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St. Anne's Residential Services Group L, OSV-0005159, 11 March 2021

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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 L
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:	11 March 2021
Centre ID:	OSV-0005159
Fieldwork ID:	MON-0032215

About the designated centre

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

St. Anne's Residential Group L is a residential home located in Co. Offaly. The service can provide supports to four residents over the age of eighteen with an intellectual disability. Currently three residents reside within the centre. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by staff members at all times. The objective of the centre as set out by the registered provider is to "provide person centred care in a safe and homely environment where each resident is supported in reaching their full potential in accordance with evidence based best practice". Residents are facilitated and encouraged to participate in social activities, within their local community, to include participation in hobbies and leisure activities of their choice.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 11 March 2021	11:00hrs to 17:00hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place from a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to talk with all four residents on the day of inspection, albeit this time was limited. The regulations prioritised for examination were those which provided the best evaluation of what it was like for residents to live in this house and what level of safety and care was afforded to residents by the staff and the organisation supporting them. Overall, the inspector was satisfied that residents living in this comfortable and homely house had a good quality of life. However, the impact of COVID-19 restrictions had caused the residents upset, primarily upset at having significantly less contact with their families.

Residents had lived in the centre for many years and were familiar and settled in their surroundings. All four residents looked comfortable in the company of staff. Two residents with whom the inspector spoke, had limited vocabulary but had good understanding of the spoken word. The other two residents were very keen to chat. One resident spoke fondly about their family, especially younger members of their family. This resident had photo albums which the resident kept in their possession and frequently looked at the photographs within.

A significant amount of work had been undertaken to ensure the centre met the needs of residents and their families. For example, one resident was recently provided with a television in their bedroom so that they could watch their favourite films. This was to help alleviate their sadness around not being able to visit the family home as frequently as they had done before the pandemic.

When the inspector arrived in the centre, three residents were relaxing in the sitting room. The fourth resident was resting. There was a pleasant aroma of baking and the inspector was told how residents and staff make bread or scones each day. Participation in this activity had increased in the previous 12 months as residents were now spending more time in their house. One resident spoke about how much they missed going home. Prior to COVID-19, this resident went home two nights a week. This home visit was a priority for this resident, so the past 12 months, and especially during level 5 restrictions, not being able to go home was hugely significant. It was what the resident spoke about most frequently. The provider and person in charge had competing considerations; adhering to Level 5 restrictions and supporting the resident with their mental health. Staff took several actions to minimise the impact of the restrictions such as phone calls to family, facetime, writing cards, creating photo albums. However, the impact of not seeing their family was significant. It affected the resident's mood and their tolerance levels. This had resulted in some altercations with other residents. The provider was responsive to these developments by supporting the resident and offering the resident one to one support. A referral was also made to the psychologist. However, an assessment around the impact of limiting family contact against the benefit of facilitating a

greater level of family contact had not been adequately risk assessed. Progress on addressing this matter was made on the day of inspection when definite plans were made for the resident to visit the family home. This brought much joy to the resident who was seen to engage in packing a bag, deciding what clothes to wear for the visit and organising the purchase of a small gift to take with them. This strategy appeared to address much of the anxiety and restlessness the resident had and the resident was clearly excited with this plan.

The house in general had a comfortable and homely feel. It was nicely decorated, warm and clean. Each resident had their own bedroom. One resident spoke about the plans that were underway to install a bath for their use. This was being done with the aim of supporting the resident's healthcare and personal needs. Two residents had limited mobility. They used aids to help them with walking. Access to the outdoors was relatively easy with a patio off the kitchen. The person in charge spoke about this area being frequently used in summer time.

All communication between residents and staff was seen to be friendly, respectful and convivial. It was clear both staff and residents knew each other well. Both parties spoke with ease about their respective families. Conversation was positive and good humoured in nature.

Prior to restrictions some residents attended day services. While some were looking forward to returning, another resident had decided they would no longer need this service as they enjoyed spending the day at home, engaged in activities that interested them.

