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St Annes Residential Services - Group R, OSV-0005643, 25 July 2019

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Office of the Chief Inspector

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

Name of designated centre:	St. Anne's Residential Services - Group R
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 July 2019
Centre ID:	OSV-0005643
Fieldwork ID:	MON-0024090

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 R consists of a detached two-storey house, situated on the outskirts of a town. The designated centre provides a residential service for up to five residents with intellectual disabilities, both male and female, over the age of 18. The centre does not provide for respite nor emergency admissions. Each resident has their own en-suite bedroom and other facilities in the centre include an entrance hall, a sitting room, a kitchen/dining room, a utility room, a main bathroom and a staff office/bedroom. Staff support is provided by a social care leader and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
25 July 2019	11:00hrs to 18:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The inspector met all five of the residents who lived in this designated centre. While the inspector did not have an opportunity to meaningfully engage with these residents, they were observed in the designated centre and in their interactions with staff members on duty. On arrival at the centre, three residents were present while two more were away from the centre at a day service.

One resident was observed to be relaxing in a sitting room while a second was seen to be spending time in their bedroom where they appeared comfortable. It was noted that the staff member present knocked on the resident's bedroom door before entering and asked if they wanted to listen to some music. The third resident was seen to move freely throughout the centre. Shortly after the inspection commenced, these three residents were seen to be supported by staff to leave the centre to attend an overnight stay away in a hotel.

Later during the inspection, the remaining two residents returned to the centre from their day service. A staff member present engaged one of the residents with a football while both residents also watched television. Before the close of inspection these two residents were supported to have a meal together at the kitchen table. Throughout such observations staff members on duty were seen to interact with residents in a warm and respectful manner while providing appropriate care where needed.

Capacity and capability

The registered provider had ensured that an overall good level of compliance had been maintained since the designated centre's previous inspection in December 2017. In doing so the provider had complied with a specific condition of registration. It was noted that the statement of purpose in place required some amendments to ensure it fully met the requirements of the regulations.

When this designated centre was last inspected in December 2017, examples of good practice were seen along with evidence that the provider was responding effectively to residents' needs. However, that inspection also found that there were inadequate arrangements in place to contain an outbreak of a fire. In response to this the provider submitted a plan which involved the installation of additional fire containment measures throughout the centre. The designated centre was subsequently registered until May 2021 with an additional restrictive condition that required the provider to adhere to this plan. During the current inspection it was observed that fire containment measures in the form of fire doors were present

throughout.

This provided assurances regarding the provider's ability to follow through on stated actions to address areas of non-compliance. To ensure that the provider identified areas for improvement on an ongoing basis, management systems were in operation to review the quality and safety of care and support that was provided to residents. Various audits in specific areas such as medicines, residents' individual personal plans, infection control and health and safety were carried out in a systematic way. The inspector reviewed a sample of these and noted them to be detailed and specific. For example, it was seen that the most recent health and safety audit carried out covered various areas such as the premises provided, fire safety and waste.

Where any areas for improvement were identified by such audits, action plans were put in place to respond to these with responsibility assigned to individuals for addressing these areas. It was also noted that similar action plans were in place for unannounced visits carried out by the provider. These are a requirement of the regulations and are also important in monitoring the service provided to residents. Such visits must be carried out every six months and it was noted that since the previous inspection, three such unannounced visits had been carried out which were reflected in written reports that were available for the inspector to review.

The provider had also put in place a clear organisational structure for this designated centre. As part of this a person in charge had been appointed who held the necessary experience levels and qualifications to perform this role. The person in charge was responsible for a total of two designated centres located approximately 20 minutes' drive apart. While the person in charge was not present during this inspection, their remit was not found to have a negative impact on the running of the current centre. For example, the person in charge was a regular presence in the designated centre while evidence was seen that they maintained oversight of the centre and followed up on areas highlighted for improvement.

The person in charge also oversaw the staff team that was in place. No issues were identified on the current inspection regarding the overall staffing arrangements to support residents. The staff support provided was in keeping with the staffing arrangements as outlined in the designated centre's statement of purpose which is important in setting out the services to be provided to residents. The inspector reviewed a copy of this and noted that it contained most of the information required by the regulations although it was seen that the sizes of all rooms in the centre were not clearly set out while the most recent version provided to HIQA did not include the names of all persons participating in the management of the designated centre. Overall, though the inspector was satisfied that the centre was operated in accordance with its statement of purpose.

