



# 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:	Unannounced
Date of inspection:	28 July 2022
Centre ID:	OSV-0007963
Fieldwork ID:	MON-0031945

## 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, social care workers 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
--	---

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 28 July 2022	10:20hrs to 17:20hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

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

This centre was registered as part of the provider's decongregation plan. In March 2022, the eight residents were supported to move into their new home. The inspector had the opportunity to meet the eight residents during the inspection, albeit briefly.

The first house was a purpose built detached bungalow. It consisted 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. The house was decorated in a homely manner and residents bedrooms were personalised with items and pictures important to them. The arrangements for suitable storage required review however, as the inspector observed a number of large items such as residents' personal assistive equipment being stored in the sitting room.

The inspector met with the four residents of the house. On arrival the inspector sat with the residents as they were finishing breakfast and engaged in baking scones and bread. After breakfast, residents were observed listening to music and engaged in activities with staff. The residents appeared happy and comfortable in their home.

In the afternoon, the inspector visited the second house which was also a detached purpose built bungalow. Similarly, it consisted of an open plan kitchen/dining/living area, sitting room, four individual resident bedrooms, a staff sleepover room and a shared bathroom. The inspector observed that the house was appropriately decorated and well maintained. However, the arrangements in place for suitable storage also required review in this house as a number of items the residents' assistive equipment were observed to be stored in the sitting room. In addition, a number of minor scratches and marks were noted on the walls of the designated centre. This had been self-identified by the provider and plans were being developed to manage this.

The inspector had the opportunity to meet with the four residents of this house. On arrival, one resident was relaxing watching a concert on TV, two residents were being supported in the community for lunch and one resident was accessing healthcare services. Later in the afternoon, three residents returned to the centre and met with the inspector. Overall, the residents appeared happy and comfortable in their home.

At the time of the inspection, the designated centre had access to one vehicle to

support the eight residents. This meant that there were occasions where there was limited access to transport. The inspector was informed that two vehicles had been ordered and the provider was awaiting delivery of same. At times, the residents could also access other service vehicles if available.

Overall the residents appeared content and comfortable in their home and the staff team were observed supporting residents in an appropriate and caring manner. However, as this centre was newly established, there were some areas for improvement identified including suitable storage, infection prevention and control practices, staffing arrangements and training and development. 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

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, some improvements were required in the staffing arrangements and staff training.

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for two designated centres. They were supported in their role by experienced clinical nurse managers. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response. As noted, at times there was limited access to transport which impacted on residents ability to access the community. The inspector was informed that the provider had purchased two vehicles and was awaiting delivery of same.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of residents. From a review of the roster, there was an establishing staff team in place. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. However, at the time of the inspection, the staffing arrangements required further review to ensure they were in line with the needs of residents.

## Regulation 15: Staffing

The person in charge maintained a planned and actual roster. From a review of the roster, there was an establishing staff team in place. The centre was operating with

two whole time equivalent vacancies. The inspector was informed that the provider was in the process of actively recruiting for these roles. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

However, as this was an newly established service, the staffing arrangements required further review to ensure they were appropriate to the needs of all residents and the size and layout of the centre. For example, in one unit the need of one resident for one to one engagement was identified as requiring review. The inspector was informed that the provider had an upcoming review of the staffing arrangements planned.

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, the majority of the staff team had up-to-date training in areas including safeguarding. However, some improvement was required to ensure all staff received up-to-date refresher training, including de-escalation and intervention techniques. This had been self-identified by the person in charge and plans were in place to address same.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Clinical Nurse Manager 3, who in turn reports to the Service Manager. 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 2021 and six monthly provider visits. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a homely environment. However, improvement was required in the arrangements in place for suitable storage and in some infection prevention and control practices.

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

There were effective systems in place for the safeguarding of 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.

There were systems in place for the prevention and management of risks associated with infection. However, the inspector observed some practices which required improvement. For example, in the en-suite bathrooms of one of the houses the inspector observed residents' had personal basins used to support with personal care. At the time of the inspection, there was no records of the frequency of when the basins were cleaned. This practice posed an infection control risk.

## Regulation 17: Premises

The designated centre consisted of two detached bungalows. Overall, the designated centre was decorated in a homely manner and well-maintained. All residents had their own bedrooms which reflected the individual tastes of the residents with personal items on display.

However, the arrangements in place for suitable storage required improvement. As noted, the inspector observed large personal assistive equipment stored in the sitting room of both houses.

Judgment: Substantially compliant



## Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the unannounced inspection. Cleaning schedules were in place for high touch areas, regular cleaning of rooms and some personal equipment. Good practices were in place for infection prevention and control including laundry management and a color coded mop system.

However, some improvement was required in recording cleaning of all personal assistive 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. There was evidence of regular fire evacuation drills taking place in the centre and learning from this drills being used to inform practice. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate.

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 resident's personal support plans which were up-to-date and guided the staff team in supporting the resident with their assessed needs.

Judgment: Compliant

## Regulation 6: Health care

Each residents' health care supports had been appropriately identified and assessed. The inspector reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was an established system in place for the review of restrictive practices. There were some restrictive practices in use in the designated centre. From a review of a sample of records, restrictive practices were suitably identified and reviewed. In addition, there was evidence of a reduction of restrictive practices such as a visual monitor.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The inspector reviewed a sample of incidents and accidents occurring in the designated centre and there was evidence that incidents were appropriately managed and responded to. The residents were observed to appear content and relaxed 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially 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-0031945

Date of inspection: 28/07/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A staffing review meeting took place on August 11th, to ensure that adequate staff are in place to support the specific needs of the residents in the centre. Two fixed term vacancies exist, due to a maternity leave and a long term sick leave preceding a maternity leave, these post were advertised but the service provider was unable to fill the short term posts. These vacancies have been re advertised and are currently being covered by relief staff. The service has re advertised also for a further existing permanent vacancy for the centre. A follow up meeting has been scheduled for September 12th to review the actions of the staffing review meeting.</p> <p>An Individual preferences needs assessment has been reviewed and updated for the resident identified in the report and a business case will be submitted by October 11th for additional funding to provide the necessary support for the resident at specific times during the day.</p> <p>Rosters has been amended to support need for interim period.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Staff that require training in de-escalation &amp; intervention techniques – Studio 3 training have been booked in for the earliest available dates.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The service provider had identified the need for additional storage to store personal assistive equipment within the centre prior to the inspection and has looked at ways to improve storage in the 2 houses and is in the process of getting quotes for an outdoor storage shed.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  The personal basins in the residents' ensuites to support personal care were added to the systems that are in place within the centre for the management of infection prevention and control immediately after the inspection.</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 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	31/03/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2023

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 standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	06/09/2022
---------------	---	-------------------------	--------	------------