The range of activities in which the residents engaged were varied and had changed due to the pandemic. For example, residents now partook in baking and cooking more than they had done previously. One resident was particularly skilled at art and created beautiful mosaic type mirrors. The resident's paintings were framed and hanging on the walls. They added immensely to the decor. This resident spoke with the inspector about their work and was happy to show the inspector different pieces of their creations. The resident also enjoyed knitting. Music was enjoyed by all and this including karaoke sessions which brought a sense of fun to the house.

Capacity and capability

The findings of this inspection were, in many aspects, similar to the findings of the previous inspection. Throughout this inspection residents were seen to be treated respectfully and in a caring and positive manner. The provider sought to enable residents to live in a community environment that enabled them to live a meaningful life. As evidenced by good compliance across the regulations inspected, the provider had been successful in putting in place structures and supports to ensure that residents were provided with a good quality of life.

As outlined in the statement of purpose, an organisational structure was in place

within the centre, where roles and responsibilities were clearly set out. In addition to the day-to-day operations of the designated centre, clear lines of reporting were also in place to ensure that the provider was aware of how the centre operated. An experienced person in charge was in place. The provider had put in place structures to support the person in charge in their role. This included the regular support from a clinical nurse manager 3.

To ensure oversight of the centre, the provider had been carrying out annual reviews and six monthly unannounced visits as required by the regulations. Such visits focused on the quality and safety of the service provided. The annual review included the views of residents and families. Recommendations made were followed up with. For example, the most recent six month review carried out on 17/11/2020 recommended that the person centered plans be updated to ensure the residents goals were in line with the restrictions of the COVID-19 situation. The inspector saw that this was carried out.

In addition to such regulatory requirements, the provider was also carrying out their own audits and reviews into areas such as medicines, complaints, health and safety, resident finances and incidents.

As observed throughout the inspection, residents appeared comfortable in the presence of staff.

Regulation 14: Persons in charge

The person in charge was informed, actively participating and in control of the altered ways of working in the centre. This provided reassurance that practices were appropriately supervised and managed. The person in charge in turn was supported by a clinical nurse manager 3 who had a regular presence in the centre and was well known to residents and staff. The provider representative was also available to support both residents and staff.

Judgment: Compliant

Regulation 15: Staffing

The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that effective governance and management arrangements were in place including effective management to ensure the risk of the introduction of and the transmission of infection was minimised.

The required resources, including personal protective equipment had been sourced. The inspector was satisfied that the person in charge had good awareness and was supported in her role by the clinical guidance of an experienced nurse.

Six monthly and annual reviews took place which led to evaluation of the service provided and improvements were made as necessary. For example care plans were updated following a review.

There were clear reporting structures in place and staff knew these reporting lines.

Judgment: Compliant

Quality and safety

Over the course of inspection, it was evident that the provider was proactive in ensuring the centre was in substantial compliance with the regulations and standards. There was good consultation with residents, both through documented house meetings and through less formal interactions.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, telephone, computer and the Internet. Overall, the inspector observed a relaxed and informal atmosphere in the centre; a place where each person had space and opportunity to unwind and engage with each other as much or as little as they wished.

There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans was updated annually. They were clear to read and understand. Insofar as was reasonably practicable, arrangements were in place to meet the needs and preferences of each resident. Overall, the plans showed that they were up to date and informed practice.

The physical facilities of the centre were assessed for the purposes of meeting the needs of residents. For example, each resident had their own bedroom which they personalised. The house was homely, well maintained and attractively decorated.

There was a spacious garden area which was easily accessible from the kitchen.

Staff were aware of residents underlying health care issues. Medical attention was sought promptly as required. The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge said that this included physical review by their General Practitioner (GP) if this was deemed necessary. The person in charge described how residents were supported to access other healthcare services external to the centre including psychiatry, psychology, physiotherapy, dental. Many of these services were provided through the primary health care services. Nursing advice and care was available internally from a clinical nurse manager 3 and was an integral part of the organisations support structure. However, one resident had been waiting for the result of a biopsy for four months. While some efforts were made to obtain a result, a greater degree of urgency was needed to ensure the resident was provided with this information.