Regulation 14: Persons in charge

The provider had appointed a person in charge who met the requirements of the

regulations in terms of their experience and qualifications. The person in charge was responsible for a total of two designated centres but this was not negatively impacting the running of the current centre.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place which included a continuity of staff. Planned and actual rosters were maintained in the designated centre but staff files were not reviewed during this inspection as they were held centrally by the provider.

Judgment: Compliant

Regulation 23: Governance and management

The provider had been carrying out unannounced visits to this designated centre every six months as well as annual reviews as required by the regulations. Written reports were maintained for such visits and reviews with action plans provided where necessary. Audits were being carried out in various areas such as medicines and infection control to monitor the service provided to residents. A clear organisational structure was in place in the designated centre and the provider as a whole.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which contained most of the required information but it was seen that the sizes of all rooms in the designated centre were not clearly set out. In addition, it was also noted that the names of all persons participating in the management of this centre were not listed in the most recent statement of purpose which had been provided to HIQA.

Judgment: Substantially compliant

Quality and safety

Arrangements were in place to support the needs of residents living in this centre. Some improvement was required in the provision of training to support residents to engage in positive behaviour.

On arrival in this designated centre the inspector saw that three residents were being supported to go on an overnight stay away in a hotel. In order to facilitate this trip away from the centre it was noted that additional staffing resources had been provided to support residents. During inspection evidence was seen that residents living in this centre were supported to engage in other activities away from the centre such as visiting spas, attending concerts and other day trips. Such activities were often identified as specific goals for residents with the aid of the staff who supported residents to achieve these goals.

Residents were seen to be comfortable in the presence of staff members during this inspection. It was also observed that staff members treated residents in a respectful manner. For example, it was seen that a staff member knocked on a resident's bedroom door before entering. Efforts were being made to consult with residents through regular resident meetings. It was noted that the frequency of such meetings had increased from monthly to weekly in the month before this inspection. Such arrangements for resident involvement in the running of the centre were outlined in the residents' guide.

This guide was maintained in the designated centre along with individual personal plans for all residents which are important in identifying the needs of residents and outlining the supports necessary to provide for such needs. The inspector reviewed a sample of such plans and noted that they contained clear guidance on how to support residents with their assessed needs. Personal plans were subject to regular review and it was noted that easy-to-read versions of plans were also provided. Staff members generally demonstrated a good understanding of residents' needs and how to support them although some uncertainty amongst staff was noted by the inspector regarding particular communication methods to be used by one resident.

However, staff members spoken with did demonstrate a good knowledge of how to support residents to engage in positive behaviour. The steps discussed by staff members were in keeping with guidance provided by behaviour support plans that were in place. It was seen though that some of these plans required updating to reflect recent reviews from relevant allied health professionals so as to ensure that staff had up-to-date knowledge in this area. It was also noted that not all staff members had completed training in de-escalation and intervention. This was important given the particular needs of residents living in this centre.

Support was provided to residents to enjoy the best possible health. Where residents had assessed healthcare needs, clear plans were in place to provide guidance for staff in supporting residents with such needs although the inspector did observe one instance where there was contradictory documentation in use for one resident which related a recommended diet. Staff members spoken with demonstrated a good knowledge of residents' healthcare needs and the supports required to provide for these. It was also noted that there was regular and ongoing

monitoring of residents' healthcare while there was good access to a range of allied health professionals such as general practitioners, physiotherapists, speech and language therapists and occupational therapists.

Recently reviewed hospital passports were also in place which provided key information and were intended to accompany residents in the event that they required a hospital admission. It was noted that these hospital passports included the most up-to-date records of residents prescribed medicines. Such documentation was reviewed and found to conform with best practice. Protocols were also in place for PRN medicines (medicines only taken as the need arises). Such protocols are important to outline when such medicines are to be given and the maximum amount which can be administered. The contents of such protocols were queried with staff who displayed a good knowledge of these.

Appropriate medicines storage facilities were also provided for in the premises of the designated centre. This was a two-storey detached house which overall was presented in a homely and well-maintained manner on the day inspection. It was also seen that residents were provided with their own spacious bedrooms, all of which were en-suite. It was noted though that recommendations from a recent infection control audit that related to the premises had not been fully addressed at the time of this inspection. In addition, it was observed that the ventilation in the utility room required review given its proximity to a resident's bedroom while one seat was seen to need cleaning.

The premises provided was equipped with appropriate fire safety systems. These included a fire alarm, emergency lighting, firefighting equipment and fire doors, which had been installed since the previous inspection. It was observed though that the use of fire doors required review to ensure that they operated as intended. Arrangements were in place for such fire safety systems to be checked on a regular basis by staff and also by external contractors to ensure that they were in proper working order. It was also seen that the procedures for evacuating the centre were on display while records reviewed indicated that staff were provided with relevant fire safety training.

