



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 V
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	20 June 2023
Centre ID:	OSV-0007963
Fieldwork ID:	MON-0031922

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 V is a designated centre operated by Avista CLG. The designated centre provides a community residential service to a maximum of eight adults with a disability. The centre comprises of two purpose-built detached bungalows. The two houses are located in close proximity to each other in an urban area in County Tipperary close to local amenities such as pubs, hotels, cafes, shops and local clubs. Each house comprises of a large open plan sitting room/dining area and kitchen, sitting room, utility room, four en-suite individual bedrooms and one shared bathroom. There are garden areas provided for the residents to avail of as they wish. The staff team consists of clinical nurse managers, staff nurses and care assistants. The staff team 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:	8
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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 20 June 2023	09:30hrs 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 with the eight residents over the course of the inspection. Some residents used alternative and augmented methods of communication and did not verbally share their views with the inspector. The inspector endeavoured to determine the resident's views through observation of non-verbal communication, monitoring care practices and reviewing documentation.

Overall, based on what the residents communicated to the inspector and what was observed, the inspector found that the residents enjoyed a good quality of service.

On arrival to the first unit of the centre, the four residents were present in the unit and were observed listening to music, preparing for the day and being supported to have breakfast. During the week, the residents in the house were supported by two day service staff to engage with meaningful activities. The staff team informed the inspector of plans to access the community in the afternoon.

In the afternoon, the inspector visited the second house. The inspector had the opportunity to meet with the four residents of this house. The residents were relaxing in their home, engaged in table top activities, watching a concert on TV and supported to access the local community. Residents were observed accessing all areas of their home. Similarly, the residents in this house were also supported by two day service staff during the week. In both houses, the residents appeared relaxed and comfortable in their home and in the presence of the staff team.

The inspector also reviewed three questionnaires completed by the residents or their representatives 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. However, one questionnaire noted that at times they feel there is a shortage of staff.

The inspector carried out a walk through of the centre accompanied by the person in charge. As noted the designated centre consists of two purpose-built detached bungalows in close proximity to each other. Both houses are similar in layout and design and consist of an open planned kitchen/dining/sitting room, a sitting room, four individual resident bedrooms, a staff sleep over room/office and a shared bathroom. Overall, the houses were decorated in a homely manner and residents bedrooms were personalised with personal items and pictures important to them. The inspector observed some wear and tear on the walls of one unit due to the movement of wheelchairs in the house. The person in charge highlighted that this

had been identified and that the service was exploring options to address same.

The previous inspection identified that the arrangements for suitable storage required review as a number of large items such as residents' personal assistive equipment were observed being stored in the sitting room. The inspector was informed that storage solutions were being explored to address same.

Since the last inspection, the designated centre had increased the number of vehicles available to residents. Two vehicles were now available to support the eight residents.

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. However, some improvement was required in staffing, infection prevention and control and suitable storage.

The next two sections of the report present the findings of this inspection in relation to 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

There was a clearly defined management system in place which ensured a good level of oversight of care delivery in the designated centre. However, some improvements were required in the staffing arrangements.

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 appropriate oversight and that the service provided was effectively monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. In addition, there was also a schedule of audits and reviews that were completed by the person in charge and staff members. These quality assurance audits identified areas for improvement and action plans were developed in response.

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. However, the staffing arrangements in place required improvement to meet the assessed needs of residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

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 one other designated centre and was supported in their role by a clinical nurse managers.

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 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 staffing levels to meet the assessed needs of the residents. During the day, the eight residents were supported by six residential staff members. At night, two waking-night staff and two sleep-over staff were in place to support the eight residents across the two houses. In addition, the residents were supported during the week by day service staff and household staff.

However, the staffing arrangements required review to ensure they were appropriate to the needs of all residents and the size and layout of the centre. This was also identified on the previous inspection. For example, the centre was operating with two staff on leave and one vacancy. The centre relied on the current staff team and the use of agency or relief staff to meet the assessed staffing complement. From a review of rosters of one unit for June 2022, there were three occasions identified where the staffing levels were not maintained at the assessed complement. The inspector was informed that the provider was actively in the process of recruiting to fill these vacancy.