The inspector observed residents relaxing in their home, engaging in art and craft work and chatting with staff. Since the COVID-19 restrictions came into operation, residents and staff spent much time cooking, baking and trying new recipes. Overall this was reported as having increased residents' participation in the running and operation of the centre.

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed throughout the duration of this inspection. Where risk had been identified, measures had been taken to manage this risk. For example, staff assigned to this house did not work elsewhere, residents were provided with information and helped to understand the precautions such as hand hygiene and cough etiquette, that needed to be taken. Notwithstanding the many good risk assessments practices in place, there had been a number of incidents of challenges between peers in the month prior to this inspection. This was primarily due to the impact of the ongoing pandemic restrictions. While staff and the provider took action to minimise the re-occurrence of such incidents, an assessment had not been undertaken to assess the level of risk, in particular for one resident, of not seeing their family. Action was taken on the day of inspection to mitigate the impact for this resident and a family visit was arranged.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment.

Residents and family members were involved in the life of the centre. Residents independence was promoted. Their choices were respected and accomplishments acknowledged. This approach to service provision resulted in a high standard of social care for residents. This was confirmed to the inspector by what the inspector observed, from what staff reported and via the documentation examined.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. Overall, residents viewed this centre as a good place to live. Residents enjoyed the opportunities to participate in activities in accordance with their interests, capacities and developmental needs, albeit, these were within the restrictions of the COVID-19 pandemic. For example, residents enjoyed the garden, partook in baking, learnt new skills such as use of phone for facetime calls.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction, kept in a good state of repair and decorated in a homely manner.

Judgment: Compliant

Regulation 26: Risk management procedures

There had been a number of incidents between peers in the month prior to this inspection. This was primarily due to the impact of the ongoing pandemic restrictions. While staff and the provider took action to minimise the re-occurrence of such incidents, an assessment had not been undertaken to assess the level of risk, in particular for one resident, of not seeing their family.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had produced comprehensive guidelines on the prevention and management of COVID-19. This was updated on a regular basis. The facilities available, such as warm water, mixer taps, paper towels and pedal operated waste bins, all facilitated good infection prevention control. Hand gels and sanitisers were available throughout. Staff wore masks in situations where a two meter distance could not always be maintained. Daily, weekly, monthly and annual cleaning schedules were in place. The guidelines and record templates available to staff, provided clear guidance to ensure that cleaning and disinfection were at an

appropriate standard.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place on a regular basis. The drills included all four residents including those who used mobility aids.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was evident from speaking with the person in charge that an individualised approach had been taken to assessing each resident's needs. The inspector viewed the individualised plans in place should a resident be suspected or contract COVID-19. These were succinct, specific to the resident and staff were familiar with the plans. Staff had been advised of the symptoms of COVID-19. Overall, care plans were written in a respectful way demonstrating much sensitivity and awareness of residents' needs.

Judgment: Compliant

Regulation 6: Health care

Overall, residents' health care needs were well attended to. Residents had access to specialists as their needs directed. However, one resident had been waiting for the result of a biopsy for four months. While efforts were made to obtain a result, such a delay was unacceptable. More urgency was needed to provide this information for the resident.

Judgment: Substantially compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from abuse.

This included having written policies and the provision of training for staff. When incidents occurred extra staffing was employed to minimise a re-occurrence. This was in conjunction with other therapeutic measures. Throughout the inspection residents were seen to be comfortable in the presence of staff members

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
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group L OSV-0005159

Inspection ID: MON-0032215

Date of inspection: 11/03/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Since the inspection the PIC had developed a further risk assessment relating to the impact on the residents mental health created by the lack of visits home due to the Covid 19 pandemic. Every effort is made to ensure family contact is maintained for the individual on compassionate grounds and this is ongoing and reviewed regularly.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Since the inspection the outstanding report relating to medical tests for one individual have been obtained and placed in the residents records. No medical follow up was required.</p> <p>The importance of follow up for all medical test results highlighted to the team by the Person in charge of the center in order to prevent same occurring in the future.</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 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	31/03/2021
Regulation 06(2)(e)	The person in charge shall ensure that residents are supported to access appropriate health information both within the residential service and as available within the wider	Substantially Compliant	Yellow	31/03/2021

	community.			
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