



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

Issued by the Chief Inspector

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| Name of designated centre: | St Anne's - Naomh Áine's |
| Name of provider: | Health Service Executive |
| Address of centre: | Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 04 July 2023 |
| Centre ID: | OSV-0007235 |
| Fieldwork ID: | MON-0039412 |

About the designated centre

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

Naomh Aine's can provide full time residential care for four male and female residents who are over the age of 18 years and who have a diagnosis of moderate intellectual disability. The service can also support varying care needs which include support with mental ill health, dietary needs, medical needs, visual impairment, behaviours of concern, and care associated with ageing. The staff team consist of nurses and health care assistants, who are available at all times when residents are present in the centre. The centre is a detached house in a rural, coastal area, and there is transport provided for residents to access the amenities in their locality.

The following information outlines some additional data on this centre.

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| 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 |
|---------------------|----------------------|---------------|---------|
| Tuesday 4 July 2023 | 09:15hrs to 14:05hrs | Úna McDermott | Lead |
| Tuesday 4 July 2023 | 09:15hrs to 14:05hrs | Stevan Orme | Support |

What residents told us and what inspectors observed

This was an unannounced follow up inspection to an inspection that took place in January 2023. At that time, the inspector found non-compliance in six regulations and substantial compliance in one regulation. There were concerns in relation to the welfare of the residents and the safety of the service provided. Further to this, a warning meeting was held with the provider during which the provider was put on notice of the enforcement action that would be initiated should they fail to address the areas of non-compliance and areas of risk identified.

In response to the findings of the January inspection, the provider submitted a compliance plan which detailed the actions that they planned to take in order to bring the centre into compliance. The purpose of this inspection was to assess the provider's capacity and capability to complete the actions required and to sustain an ongoing response in order to return to and maintain compliance with the Care and Support Regulations (2013). On this inspection, inspectors found that although there continued to be a high level of behavioural incidents in relation to one resident occurring in this designated centre, there were improved systems and processes in place to protect the other residents living there. Ongoing work was required to ensure that the number of incidents continued to reduce in number and to ensure that the risks associated with these incidents were effectively anticipated and managed in order to eliminate the impact on other residents.

St Anne's – Naomh Áine's comprises one property located in a scenic coastal location close to a small town. The property provided is a two story house, which was welcoming and comfortably decorated. There was a shared kitchen and dining room, with an en-suite for the laundering of clothing nearby. Each resident had their own bedroom. The female residents had a shared accessible bathroom, while the male residents had en-suites provided. There was a small sitting room provided, the doors of which opened out on to paved area for residents use during the summer months. In addition, there was a sensory room on the second floor which staff said was used by a resident on a regular basis. The inspectors found that the property provided a comfortable living space and met with the assessed needs of the residents living there.

On arrival at the centre, the inspectors met with the staff member on duty. The person in charge arrived shortly afterwards. The staff member told the inspectors that three residents had left to attend day services in the locality. All residents were offered a range of structured day services or planned community based activities and were attending more often than found on the previous inspection. In addition, the service had the use of a second vehicle. This meant that residents had increased choice of transport options and of where to go. This also assisted with the safeguarding of residents when using the transport provided.

The fourth resident was rising from sleep and preparing for their day. Later, they were observed listening to music and laughing happily in the sitting room. They did

not hold conversations with the inspectors but spent some time looking at a photo album and pointing to the people in the pictures. The staff told the inspectors that the resident planned to go to the local village later for their lunch. During the inspection, interactions with the staff on duty and the resident were observed to be kind, caring and respectful. For example, there was heavy rain and wind on the morning of inspection which appeared to trigger a power cut. The fire alarm sounded and the fire doors closed. The person in charge and the staff member on duty were observed explaining the situation to the resident and providing reassurance. The matter was attended to by the person in charge and the power was restored shortly afterwards.

There was one staff member on duty on the day of inspection. They spoke with the inspectors about gradual improvements in the service and of the supports in place for a resident who experienced behaviours of concern. These included a range of multi-disciplinary supports and the additional vehicle for the service which was reported to be very helpful. In addition, they spoke about the staffing levels provided and the importance of consistency, routine and structure which was reported as effective in reducing the behavioural incidents occurring.

Overall, the inspectors found improvement in the capacity of the provider to ensure effective oversight of the service and improvement in the quality and safety of the care provided. However, it was clear that ongoing work was required in order to sustain these improvements and to ensure that risks associated with incidents occurring were effectively managed in order to eliminate the impact on other residents.

The next two sections present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to the residents.

Capacity and capability

The inspector found that the provider had improved their capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. The person in charge was present on a regular basis and the assistant director of nursing (ADON) was present on the afternoon of inspection. In addition, there was evidence of visits from the disability manager when required. These improvements in oversight ensured that the care delivered to the residents was under ongoing review.

The staffing arrangements were reviewed as part of the inspection. A planned and actual roster was available. Inspectors found that they were well maintained and provided an accurate account of the staff present at the time of inspection. The number and skill mix of staff was found to meet with the assessed needs of the residents. This included the improved presence of nursing staff which was in line with statement of purpose provided. Where additional staff were required they were

provided, staff on duty said that relief staff members were familiar with the residents and the service and therefore consistency of care was provided. In addition, an on-call system was in place in case of emergency.

