



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 E
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	23 April 2024
Centre ID:	OSV-0003948
Fieldwork ID:	MON-0034506

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 E is a designated centre operated by Avista CLG. The designated centre provides community residential care for a maximum of 10 adult residents, both male and female, with intellectual disability. The centre consist of two houses which are located within close proximity to one another in a town in Co. Tipperary. The first house is a two story detached house which provides a community residential care to up to five adults with a disability. The house comprised of a sitting room, kitchen, dining room, sun room, an office, four individual bedrooms which were all en-suite and a shared bathroom. There was also an apartment adjoined to the house which accommodated one resident and contained a kitchenette, sitting room and en-suite bedroom. The second house is a detached bungalow which provides a community residential care to up to five adults with a disability. The house comprised of a sitting room, kitchen/dining room, staff room, five individual bedrooms and a shared bathroom. The centre is staffed by a person in charge, staff nurses and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 April 2024	09:10hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

The inspector had the opportunity to meet the eight of the nine residents over the course of the inspection. The designated centre consisted of two units which were located a short distance from another.

In the morning the inspector visited the first unit of the designated centre which was home to five adults. On arrival, three residents had left the unit to attend their day service or access the community. The inspector met with the two residents present who were in the kitchen listening to music, engaging in activities of daily living and preparing for the day. The residents appeared comfortable in their home. Later in the morning the residents were observed accessing the community to go horse-riding and engaged in baking.

In the afternoon, after visiting the second unit, the inspector returned to the centre and met with two other residents as they returned home. The inspector met with one resident in their self-contained apartment. They appeared content and comfortable in their apartment having a cup of tea and listening to music. One resident indicated that they preferred to not engage with the inspector and to stay in their bedroom. This was respected.

The unit was a two story detached house and comprised of a sitting room, kitchen, dining room, sun room, an office, four individual bedrooms which were all en-suite and a shared bathroom. There was also an apartment adjoined to the house which accommodated one resident and contained a kitchenette, sitting room and en-suite bedroom. The premises was observed to be decorated in a homely manner with the residents belongings and pictures of people important to the residents. At the time of the inspection, the inspector observed a new cabinets in the process of being installed in the utility room and downstairs bathroom. In addition, the inspector was informed that a number rooms had recently had the floors upgraded, been painted and that the en-suites were in the process of being upgraded to wet-room floors. While, there were some areas which required attention such as areas of scratched paint, flooring and areas of tiling were the new cabinets were installed, the provider had plans in place to address same. Overall, the inspector found that the premises presented in a homely manner and well maintained.

In the afternoon the inspector visited the second unit of the designated centre which was home to four adults. On arrival, one resident met the inspector in the driveway. They were observed engaging in their routine at home with their day service staff. Later in the afternoon, three residents returned from their day service and accessing the community. The inspector met them in the kitchen and sitting room. Overall, they appeared happy to be home and one resident noted that they liked living in the centre. Two residents were observed enjoying the good weather in

the garden. Overall, the residents appeared content in their home and in the presence of the staff team.

The second unit was a detached bungalow which comprised of a sitting room, kitchen/dining room, staff room, five individual bedrooms and a shared bathroom. Overall, the inspector found that the centre was visibly clean, homely and kept in a good state of repair.

The inspector also reviewed nine questionnaires completed by the residents with the support of staff describing their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

In summary, the residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner.

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 was a defined management structure in place to ensure that the service provided was safe, consistent and appropriate to resident's needs. On the day of inspection, there was appropriate staffing levels in place to meet the needs of the residents in line with the size and layout of the centre.

The centre was managed by a full-time and suitably experienced person in charge. There was evidence of quality assurance audits taking place which included the annual review for 2023 and six-monthly provider visits. In addition, local audits were being routinely completed. The audits identified areas for improvement and action plans were developed in response.

The inspector found that there was appropriate staffing levels of suitably qualified and experienced staff to meet the assessed needs of residents. While there were some vacancies and leave, there were arrangements in place to ensure continuity of care and support. The inspector observed positive interactions between the residents and the staff team on the day of inspection.

