



# 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:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0007882
Fieldwork ID:	MON-0031265

## 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 Avista CLG. The centre provides a community residential service to a maximum of eight for adults with a disability. The centre is located in an urban area in Co. Tipperary close to local amenities such as pubs, hotels, cafes, shops and banks. The centre comprises of two detached four bedroom bungalows which are a short distance from another. The houses consist 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 consists of social care workers, care assistants and a community nurse. The staff team are supported by a person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
--	---

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 13 April 2022	11:00hrs to 17:30hrs	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 residents, staff team and management over the course of this inspection.

This centre was registered as part of the provider's decongregation plan. In December 2021, the residents were supported to move into their new home. The inspector had the opportunity to meet the eight residents during the inspection, albeit briefly.

The first house was a 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. The house was decorated in a homely manner and residents bedrooms were personalised with items and pictures important to them. There was a shed to the side of the premises which was used as storage. The storage of some items including incontinence wear required review.

The inspector met with the four residents of the house. On arrival the inspector observed two residents watching TV, listening to music and preparing for the day. In the afternoon the inspector observed the two residents having lunch with the support of the staff team. Two other residents were in the community with the day service staff. The inspector met the two residents on their return to the centre and observed that they appeared happy and comfortable in their home.

In the afternoon, the inspector visited the second house which was also 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. The inspector observed that the house was appropriately decorated and well maintained. However, the arrangements in place for suitable storage required review as a number of large items including residents' assistive equipment were observed to be stored in the sitting room.

The inspector had the opportunity to meet with the four residents of this house. On arrival, one resident was following an exercise programme in their bedroom in line with their personal plan and one resident was leaving the centre to access the community. Two of the residents were in the local community to get a haircut. The inspector met the two residents as they returned to the centre.

Overall the residents appeared content and comfortable in their home and the staff team were observed supporting residents in an appropriate and caring manner. However, as this centre was establishing, there were some areas for improvement were identified including the premises, infection prevention and control practices,

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

## Capacity and capability

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

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

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

## Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for this centre only and was supported in their role by a two members of the staff team.

Judgment: Compliant

## Regulation 15: Staffing

The person in charge maintained a planned and actual roster. From a review of the roster, there was an establishing staff team in place. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring

manner.

However, the staffing arrangements required further review to ensure they were appropriate to the needs of all residents and the size and layout of the centre. For example, since the staffing arrangements had been determined there had been a significant change in some residents' needs.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date training in areas including safeguarding. However, some improvement was required in ensuring all staff received up-to-date refresher training in aspects of infection prevention and control, fire safety and de escalation and intervention techniques. This had been self-identified by the person in charge and plans were in place to address same.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed the supervision schedule and a sample of supervision records which demonstrated that the staff team received supervision in line with the provider's policy.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to Clinical Nurse Manager 3, who in turn reports to the Service Manager. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review 2021 and six monthly provider visits. In addition, audits were taking place of health and safety, medication and infection control. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the

centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

## Quality and safety

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

The inspector reviewed a sample of residents' personal files. Each resident had an up to date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the resident with their needs. The residents were supported to access health and social care professionals as appropriate which included General Practitioners (GPs) and speech and language therapy.

There were effective systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

There were systems in place for the prevention and management of risks associated with infection. However, the inspector observed some practices which required improvement. For example, in the bathroom of one house the inspector observed residents' personal basins to support with personal care stored on top of each other in the bath. The personal basins were observed to not be stored dry and there was no records of when the basins were cleaned. In addition, the inspector observed a resident's sling resting on the same bath and a damp mop inappropriately stored in the bathroom. These practices posed an infection control risk.

## Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre consisted of two detached bungalows. The designated centre was located in an urban area in County Tipperary. The centre was decorated with residents' personal possessions and pictures throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

However, the arrangements in place for suitable storage required improvement. As



noted the inspector observed large personal assistive equipment stored in the sitting room of one unit and incontinence wear inappropriately stored in the shed of the second unit.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

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

However, some improvement was required in some practices including:

- record the regular cleaning of all personal equipment,
- the appropriate use and storage of mops,
- the appropriate storage of slings and
- appropriate storage of incontinence wear which were observed stored in the shed in one unit.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre and learning from this drills being used to inform practice. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need which appropriately identified resident's health, personal and social care needs. The assessments informed the resident's personal support plans which were up-to-date and guided the staff team in supporting the resident with their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

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

Judgment: Compliant

### Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents.

There was an established system in place for the review of restrictive practices. From a review of records, restrictive practices were suitably identified and reviewed. In addition, there was evidence of restrictive practices being reduced and removed as appropriate.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The inspector reviewed a sample of incidents and accidents occurring in the designated centre and there was evidence that incidents were appropriately managed and responded to. The residents were observed to appear content in their home and spoke positively about living in the designated centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0031265

Date of inspection: 13/04/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A review of the staffing levels in Group U was carried out on 28/04/2022 with the Service Manager, PIC and Director of HR and staffing levels within the centre were found to be adequate to meet the needs of the individuals. The individual who has had significant changing needs had a MDT review before returning to the centre from the acute setting and the necessary supports are in place to meet these changing needs.            Staff leave is delivered by PIC and PPIM in a fair and equitable manner ensuring an overview maintains safe staffing levels during peak demand such as national holiday times.</p> <p>There is a system in place within the service to provide relief to the centre in the event of staff absences.            An easy to follow flow chart is being developed across the service to identify critical staffing levels and systems in place to address staff shortages. This will be completed within short time line.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            All staff have been booked into the next available date in any outstanding training and will complete IPC courses on HSE Land within the next 2 weeks.</p> <p>Staff that are currently on long term sick leave, will complete all training on HSE Land</p>	

within 1 month of their return and the staff will be booked in for renewal of their mandatory training at the next available date on their return

Social care workers will continue to update and review staff training spread sheet with PIC and plan to book all staff in for their renewal of training just prior to their due dates going forward.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
The PIC has highlighted the urgent need for suitable storage for the centre and a maintenance requisition has been completed for both houses within the centre regarding storage and purchasing a new shed and renovating existing shed.  
All items are now stored appropriately in large sealed containers away from walls. No items are being stored open in exiting boxes. Shelving units have been installed to assist with storage in external outbuilding.  
The Purchasing of sheds has been approved by the service manager, there is currently a waiting list for same. Once same is available it will be purchased and erected in houses.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:  
A review of all Cleaning logs and decontamination logs will be carried out within the next month.  
Cleaning logs will become individualized to each house.  
All personal equipment identified on the day of inspection have been added to their respective logs.  
Hand (plastic) basins have been removed from house.  
New Crash mats are being sought for one house to replace existing mats that cannot be cleaned to standard.  
Standard Operation Procedure in the process of being developed for cleaning of equipment for staff to reference in Cleaning logs.  
Incontinence wear now being stored in large sealed containers within shed.





## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/05/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2022

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	31/08/2022
---------------	---	-------------------------	--------	------------