In addition, in one unit one resident was assessed as requiring one-to-one engagement in line with the behaviour support needs. The inspector was informed that the provider had funding in place for a 1.5 Whole Time Equivalent (WTE) staff member and they were in the process of actively recruiting to fill this vacancy. This remained ongoing at the time of inspection.

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, it was evident that the staff team in the centre had up-to-date training in areas including safe administration of medication, fire safety and de-escalation and intervention techniques. Where it was identified that refresher training was required there was evident that this had been scheduled. This meant that the staff team had up-to-date knowledge and skills to meet the assessed needs of residents.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records it was evident that the staff team were provided with supervision in line with the provider's policy. A supervision schedule had been developed for the upcoming year.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which contained all of the information as required by Regulation 19.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including cover in the case of injury to residents.

Judgment: 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 reported to a Clinical Nurse Manager 3, who in turn reports to the Service Manager. As noted, the person in charge was responsible for one other

designated centre and was supported in their role by clinical nurse managers.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review 2022 and six monthly provider visits. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

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 of Social Services 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. However, some improvement was required in infection prevention and control and suitable storage.

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 assessed needs.

There were a number of restrictive practices in use the centre. From a review of records, there were appropriate systems in place to identify, manage and review the

use of restrictive practices.

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

Regulation 12: Personal possessions

The inspector reviewed the systems in place to support the resident to manage their finances. The inspector found that there were appropriate local systems in place to provide oversight of monies held by the resident physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and daily checks on the money held in the centre.

In addition, each resident had an account in their name with a financial institution and there was evidence of monthly reconciliation of income and expenditure against financial statements. This meant that the provider could demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the resident. The designated centre was decorated in a homely manner and generally well-maintained. The resident's bedrooms was decorated to reflect their individual tastes.

The previous inspection identified that the arrangements in place for suitable storage required improvement. For example, large personal assistive equipment were observed stored in the sitting room of both houses. This remained under review at the time of this inspection and options to address same were being explored.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted the resident's safety and were subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. On the day of inspection, the designated centre was visibly clean. Overall, good practices were in place for infection prevention and control including laundry management and a color coded mop system. A new cleaning schedule was in place for regular cleaning of rooms and some personal equipment. However, some improvement was required to guide the staff team on the cleaning of particular personal equipment.

Judgment: Substantially 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. A review of records demonstrated that regular fire drills took place including night time drills. In addition, there was evidence of learning being captured from each drill and shared with the staff team. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the

residents' personal plans. The inspector reviewed the a sample of residents' personal files and found that they appropriately guided the staff team in supporting the residents with their identified needs, supports and goals.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The health care plans appropriately guided the staff team in supporting the resident with their health needs. The provider had ensured that the resident were facilitated to access appropriate allied health professional as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. The behaviour support guidelines outlined proactive and reactive strategies to support the resident. Residents were supported to access psychology and psychiatry as required.

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

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. The inspector reviewed a sample of incidents and accidents occurring in the designated centre and there was evidence that incidents were appropriately managed and responded to. The residents were observed to appear content and comfortable in their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group V OSV-0007963

Inspection ID: MON-0031922

Date of inspection: 20/06/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff rosters have been reviewed to ensure appropriate staffing available to meet needs of all residents and the size and layout of the centre. The provider is recruiting staff to fill current vacancies and in the interim agency staff are providing necessary staffing supports. The agency staff are supporting the core staff team.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider will source additional storage. Internal storage of equipment within the designated Centre has been reviewed by the PIC and personal assistive equipment is now stored more appropriately.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The clinical nurse specialist in health promotion has developed a Standard operating procedure for the cleaning of personal equipment. The standard operating procedure has been integrated into the cleaning schedule.	

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	31/10/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the	Substantially Compliant	Yellow	31/07/2023

	standards for the prevention and control of healthcare associated infections published by the Authority.			
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