A review of governance arrangements found that there was a defined management structure with improved lines of authority present in the centre. Management systems were enhanced to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A range of audits were in use in this centre and an audit schedule was used to assist with planning. The annual review of care and support provided and the unannounced six monthly audit were up to date. The person in charge had a quality improvement plan (QIP) which documented the actions arising from the audits completed. Team meetings were taking place on a regular basis and the minutes were available for review. The provider had an incident management reporting system in place. When incidents occurred they were reported to the Chief Inspector through three day or quarterly monitoring notifications. This was an improvement on the findings of the previous inspection.

The provider had improved arrangements in place to ensure that concerns raised were documented in line with the provider's complaints policy. The complaints policy was up to date and an easy-to-read version of the process was available in residents' bedrooms. Information in relation to the complaints officers was available if required. A sample of open complaints was reviewed. Inspectors found that matters raised by residents and their families were documented and progressed in line with the provider's complaints resolution process. The person in charge told the inspectors that all residents were referred to the advocacy service and were on the waiting list.

Overall, the inspector found that the enhanced governance and management arrangements in the centre led to improved outcomes for residents' quality of life and the standard of care provided. Ongoing work was required in order to sustain the improvements made and to maintain compliance.

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate for the needs of residents. This included the improved presence of nursing staff which was in line with statement of purpose provided. Where additional staff were required they were provided. Relief staff members were familiar with the residents and the service and therefore consistency of care was provided.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with improved lines of authority. Management systems were enhanced to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. An audit schedule was in place and those reviewed were up to date. Team meetings were taking place on a regular basis and the minutes were available for review.

Judgment: Compliant

Regulation 31: Notification of incidents

Notice of adverse event occurring was submitted to the Chief Inspector in line with the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had improved arrangements in place to ensure that concerns raised were documented in line with the provider's complaints policy. The complaints policy was up to date and an easy-to-read version of the process was available in residents' bedrooms. Information in relation to the complaints officers was available if required. All residents were referred to the advocacy service.

Judgment: Compliant

Quality and safety

Overall, the inspector found significant improvements in the service provided since the last inspection. Residents had active lives, activities were person-centred and resident's wishes were respected. There continued to be a high level of incidents occurring in the centre, however, the provider had taken proactive steps to ensure that that improvement monitoring systems were in place.

The arrangements in place to support a resident with behaviours of concern had improved since the last inspection. The resident's positive behaviour support plan was available for review in the centre. It was completed by a psychologist and reviewed recently. Staff spoken with were aware of the recommendations of the plan and were aware of what to do should an incident arise. This included the

completion of a behaviour chart as recommended by the psychologist. In addition, staff were provided with a PRN protocol to use when all other proactive strategies were not effective. This was for medicines which were only taken as required. Restrictive practices were in use in this centre, however, they were in line with the assessed needs of the residents, reported to the Chief Inspector and reviewed regularly.

As outlined, inspectors found that although the level of incidents occurring had reduced, a high level of incidents continued to arise in this designated centre. However, the systems and processes in place to ensure that these were acknowledged and documented as safeguarding concerns had improved. The safeguarding and protection policy was recently updated and available for review. Information on designated officers was prominently displayed in the entrance hall. A sample of open safeguarding and protection plans was completed. This found that preliminary screening forms were completed and that the process followed was in line with national and local policy. Safeguarding plans were completed if required and they were available for review in the centre.

The provider had effective management systems in place to reduce and manage risk in the designated centre. This included a risk assessment and management policy for the assessment, management and ongoing review of risk. A centre level risk register was in place along with specific risk assessments for the service user. Hazards were clearly identified and specific control measures were in place. These were up-to-date and the risk control measures were proportionate to the level risk identified. In addition, the enhanced presence of the person in charge or a member of the nursing staff ensured that the staff team were supported in their work and that the risk oversight provided was effective.

The residents living in this designated centre were involved in the day-to-day running of the centre and they participated in decisions about the care and support provided. Residents' meetings were taking place on a regular basis. Agenda items included safeguarding and protection and on how to make a complaint if required. The person in charge told the inspectors that residents were referred to the support of a social worker. In addition, there was a plan in place to review the compatibility of the residents living in the centre. This plan was reported to involve a multi-disciplinary working group, to include the social worker and the psychologist. This planned work was agreed as critical to ongoing and sustainable regulatory compliance.

In summary, the residents living at this designated centre were provided with a good quality service, where their preferences and rights were respected. There were improved governance and management arrangements in the centre which led to improved outcomes for the quality of life and care provided. However, ongoing work was required in order to sustain the improvements found, to safeguard the residents and to maintain regulatory compliance.

Regulation 26: Risk management procedures

The provider had effective management systems in place to reduce and manage risk in the designated centre. This included a risk assessment and management policy and arrangements for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 7: Positive behavioural support

The systems in place to support a resident with behaviours of concern had improved since the last inspection. The resident's positive behaviour support plan was available for review in the centre. It was completed by a psychologist and reviewed recently. Staff spoken with were aware of the recommendations of the plan and were aware of what to do should an incident arise.

Judgment: Compliant

Regulation 8: Protection

The provider had improved systems in place to ensure all concerns were acknowledged and documented as safeguarding concerns if required. The safeguarding and protection policy was up to date. Information on designated officers was prominently displayed. Safeguarding and protection processes followed were in line with local and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had improved arrangements in place to ensure that the rights of the residents were respected. Residents meeting were taking place on a regular basis. All residents had access to the support of a social worker. This was an improvement since the last inspection. Plans were in place to ensure that the compatibility of residents living at the centre was reviewed.

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 | |
| Regulation 15: Staffing | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |