



# 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:	Announced
Date of inspection:	25 May 2023
Centre ID:	OSV-0005161
Fieldwork ID:	MON-0031457

## 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 Avista CLG. The centre provides 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 an open planned kitchen/dining room, utility room, sitting room, four individual 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:	4
--	---

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
Thursday 25 May 2023	09:10hrs to 17:30hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

The inspector had the opportunity to meet the four residents over the course of the inspection as they went about their day. Overall, based on what the residents communicated to the inspector and what was observed, it was evident that the residents received a good quality of care and support in the centre and enjoyed a good quality of life. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

On arrival to the designated centre, one resident had already left the centre to travel independently to their day service and another was being supported to prepare for the day. The inspector met and had a cup of coffee with the other two residents in the kitchen. The residents welcomed the inspector and discussed their plans to attend day services. One resident showed the inspector around the garden of their home and showed the inspector their bedroom. They noted they were happy with their bedroom which had recently had been painted and new furniture purchased for it. The two residents then left to attend their day services.

Later in the morning, the third resident met the inspector in the kitchen. They appeared relaxed and comfortable in their home. The resident noted that they recently celebrated a significant birthday and flowers and cards decorated the kitchen. The inspector was informed of the celebrations held with resident's family members and friends in the centre and in the community. The resident allowed the inspector to view their room and told the inspector they liked their bedroom. On the morning of the inspection, family members of the resident arrived to pay a regular visit. The resident's family members spoke positively about their views of the care and support provided in the service. They noted that three of the residents have been living together in the centre for over 20 years and that the centre was their home. However, the inspector was informed that they had concerns in relation to a possible change in placement due to changes in the resident's needs. The provider was engaging with the resident and their family regarding this. The inspector observed the resident and their family members leaving the centre to go out for lunch in the community.

Later in the afternoon, the four residents returned home after accessing the community and day services. The residents appeared happy to be returning home for the evening. The inspector met with the fourth resident, briefly, as they returned from their day service. They appeared content and focused on completing their routine as they arrived home. This was respected.

The inspector also reviewed four questionnaires completed by the residents with the support of staff describing their views of the care and support provided to the residents in the centre. Overall, the questionnaires contained positive views and

indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents.

The inspector carried out a walk through of the centre. The two storey house comprised of an open planned kitchen/dining room, sitting room, four resident bedrooms, a staff sleep over room, an office and a two shared bathrooms. Overall, the designated centre was found to be well-maintained and residents' bedrooms were appropriately decorated with personal possessions and pictures.

The provider supported the staff team to undertake training in human rights. The staff team highlighted particular examples where a human rights based approach to care and support was promoted to the inspector which had a positive impact on the lived experience of residents. For example, one resident was supported to 'age in place' and the resident's home had been adapted over the last number of years to meet their changing needs. In addition, there was a rights based approach to sensitively engaging and understanding the end of life wishes of one resident.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. The inspector identified two areas for improvement including a safeguarding process and personal plans.

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 was a clearly defined management system in place which ensured the provision of high quality care and support to the residents. The management systems ensured that the services were effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits as required by the regulations. In addition, audits were completed in infection prevention and control, health and safety, personal plans and medication management. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. From a review of the roster, it was evident that there was an established staff team in place which ensured continuity

of care and support to residents. The inspector observed positive interactions between the residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of sample records, it was evident that the staff team in the centre had up-to-date training. This meant that the staff team had the up-to-date skills and knowledge to meet the assessed needs of the residents.

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for two other designated centres and was supported in their role by a team leader.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge had planned and actual staffing rosters in place. The inspector reviewed a sample of the roster and found that overall there was a core staff team in place which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the four residents were supported by two residential staff members. At night, one waking-night staff and one sleep over staff were in place to support the four residents.

The last inspection identified that the staffing arrangements required review. From a review of records, there was evidence of regular staffing reviews including a recent review in May 2023. The rosters demonstrated a recent increase in night time staffing to meet the assessed needs of the residents. While there was use of agency staff to meet the staffing complement, the rosters demonstrated that regular agency staff were used to ensure consistency of care and support.

