was decorated with residents' personal possessions and pictures throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

However, there were some areas which required improvement including areas of internal painting and carpet on the stairs. This had been self-identified by the provider and plans were in place to address same. In addition, the upstairs bathroom required modernisation. This was self-identified by the provider in their Annual Review 2020.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was clean. There was sufficient access to hand sanitising gels and hand-washing facilities observed through-out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required and were observed wearing PPE as appropriate. The centre had access to support from Public Health.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

However, improvement was required in the fire safety arrangements. The inspector observed one fire door wedged open. This practice negated the purpose and function of the fire door. In addition, the evacuation arrangements for one resident required review. For example, the evacuation plan for one resident was to support them in a wheelchair to the fire assembly point in the back garden. However, it was unclear if the wheelchair would be able to fit through the side-gate leading to the front of the house.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need which appropriately identified resident's health, personal and social care needs. The assessments informed the resident's personal support plans which were up-to-date and guided the staff team in supporting the resident with their assessed needs. However, one nutrition plan required additional detail to appropriately guide the staff team.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed. However, one positive behaviour support plan required review to ensure it appropriately guided the staff team in supporting the resident.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The inspector reviewed a sample of incidents and accidents occurring in the designated centre. There was evidence that incidents were appropriately managed and responded to. The residents were observed to appear content in their home and spoke positively about living in the designated centre. Staff were found to be knowledgeable in relation to keeping the residents safe and

reporting concerns.
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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services - Group I OSV-0005161

Inspection ID: MON-0031461

Date of inspection: 19/11/2021

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: Since the inspection the PIC reviewed the staffing levels. The resident is supported with personal care by two staff members prior to staff leaving for transport to day services. A manual handling risk assessment is in place to support the resident with transfers to and from the bed ,to the wheelchair and personal care in the mornings. The resident wears incontinence wear and is made comfortable prior to any transport takes place. One familiar staff supports the resident until the second staff on transport returns. In the event that the resident requires extra support during this time, the Centre has access to two other Centre's close by and to the PIC who is based in the local area. The needs of the resident are reviewed each day. If the resident requires greater supports than one to one staffing pre transport a protocol is in place to ensure one of the other Centre's can offer supports of transport to and from the day services during this time ensuring two staff are remaining in the home.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since inspection the PIC has reviewed the training needs in this area and completed a training needs analysis. Safeguarding training is now up to date. All staff that require training re behaviours of concern are scheduled for the next available session which are being developed by training coordinator for 2022 and in line with training needs analysis. All staff in date re Fire training.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Centre's vehicle is not wheelchair accessible and does not meet the needs of one resident. The service provider has applied for funding to purchase or source a wheelchair accessible vehicle for the resident within the service fleet. The Resident currently has access to local wheelchair accessible Taxi service for appointments and local outings. A protocol has been put in place to ensure the resident has access to suitable transport arrangements as they request or need. The service provider has written to the resident to outline same. A service vehicle is made available for the resident with wheelchair accessibility for planned events/ outings and appointments. The resident has significant health needs and participates in at least two planned activities/events each month outside of appointments. Same are noted in personal plan.
The service is awaiting delivery of vehicles to support other areas within the service. Completion of same will see a reconfiguring of the current wheelchair vehicles with the allocation of a vehicle to this designate center of a suitable vehicle of its own to meet all needs.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
There is as part of the planning across the services in relation to the redecoration of the designate center a plan to paint and redecorate to residents taste in first quarter of 2022. The service provider has approved carpet on stairs to be replaced as needed coupled with the replacement of dated bathroom suite. All to be completed by first quarter 2022.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Since the inspection the PIC and Provider have addressed the importance and function of

the fire doors with the team within the Centre and to cease using wedges to hold the doors open immediately. This is also an agenda item for next staff meeting in the center. The PIC has assessed the door and automatic door closer system attached to fire panel will be put in place to meet this need. Since the inspection the PIC reviewed the evacuation arrangements for one resident in relation to supporting them in a wheelchair to the fire assembly point in the back garden and transfer of wheelchair through the side-gate leading to the front of the house. This was completed in conjunction with the Occupational therapist. The report concludes that adjustments must be made to the existing side gate. This is being actioned by the Maintenance department.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Since the inspection one nutrition plan that required additional detail to appropriately guide the staff team has been updated in the care plan and the recommendations from their recent appointment discussed and implemented.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Since the inspection, the positive behaviour support plan that required a review to ensure it appropriately guided the staff team in supporting the resident has been referred to the senior clinical psychologist for review. An appointment has been made by the Psychologist and PIC to review same early January.	

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	31/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/03/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/03/2022
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	31/01/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are	Substantially Compliant	Yellow	31/01/2022

	implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			