



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 W
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	24 January 2024
Centre ID:	OSV-0008537
Fieldwork ID:	MON-0040685

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 W is a designated centre operated by Avista CLG. It provides a community residential service to a maximum of four adults with a disability. The centre is a detached bungalow which consists of a kitchen/dining room, sitting room, living room, a separate living area and kitchenette, four resident bedrooms (two of which were en-suite), office and a shared bathroom. There is a large garden to the rear of the centre. The centre is located on the outskirts of a town in Co. Tipperary and is close to local amenities. The staff team consists of a Clinical Nurse Manager 1 and care assistants. 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
--	---

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 24 January 2024	10:00hrs to 16:30hrs	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 designated centre was registered in June 2023 to support the transition of four residents from another designated centre operated by the provider. This was the first inspection of this designated centre since the four residents moved into the house.

On arrival to the designated centre, the inspector met with three residents who were availing of day services from the centre. One resident had already left the centre to attend their day service. The inspector sat and had a cup of coffee at the kitchen table as the three residents prepared for the day. The residents appeared comfortable in their home and were observed spending time in the sitting room, having tea and planning for their day service. Overall, the inspector found that there was a homely and relaxed atmosphere.

Later in the morning, the three residents were observed to be supported by their day service staff team to access the community. In the afternoon, the three residents briefly returned to the centre for lunch before engaging in another activity in the community. The inspector met with the fourth resident in the evening as they returned from their day services. The resident showed the inspector their room and discussed their interest in music. Overall, the four residents appeared content in their home and in the presence of the staff team.

The inspector carried out a walk through of the designated centre accompanied by the person in charge. As noted, the centre is a detached bungalow which consists of a kitchen/dining room, sitting room, living room, a separate living area and kitchenette, four resident bedrooms (two of which were en-suite), office and a shared bathroom. Overall, the premises presented in a homely manner and was well maintained. While, the inspector observed some items outstanding such as the installation of a set of curtains and pictures waiting to be hung in one room, this had been self-identified and plans were in place to address it.

The provider supported the staff team to undertake training in human rights. The person in charge noted that the residents were actively involved in decisions about the care and the running of their home for example, each resident had a transition plan to support them with the move to their new home. The inspector was also informed by a number of staff members of upcoming holiday plans for one resident. In addition, the inspector reviewed a sample of rights assessments which had been completed for each resident in order to identify areas which may require improvement such as restrictive practices.

Overall, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in staff training.

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

The designated centre was registered in June 2023 and this was the first inspection of the designated centre. Overall, there was a defined management structure in place which ensured that the service provided was safe, consistent and appropriate to resident's needs. On the day of inspection, there was appropriate staffing arrangements in place to meet the assessed needs of the residents. However, some improvement was required in staff training and development.

The centre was managed by a full-time, suitably experienced person in charge. The person in charge was responsible for two other designated centre and had a Clinical Nurse Manager 1 was in place to support them in their role. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the unannounced six-monthly visits which identified areas of good practice, areas for improvement and developed actions plans in response.

There was an established staff team in place which ensured continuity of care and support to the residents. From a review of the roster, the inspector found that there were appropriate staffing arrangements in place. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

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 also responsible for two other designated centres and a Clinical Nurse Manager 1 was in place to support the person in charge in their role.

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. From a review of staffing rosters, it was demonstrable that appropriate staffing levels were in place to meet the assessed needs of the residents. For example, during the day the four residents were supported by two residential staff members and the day service staff team. At night, one waking night staff was in place to support the four residents. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

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, it was evident that the staff team in the centre had up-to-date training in areas including fire safety, safeguarding and de-escalation and intervention techniques. This meant the staff team had up to date knowledge and skills to support the residents.

However, some improvement was required to ensure all staff had up-to-date refresher training completed in the safe administration of medication.

Judgment: Substantially 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 two other designated centres and was supported in their role by a Clinical Nurse Manager 1. The person in charge reported to the Clinical Nurse Manager 3, who in turn reported to the Residential Service Manager.

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 six-monthly provider visits. 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 incidents 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 person-centred care and support to the residents in a homely environment.

The inspector reviewed the resident's personal files which consisted of an up-to-date comprehensive assessment of the resident's 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.

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 decorated in a homely manner and well-maintained. The residents bedrooms were decorated in line with their preferences. Residents' personal possessions and pictures were observed throughout the centre. There was a large garden to the rear of the building which included garden furniture.

Judgment: 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. There was evidence of regular fire evacuation drills taking place in the centre including night-time drills. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed.

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 medication prescribed for the residents and found that it was readily available and was in-date. The inspector reviewed the medication records and found that for the sample reviewed medication was administered as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the resident's personal file. The residents had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting resident with identified health, social and personal needs.

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.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to keep the residents in the centre safe. 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 was observed to appear content in their home. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring the residents were kept safe at all times.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were supported to exercise choice and control across a range of daily activities. A rights assessment had been completed for each resident under a number of service areas to ensure their rights were promoted and protected. In addition, the staff team had been supported to undertake training in human rights.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services Group W OSV-0008537

Inspection ID: MON-0040685

Date of inspection: 24/01/2024

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>The person in charge has undertaken a review of staff training records to ensure that all staff have up-to-date refresher training completed or are scheduled to complete training. Two staff out of date for re-fresher training in the safe administration of medication have been scheduled to complete this training.</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 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	05/03/2024