Regulation 10: Communication

Guidance on how to support residents with their communication was contained within residents' personal plans. It was noted though that there was some uncertainty from staff regarding some of the recommended communication methods to be used for one resident.

Judgment: Substantially compliant

Regulation 17: Premises

The premises provided was suited to meet the needs of residents living there and overall was presented in a homely manner on the day of inspection. It was noted though that one piece of equipment used by resident was overdue a service, the ventilation of the utility room needed review and a seat was in need of cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were seen to be provided with food which was prepared in the manner recommended by a relevant allied health professional. It was noted though there was some inconsistencies in documents relating to such recommendations.

Judgment: Substantially compliant

Regulation 20: Information for residents

Details on how to access HIQA inspection report and the arrangements for resident involvement in the running of the designated were set out in a residents' guide which was present in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

Hand gels were available throughout the designated centre while a copy of relevant HIQA standards was present in the centre. It was noted though that recommendations arising out of an infection control audit carried out in May 2019 had not been fully addressed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire evacuation procedures were on display in the centre while staff members had been provided with relevant training. Appropriate fire safety systems were provided in the centre which included a fire alarm, fire extinguishers and fire

doors. It was noted though that the use of some fire doors required review to ensure that they operated as intended. Fire safety systems were subject to regular servicing by external contractors while internal staff checks were also being carried out to ensure such systems were in proper working order.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate facilities were in place for medicines to be stored securely while a sample of medicines documents indicated that appropriate practices were being followed. PRN protocols were in place outlining when particular medicines were to be given and staff members present demonstrated a good knowledge of these.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As part of the personal planning process in use, specific goals were being identified and achieved for residents. These goals were outlined and reviewed in the individual personal plans that were maintained for all residents living in this centre. Personal plans were subject to regular review and had multidisciplinary input. This helped to ensure that arrangements were in place to meet the assessed needs of residents living in this centre. It was also noted that personal plans were presented in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Clear guidance was provided in residents' personal plans outlining how to support residents to enjoy the best possible health. Staff members demonstrated a good knowledge in this area. Records reviewed indicated there was regular monitoring of residents' healthcare needs and good access to a range of allied health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Not all staff members had undergone training in de-escalation and intervention. The behaviour support plan for one resident requiring updating to ensure it reflected the input of relevant allied health professionals.

Judgment: Not compliant

Regulation 8: Protection

Staff were provided with relevant safeguarding training and demonstrated a good awareness of any safeguarding concerns in this designated centre. To ensure residents' dignity and bodily integrity, staff had access to residents' intimate personal care plans outlining the supports that residents required in this area.

Judgment: Compliant

Regulation 9: Residents' rights

Staff members were seen to respect residents' privacy by knocking on their bedroom doors before entering. Throughout the inspection, residents were seen to be treated in a respectful fashion by staff members who also facilitated regular resident meetings to promote consultation.

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services - Group R OSV-0005643

Inspection ID: MON-0024090

Date of inspection: 25/07/2019

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Since the inspection new clearer floor plans were sourced and same were updated in the house. The Statement of Purpose was updated outlining the names of the relevant PPIMs. Both the updated floor plans and the Statement of Purpose were sent to the HIQA inspector 29/08/19</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>Since the inspection the communication care plans were updated in the relief handbook. On induction all staff are directed to read the communication plans when commencing duty in the house</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Since the inspection the piece of equipment noted has been serviced and a schedule has been put in place for future servicing. The chair requiring cleaning is no longer in use. The maintenance manager has been requested to review the ventilation in the utility</p>	

room and put in appropriate vents as required. This is to be completed within short timeline.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Since the inspection all documentation regarding food and nutrition has been reviewed and updated by the PIC.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Since the inspection all outstanding infection control audit actions have been referred to maintenance where applicable for completion within a short time frame. All other actions completed.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Since the inspection the PIC has requested that relevant fire doors are fitted with automatic closing magnets. Same has been approved. Work due for completion within short timeline.

Staff team will be instructed at next house meet (30th September 2019) in relation to the importance of fire safety and to ensure operation of fire doors is done correctly and as for intended use.

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Since the inspection the PIC has scheduled the relevant staff in for training regarding the management of behaviours of concern.</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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/10/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2019
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and	Substantially Compliant	Yellow	31/10/2019

	maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2019
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	31/10/2019
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	31/10/2019
Regulation	The registered	Substantially	Yellow	31/10/2019

28(3)(a)	provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Compliant		
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/10/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	31/10/2019