From a review of training records, it was evident that the staff team in the centre had up-to-date training and supervision. This meant that the staff team had up-to-date skills and knowledge to support the resident with their identified support needs.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably experienced. The person in charge was responsible for one other designated centre. The person in charge was supported in their role by a Clinical Nurse Manager 1 and a House Leader. The demonstrated a good knowledge of the residents and oversight of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the residents. At the time of the inspection, the centre was operating with 3 whole time equivalent vacancies or staff on approved leave. There were systems in place to ensure continuity of care. For example, the staff team, regular agency staff and relief staff covered required shifts.

The nine residents were supported by six staff members during the day. In addition, a number of residents availed of their day services from their home and day service staff provided support to the residents Monday - Friday. At night, the nine residents are supported by one sleepover duty and three waking night duty.

Judgment: 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 staff team had up-to-date training in areas including safe administration of medication and safeguarding, de-

escalation and intervention techniques, fire safety and manual handling. Where refresher training was required this had been self-identified and scheduled. The provider also identified additional training to be completed to ensure the staff team had the knowledge and skills to meet the residents needs. For example, the staff team had completed training in feeding, eating and drinking supports, human rights and epilepsy.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy. The staff team spoken with noted that they attended regular supervision meetings. In addition, a supervision schedule was in place for the upcoming year.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for one other designated centre and was supported in their role by a house leader and a Clinical Nurse Manager 1.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review for 2023 and six-monthly provider visits. The annual review included consultation with the resident and their representatives as required by the regulations. In addition local audits were in place for infection control, health and safety, finances and personal plans. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents and accidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

The management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. Overall, the inspector found that the service provided quality person-centred care and support to the residents in a homely environment.

The inspector reviewed a sample of residents personal plans and found that they were up to date and provided clear and comprehensive guidance to staff team in supporting the residents with their personal, social and health needs. The residents were supported to access positive behaviour support as required and guidelines were in place to guide staff in supporting residents to manage their emotions. There was evidence of clinical supports in place to ensure the quality and safety of care and support provided in the centre. For example, one resident had indicated that they did not want to leave the premises for a significant period of time. There was evidence that this had been reviewed by the multi-disciplinary team and centre management to ensure the arrangements in place to respect the residents choice were appropriate.

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

Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the needs of the residents. The centre was decorated in a homely manner with the resident's

possessions and pictures. The inspector found that the premises was well maintained.

The previous inspection found that some areas of the premises required attention including areas of flooring lifting in the utility room, a number of shower trays in the residents en-suites required replacement, surfaces on the units in the utility room were worn. There was evidence that the provider was actively addressing these areas on the day of inspection. For example, the cabinets and flooring in the utility room were in the process of being modernised and the shower trays had been replaced in a number of en-suites. There was evidence that areas of flooring and paint of the centre had been updated. For the remaining areas, there were clear and funded plans in place to ensure these were addressed.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a resident's guide which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place, reflected the control measures in place and were up to date. For example, the inspector observed up to date risk assessments and controls measures were in place for fire safety, behaviours and slips, trips and falls.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable 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. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place for the administration, documentation and disposal of medicines. There were arrangements in place for the safe secure storage of medication. The inspector reviewed a sample of residents medication and found that it was readily available and was in-date. The inspector reviewed the medication records and found that for the sample reviewed that medication was administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of the residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs, supports and goals. Overall, the inspector found that the plans in place were up-to-date and suitable guided the staff team in supporting the residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The health care plans appropriately guided the staff team in supporting the residents with their health needs. The provider had ensured that the residents were facilitated to access appropriate allied health professionals as required. For example, there was evidence of residents attending General Practitioners (GPs), opticians and dentists for routine appointments and residents attending appropriate health professionals for specific health care concerns/conditions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. Residents were supported to access behaviour therapy, psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practices committee. There was evidence of alternatives being trialled and discussions on how to ensure that the restrictive practices in place were the least restrictive. For example, an audio monitor was in use to support one resident at night. There was evidence that alternatives had been recently trialed but were found to be ineffective.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. For example, the person in charge carried out a quarterly review of incidents. The residents were observed to appear content and comfortable in their home and in the presence of the staff team and management. All staff had up-to-date safeguarding training and staff spoken to demonstrated good knowledge on the systems in place to safeguard residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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	Compliant
Regulation 8: Protection	Compliant