



# 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 U
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	29 October 2021
Centre ID:	OSV-0007882
Fieldwork ID:	MON-0034628

## 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 U is a designated centre operated by the Daughters of Charity Disability Support Services CLG. The centre provided a residential service to a maximum of eight for adults with a disability. The centre comprises of a detached four bedroom bungalow located near a large town in Co. Tipperary close to local amenities such as pubs, hotels, cafes, shops and local clubs. The house consisted of a open planned kitchen/dining room/sitting room, small sitting room, four bedrooms, a staff sleep over room and a shared bathroom. 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:	0
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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 - 2015 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
Friday 29 October 2021	12:00hrs to 13:30hrs	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 staff team and management over the course of this inspection.

At the time of the inspection, there were no residents in the service. The inspector spoke with the person in charge, residential service manager and reviewed a sample of documentation. The provider had applied to vary registration conditions to add a second house to the centre and increase the maximum number of residents to eight adults with a disability. As part of the service's decongregation plan, the provider had identified this centre as suitable by the provider to meet the needs of eight adults with an intellectual disability. The inspector reviewed a sample of transition plans which demonstrated the proposed residents and their families had visited the service and were looking forward to move into their new home.

The centre was located in a residential area in a town in County Tipperary. The inspector visited both the current registered house and proposed house as part of this inspection. The first house was a detached bungalow. It consisted of an open planned kitchen/dining room/sitting room, small sitting room, four bedrooms, a staff sleep over room and a shared bathroom. It was observed that the proposed residents had begun to personalise the bedrooms with their personal possessions and pictures.

The second house, which was proposed to be added to the centre, was a detached bungalow. It consisted of an open plan kitchen/dining/living area, sitting room, four individual resident bedrooms, a staff sleepover room and a shared bathroom. Similarly, it was observed that the proposed residents had begun to personalise the bedrooms with their personal possessions and pictures.

Overall, the premises was homely and provided a comfortable space. However, some improvement was required in the governance and management systems and fire safety.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there was a clear management structure in place. However, at the time of the inspection, aspects of an effective monitoring system were in the process of being established and implemented before the proposed residents were admitted to the centre.

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was supported in their role by two team leaders. However, the provider's local management systems were in the process of being introduced to the centre. The person in charge informed the inspector of plans of developing and implementing local audits and registers ahead of the planned admission of the proposed residents.

In addition, the inspector reviewed a draft staffing roster proposed meet the needs of the proposed residents. The proposed roster outlined staffing arrangements for social care workers and care assistants which demonstrated that sufficient staff would be in place meet the assessed needs of the proposed residents.

#### Regulation 14: Persons in charge

The provider had appointed a full time person in charge of the designated centre. The person in charge was suitably qualified and experienced.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, the registered provider presented the inspector with draft staff rosters which demonstrated sufficient planned staffing arrangements to meet the assessed needs of the proposed residents.

Judgment: Compliant

#### Regulation 23: Governance and management

There was a clearly defined management structure that identified lines of authority and accountability. However, local management systems were in the process of being established and implemented for the residential service to ensure that the service provided was safe and effective at all times. For example, at the time of the inspection the provider's processes for risk management and audits were at the early stages of being introduced. The person in charge outlined the plans in place to ensure that these improvements were put in place and had a good awareness of

their role and responsibilities in the designated centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which contained all of the information as required in Schedule 1 of the Regulations.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the premises provided a homely environment. However, some improvement was required in the arrangements in place to maintain of all the fire equipment.

The inspector carried out a walk through of the premises. The premises consisted of one detached bungalow and a proposed new bungalow to be added to the designated centre. The houses were well maintained and in the process of being personalised by the proposed residents. The houses were equipped with specialised position equipment, overhead tracking hoist and individual slings which are utilised based on individual needs. Each house had four resident bedrooms, an open plan kitchen/ dining room/sitting room and a shared bathroom. The inspector reviewed a sample of transition plans which demonstrated a planned person centred approached to the transition of the proposed residents.

There were suitable fire safety systems in place. However, on the day of inspection, it was not evident that the fire equipment was serviced as required. This was identified to the person in charge and the provider submitted evidence shortly after the inspection that this had been addressed. The person in charge outlined plans to develop the proposed residents evacuation plans and a schedule of fire drills.

### Regulation 17: Premises

The designated centre consists of one bungalow located in County Tipperary. The provider had applied to add another bungalow to the service. Overall, the houses were decorated in a homely manner and were well-maintained. The designated centre is located close to local amenities and facilities. The centre was in the process of decorating the proposed residents bedrooms with their personal possessions and

pictures.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The inspector reviewed a sample of transition plans for the proposed residents. The plans demonstrated the residents received support as appropriate to transition between residential services through visits, personalising bedrooms and engagement with their circle of support.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. However, improvement was required to ensure they were serviced as required. The person in charge outlined plans to develop the proposed residents evacuation plans to guide the staff team in supporting the residents to evacuate and a schedule of fire drills.

Judgment: Substantially 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for St. Anne's Residential Services Group U OSV-0007882

Inspection ID: MON-0034628

Date of inspection: 29/10/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since the inspection all Risk Assessments that were not completed on that date are now in place. These outline new and generic risks for residents. Residents personal risk assessments have been reassessed and modified accordingly for new residence. Auditing within this centre will commence effectively once residents transition to the new home.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Provider has supplied copies of Certificates from Lir Fire Protection Company from 2/11/21, whereby the Emergency lightening, fire detection &amp; Alarm system and fire equipment were all tested and serviced.</p> <p>System is in place for regular and ongoing servicing and fire audits as per regulations and local/national guidelines.</p> <p>Individual fire assessments (PEEPs) for residents that are transitioning have been completed. Fire drills in line with regulations and local/ national policies to take place upon transition to new home.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	02/11/2021