



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

Issued by the Chief Inspector

Name of designated centre:	Anneverna
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	24 March 2025
Centre ID:	OSV-0007837
Fieldwork ID:	MON-0046656

About the designated centre

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

Anneverna is a full-time residential service for up to four adults with intellectual disabilities. Anneverna is located in Co. Louth. The centre comprises four bedrooms, one with an ensuite, a large kitchen with a living and dining area, and a separate sitting room; there is also a large secure garden to the front and rear of the centre. The centre is near a large town where residents can be supported to access amenities. The centre is nurse-led, with a staff nurse present on a twenty-four-hour basis; the team comprises staff nurses, care assistants and a healthcare assistant.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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
Monday 24 March 2025	09:15hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection. The findings from the inspection were positive. Thirteen regulations were reviewed during the inspection; twelve were found to be fully compliant, and 1 was found to be substantially compliant. The substantial compliance related to the provider not adequately assessing and addressing the communication needs of 3 of the 4 residents. This will be discussed in more detail later in the report.

During the inspection, the inspector was introduced to all residents, met with one resident and interacted with the person in charge, the house manager, and the staff team on shift.

The inspector observed that the residents' home had a warm and welcoming atmosphere, was clean and well-maintained, and it was evident that a lot of effort had been made to maintain this. The residents' home had a large back garden and a patio area that residents used in good weather.

The inspector observed the residents relax in the kitchen/dining area throughout the day. The residents appeared at ease in their home and their interactions with others. Some residents went out with staff during the day, whereas others relaxed, watching television and listening to music.

The inspector found that residents' abilities were mixed; some required minimal support, whereas others required support in all areas. The inspector found that some residents who wished to do so were very active in their local community attending day service programs and engaging in community groups. Alternatively others were engaged in more activities at home, preferring to engage in sensory stimulating activities, but there was evidence of these residents engaging in activities such as; going out for coffees and food with full support from staff.

The inspector met with one of the resident's in their sitting room. The resident spoke of liking where they lived. They told the inspector about their day service program and about some of the things they had recently done, including attending a concert and going to an arts and crafts fair. The resident stated a number of times that they liked where they lived and also spoke to the inspector about some of their hobbies.

The other three residents did not engage with the inspector, preferring to do their preferred activities. Some of the residents engaged in sensory-stimulating activities, whereas others relaxed.

When speaking with a staff member, they demonstrated that they had good knowledge of the individual resident's needs. Some of the residents were due to attend medical appointments, and the staff member spoke to the inspector about these, explaining why they were occurring and the outcome of the appointments.

Throughout the day, the inspector observed the staff team to interact with the residents in a respectful manner and they were observed to support the residents to engage in the activities they wanted to do.

In summary, the inspector found that residents were receiving a good service, which was tailored to their individual needs and preferences.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding, staffing, staff training, and the notification of incidents. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programs to support them in caring for the residents

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

This was a nurse-led service; a staff nurse was rostered day and night, and they were supported in completing their duties by a team of healthcare assistants. A staff nurse and two healthcare assistants were rostered each day, and a staff nurse was rostered at night.

The inspector reviewed the current roster along with the rosters from the first two weeks of November 2024. The current roster indicated that there was a full staff team and that the staffing levels and skill mix were appropriate for the number and assessed needs of the residents. The comparison of the rosters showed a consistent staff team, and discussions with staff members and observations demonstrated that the staff performed their duties effectively. Feedback from a resident regarding the

staff was also positive.

In summary, the review of staffing arrangements showed that they were appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed the training records for the staff members. Evidence showed that staff training needs were under regular review and that staff members attended training when required. For example, the house manager had proactively arranged refresher training for staff members before their current training expired.

Staff members had completed training in areas including:

- fire safety
- safeguarding vulnerable adults
- dysphagia
- infection prevention and control
- human rights-based approach
- epilepsy and buccal midazolam (rescue medication)
- first aid
- children first
- manual handling
- total communication training.

In summary, the inspector found that the person in charge and the house manager had ensured the staff team completed the required training in order to ensure they could meet the needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The person in charge was supported by a house manager in managing the service. The provider ensured that the required reviews were completed. The person in charge was also in the process of completing the annual review for 2024

The inspector reviewed reports that had been completed that focused on the care

and support provided to the residents and found that appropriate assessments of the service offered to residents had been conducted. When necessary, the provider identified areas needing improvement and took steps to address them. The house manager was also conducting regular audits.

The inspector reviewed the audits completed in 2025, which included assessments of:

- infection prevention and control
- outbreak management plan audit
- Medication.

The inspector found that the audits were appropriate and, when necessary, identified areas for improvement. Additionally, the review of information indicated that regular staff meetings were held. The inspector examined the most recent meeting and found they focused on sharing information and ensuring that the service provided to residents met their needs.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incidents. This review showed that as per the regulations, the person in charge had submitted the necessary notifications for review by the Office of the Chief Inspector.

Judgment: Compliant

Quality and safety

The review of information and observations found that residents received a good service.

One area that required improvement was that an appropriately qualified person had not assessed the communication skills and needs of 3 of the residents living in the centre. The 3 residents communicated using non-verbal communication, and the staff team needed guidance from an appropriately qualified person on how best to interpret the resident's forms of communication and how to best support the residents to express themselves.

The provider ensured the remainder of the residents' needs were assessed and

support plans developed. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

The inspector reviewed several aspects, including risk management, personal possessions, healthcare, general welfare and development, protection against infection and medication management. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team were delivering a safe and good service to the residents.

