



# 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 H
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 February 2023
Centre ID:	OSV-0003951
Fieldwork ID:	MON-0038490

## 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 H is designated centre operated by Avista CLG. This centre provides a community residential service to up to four adults with a disability. The centre comprises of one two storey detached house located in a town in Co. Tipperary close to local amenities and facilities. The centre consisted of four individual resident bedrooms (one of which is en-suite), sitting room, dining room, kitchen, laundry room, sensory room, shared bathroom and staff office. The designated centre is staffed by a clinical nurse manager 1 (CNM1) and care staff. The staff team are supported by the person in charge.

**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 (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 14 February 2023	10:30hrs to 15:30hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the Regulations. This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

Overall, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support in the designated centre.

The inspector had the opportunity to meet the three of the four residents over the course of the inspection. On arrival, the inspector was welcomed by one resident while the three other residents were accessing their day services. The resident was observed organising their environment and interacting positively with staff. Later in the morning, one resident returned from day services due to feeling unwell and was observed watching TV and listening to music. The resident showed the inspector their bedroom which they said they liked and spoke with the inspector about the music they enjoyed. A second resident returned in the afternoon from accessing the community and was observed interacting positively with staff making plans for the evening. Over the course of the inspection, the inspector observed the staff team supporting residents to access the community and day services. Overall, the residents were observed to appear relaxed and comfortable in their home.

The designated centre consists of four individual resident bedrooms (one of which is en-suite), sitting room, dining room, kitchen, laundry room, sensory room, shared bathroom and staff office. There was a large garden to the rear of the designated centre which contained garden furniture. From a walk-through of the designated centre, the inspector observed that the centre was visibly clean and generally well maintained. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents.

However, the provider had self-identified that the premises was not suitable to meet the needs of the residents. The provider had submitted a formal notification to the Chief Inspector of their intention to cease operation and close this designated centre. The provider intends to close the centre in April 2023 once the residents have been supported to transition to an identified new premises. The new premises was in the process of being renovated at the time of the inspection. An application to register this new centre was in the process of being prepared for submission to the Office of the Chief Inspector.

In summary, the inspector noted that the improvements found in the last inspection

had been sustained. Overall, the residents appeared content and comfortable in their home. The staff team were observed supporting the residents in an appropriate and caring manner. However, there were some areas for improvement identified including staff training and infection prevention and control.

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

There was a clearly defined management system in place which ensured the service provided quality safe care and effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in staff training.

The centre was managed by a full-time, suitably qualified and experienced person in charge. On the day of the inspection, the person in charge was unavailable so the inspection was facilitated by the Clinical Nurse Manager 1. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support the residents' assessed needs. From a review of the roster, it was evident that there was an established staff team in place which ensured continuity of care and support to residents. The inspector observed positive interactions between residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team for the most part had up-to-date training. However, some improvement was required in demonstrating that all staff had up-to-date training in some areas.

## Regulation 15: Staffing

The person in charge maintained planned and actual staffing rosters. On the day of the inspection, the inspector found that the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents.

The previous inspection found that the staffing arrangements required improvement to ensure that were in line with the needs of the residents. This had been addressed

through securing additional day service provision for one resident in the designated centre. During the day, the four residents were supported by two residential staff in the morning and three residential staff in the evening. Two day service staff members also provided support to residents during the days of the week. At night, the four residents were supported by a waking-night staff. The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents.

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, for the most part the staff team in the centre had up-to-date training in areas including infection fire prevention and control, fire safety and manual handling. However, some improvement was required in demonstrating that all staff received refresher training as required. This was discussed with the Clinical Nurse Manager 1 and the person in charge submitted additional information post inspection. From a review of records, it was not clear that two staff had completed up-to-date training in safeguarding vulnerable persons.

The previous inspection also found that improvements were required in ensuring staff received supervision as required. This had been addressed. There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident that formal supervisions were taking place 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 (CNM3), who in turn reports to the Service Manager. The person in charge was responsible for two other designated centres and was supported in their role by an experienced Clinical Nurse Manager 1.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the resident's needs. The quality assurance audits included the annual review 2022, six-monthly provider visits, person care plan audits and health and safety audits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse 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 inspector found that the governance and management arrangements in place ensured that a safe and quality service was delivered to residents. However, the premises does not meet the needs of the residents. In addition, some improvement was required in infection prevention and control practices.

The inspector reviewed a sample of residents' personal files which comprised of 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 to suitably guide the staff team in supporting the resident with their personal, social and health needs. There was evidence that residents were supported to access health care professionals as required.

The provider had systems in place for safeguarding residents. From a review of incidents and accidents occurring in the designated centre, the inspector found that incidents were appropriately managed and responded to. There were appropriate systems and protocols in place to manage identified safeguarding concerns.

The inspector found that the service provider had 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 the residents. The designated centre was visibly clean and well maintained on the day of the inspection. However, some improvement was required in infection prevention and control practices.

### Regulation 17: Premises

The designated centre was visibly clean and well-maintained. The residents' bedrooms were decorated with residents' personal possessions and pictures of



people important to them.

However, the registered provider has identified that the centre does not meet the assessed needs of the residents. The inspector acknowledges that the registered provider has sourced an alternative property which is undergoing refurbishment at the time of the inspection. In addition, as noted the provider has submitted a formal notification to the Chief Inspector of their intention to cease operation and close this designated centre.

Judgment: Not compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: 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. The staff team were observed wearing PPE as appropriate throughout the inspection.

Overall, the premises were observed to be visibly clean on the day of the unannounced inspection. Records reviewed noted that the centre had been deep-cleaned three times since February 2022. However, the cleaning schedules in place required further review. For example, there was no cleaning schedule in place for the sitting room. In addition, there were a number of gaps in the cleaning schedule reviewed for one bedroom. The inspector was informed that the provider was in the process of implementing a new cleaning schedule template.

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 fire alarm, emergency lighting and fire extinguishers. There was evidence of regular fire drills taking place. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

The previous inspection identified one area of fire containment which required review. This had been completed and addressed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of resident's personal plans. Each resident had a comprehensive assessment of the residents' health, personal and social needs which informed the residents personal plans. From a review of the personal plans, the inspector found that they were up to date and guided the staff team in supporting the residents with their identified needs. In addition, the inspector reviewed a sample of transition plans which had been developed to support the residents with the upcoming planned move to a new premises.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. There were safeguarding plans in place to manage identified safeguarding concerns. The residents were observed to appear content and comfortable in their home. The staff team spoken with demonstrated good knowledge of how to identify a concern and the steps to take in the event of a concern.

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 15: Staffing	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	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St. Anne's Residential Services Group H OSV-0003951

Inspection ID: MON-0038490

Date of inspection: 14/02/2023

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since inspection all staff in this designated center have up to date training in safeguarding vulnerable persons. The person in charge has reviewed all training and completed a matrix outlining all staff records of training clearly. Staff that will be due mandatory refresher training for 2023 are booked in for training and are completing same as each training session date becomes available.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider has sourced an alternative property which is undergoing extensive refurbishment to meet the assessed needs of the residents presently and will be completed within the timeframe indicated on the project planner.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection</p>	

against infection:

The person in charge has introduced the new service templates for cleaning schedules in this designated center. These templates have been further reviewed by the person in charge and modified to include a cleaning template for each room within the designated center which includes the sitting room. The importance of recording has been discussed with the staff team at our staff meetings.

## 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 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	22/03/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/04/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	22/03/2023

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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