Judgment: 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, it was evident that the staff team in the centre had up-to-date training in areas including safeguarding, safe administration of medication, infection prevention and control, fire safety and de-

escalation and intervention techniques. Where refresher training was required, it was evident that refresher training had been scheduled.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022, six monthly provider visits and local audits such as medication management and health and safety audits. These audits identified areas for improvement and developed action plans in response.

The last inspection identified that a review was required in the management of resources, in particular the availability of wheelchair accessible transport. This had been addressed and wheelchair accessible transport was available to the centre on the day of inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents 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 good quality care and support to the residents. The inspector found that this centre provided rights-based person-centred care in a homely environment. However, some improvement was required in personal plans and a safeguarding practice.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents' with their needs. However, one

person care plan in relation to a residents end of life wishes required review in line with the provider's processes.

There were effective systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home. While systems were in place to manage repeated assertions made by one resident, these systems required some review.

There were suitable systems in place for fire safety management. These included fire safety equipment and the completion of regular fire drills.

### Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The premises was observed to be well maintained and residents' bedrooms were decorated in line with their preferences.

The last inspection identified some areas which required attention including the upstairs bathroom, painting and carpet on the stairs. This had been addressed. The carpet on the stairs had been replaced, the upstairs bathroom modernised with a wet room floor and painting completed throughout the house.

Judgment: 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. There was infection control guidance and protocols in place in the centre. The inspector reviewed a sample of cleaning schedules and observed that the centre was visibly clean on the day of the inspection. In addition, cleaning schedules were in place for personal assistive equipment.

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 drills taking place including night time drills. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

The previous inspection identified that improvement was required in the fire safety arrangements. The provider had reviewed the evacuation plan for one resident with the fire officer and Occupational Therapist which identified possible alterations in the premises. The inspector was informed that this was deemed unfeasible due to the design and layout of the house. However, additional night time staffing was put in place in response to findings of a recent fire drill.

Judgment: 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 residents' personal support plans which were up-to-date and guided the staff team in supporting the resident with their assessed needs. However, one plan required review in line with the provider's processes.

Judgment: Substantially compliant

### Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspector reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The provider had ensured that the residents were facilitated to access appropriate health and social care professionals as required including General Practitioners (GPs) and public health nurses.

Judgment: 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.

There were systems in place to identify, manage and review the use of restrictive practices. The restrictive practices in use in the designated centre had been appropriately identified, assessed and reviewed.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. Some residents told the inspector they liked living in their home and all residents were observed to appear content and comfortable in their home.

However, the local systems in place to manage repeated assertions made by one resident required review to ensure the staff team were appropriately guided on the recording, review and management of these assertions. This was discussed with the person in charge on the day of inspection.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The provider promoted a human rights based approach to care and support and supported the staff team to undertake training in human rights. The inspector found examples of where the residents were supported to exercise and enjoy their rights in the centre. These examples are outlined in section one of this report: 'what residents told us and what inspectors observed'.

In addition, the provider had completed a rights review for each resident to ensure supports were in place for each resident exercised and enjoyed their rights. The inspector also observed evidence of regular consultation with residents regarding the decisions regarding their care and support. One resident proudly told the inspector they were the advocacy representative for their house and attended regular meetings.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0031457

Date of inspection: 25/05/2023

## 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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            Since the inspection the PIC has scheduled a review of one individual’s DNAR agreement this will be reviewed with individual’s GP in consultation with the person, their family, and the staff as per the service End of Life care guidelines.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:            Since the inspection the PIC has reviewed the reporting procedures regarding assertions and/or allegations made by one individual against staff. All allegations of abuse made by any individual will be reported as per the safeguarding policy and will be investigated according to the Service Safeguarding Policy and Trust in Care guidelines. This has been reiterated again locally and will be discussed again in detail at the next team meeting.</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 05(4)(c)	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 is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/07/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/07/2023