Regulation 10: Communication

The inspector reviewed information concerning the communication needs and skills of 4 residents. Of these residents, 3 communicated non-verbally. It was noted that several staff members had completed total communication training, which enabled them to conduct communication assessments. Assessments were completed for two of the residents; however, the inspector found the information collected in these assessments to be limited. The person in charge explained that some information was unavailable for review and gave assurances that this issue would be addressed. Additionally, the inspector observed that staff members had developed communication passports to capture the residents' communication skills.

While it was encouraging to see that staff members have received enhanced training, the inspector concluded that the residents still need their communication needs to be assessed by a qualified professional. This would ensure that communication was tailored to meet the residents' specific needs. The inspector was informed that the residents were on a waiting list to see a speech and language therapist, but no appointment dates had been set.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The inspector reviewed the systems to support residents with their financial matters. The provider was supporting all residents with their finances. The inspector reviewed two of the resident's information alongside the person in charge.

The inspector reviewed the system to ensure that the money stored in the house was under review. Staff members checked the residents' finances daily, and receipts were stored alongside the funds. The inspector reviewed the receipts and the sum of money for two residents and found that the records matched, demonstrating good oversight in this area.

The review of the information showed that there were appropriate measures in place, residents had access to finances when needed, and the staff team checked finances daily to reduce the potential for financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

When reviewing two residents person centred plans the inspector found that social goals had been developed for the residents. There was evidence to show that residents were supported to achieve these goals. As mentioned earlier the review of daily notes and the diary planner showed that the residents were supported to engage in regular activities. One of the residents reported that they were happy in their home and spoke about some of the things they had recently done.

The person in charge was in the process of completing the annual review for 2024. As part of the review family members of residents had been asked to give feedback on the quality of care and support provided to the residents. Two of the four families had submitted the feedback. The inspector reviewed these and found that the families reported that they were very satisfied with the service being provided.

Judgment: Compliant

Regulation 17: Premises

During the inspection, the inspector walked through the residents' home. The house was clean, well-maintained, and presented nicely. Certain areas of the home had been adapted to meet the residents' needs. Additionally, the residents enjoyed a large back garden where they could relax during good weather. Pictures of the residents were displayed throughout the house, contributing to a warm and homely atmosphere.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk assessments for two residents and records of adverse incidents that occurred in 2025. The appraisal of this information indicated that appropriate risk management arrangements were in place. The review of the risk assessments revealed that they were linked to the residents' needs and support

plans. The risk assessments were concise and well-written, providing the necessary information to maintain resident safety. The inspector found that the risk control measures were proportionate to the level of risk.

In summary, the inspector was satisfied that there were appropriate risk management procedures in place.

Judgment: Compliant

Regulation 27: Protection against infection

As previously discussed, the inspector noted that the resident home was clean and well-presented. During the review of the staff team's training records, the inspector found that staff members had received training focused on infection prevention and control measures.

Additionally, the house manager had been completing audits centered on infection prevention and control practices, demonstrating a continued commitment to maintaining high standards in this area. While reviewing residents' information, the inspector also found care plans that outlined how to best support residents in the event of an illness requiring isolation.

The inspector examined a document titled "Response Plan for the Management of Respiratory Viral Infections," which had recently been updated and contained guidance for staff members to follow.

In summary, the inspector concluded that the provider and the management team had ensured that infection prevention and control measures were appropriate.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector assessed the medication management practices with the staff nurse on duty. After reviewing the medication administration records, the inspector found them to be well-maintained. The inspector also reviewed the list of prescribed medications and confirmed that the staff nurse could demonstrate that all medications, including PRN (as needed) medications, were available for administration if required.

Furthermore, the inspector observed that residents' medications were stored appropriately and that there were systems in place for the storage and return of discontinued medications.

In summary, the review of the medication management arrangements found them to be appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the resident's information. The appraisal identified that assessments of the resident's needs had been completed. These were conducted annually or more regularly if required. The inspector found that care plans had been developed following the assessments. The care plans captured the residents' needs and showed how the staff members should respond to residents and support their needs. The review of a sample of daily notes, observations on the day and other pieces of information showed that the staff team was meeting the needs of the residents.

The inspector found that care plans were being updated when required and that there was evidence of the provider and the staff team supporting the residents in a proactive manner and ensuring that when needed, they were accessing allied healthcare professionals.

In summary, the review of the resident's information showed that the person in charge and the provider had ensured that the needs of the residents had been appropriately assessed, that there was appropriate information to guide staff on how best to support the residents, and that the needs of the residents were being met by those supporting them.

Judgment: Compliant

Regulation 6: Health care

During the review of two residents' information, the inspector found that health assessments had been completed for both individuals. These assessments captured the residents' medical histories, current needs, and details on how their medical requirements were being addressed. The person in charge and the staff team ensured that care plans were developed, focusing on the health needs of the residents. The inspector noted that these care plans were regularly updated. The staff nurse on duty and the house manager informed the inspector of upcoming appointments for two residents, and the inspector saw evidence of this. There was also documentation showing that some other residents had attended appointments, with their care and support plans updated to reflect the changing needs following those visits. Records indicated that residents had attended appointments with

chiropractors, occupational therapists, psychiatrists, and neurologists.

In summary, the inspector found that the healthcare needs of the residents had been assessed, care plans had been developed, and residents were accessing allied healthcare professionals when required. Overall, the health needs of the residents were being met effectively by the staff supporting them.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Anneverna OSV-0007837

Inspection ID: MON-0046656

Date of inspection: 24/03/2025

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Appointments have been scheduled with the Speech & Language Therapist and residents will have their communication assessments completed by 30.5.2025	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/05/2025