



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	St. Anne's Residential Services - Group Q
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	12 June 2019
Centre ID:	OSV-0003091
Fieldwork ID:	MON-0023354

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 Q is a residential home located in Co.Offaly. The service has the capacity to provide supports to five adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as a bungalow on the outskirts of a large town. Each resident has a private bedroom, with a shared living area space. The centre also incorporated a spacious kitchen dining area and a garden area

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
12 June 2019	09:00hrs to 16:00hrs	Laura O'Sullivan	Lead

Views of people who use the service

The inspector had the opportunity to meet and interact with all residents on the day of inspection. The staff member, who welcomed the inspector, ensured all residents were introduced to the inspector and ensured their unique communication was explained and utilised. The centre was busy and a hive of activity on the inspectors arrival with residents preparing for their day.

One resident told the inspector that they were waiting to go to their day service where they would be going baking. They also told the inspector they love to get their hair done in the morning before going to work, with a 'french' braid their choice on this day. Another resident chose not to speak to or interact with the inspector and this choice was respected. Staff did explain to the inspector prior to the introduction that the resident may choose not to interact.

One resident was being supported in their room to have a quiet breakfast and prepare for their day. This was the morning routine which they enjoyed the best, enjoying a quiet environment. The resident interacted with inspector through touch, squeezing their hand gently when they said hello.

All residents were supported to communicate their plan for the day through support from staff members. Residents appeared very comfortable in the company of staff, smiling and maintaining eye contact with them throughout their interactions. Staff were knowledgeable to the needs of the residents. All information relating to the individual needs of the residents was presented in a respectful dignified manner.

Capacity and capability

The inspector reviewed the capacity and capability of the registered provider and it was evident that there were effective measures in place to ensure a good quality and safe service was afforded to residents. Through a clear governance structure and effective monitoring systems St. Anne's Residential Services - Group Q presented as a service which strived for improvement.

A suitably qualified and experienced person in charge had been appointed to the centre. This individual had a keen understanding of their regulatory responsibilities and awareness to the needs of the residents. The person in charge ensured that residents were consulted in all aspects of their care and that effective measures were in place to achieve compliance with the Health Act 2007. Within the governance structure of the designated centre the person in charge reported directly to one of three persons participating in management. There was clear evidence of communication within this governance structure with clear lines of

accountability.

At organisational level the registered provider had ensured the implementation of monitoring systems in accordance with regulatory requirements. This incorporated a six monthly unannounced visit to the centre and an annual review of service provision. Both reports generated showed identification of concerns/issues with robust and time bound action plans implemented to ensure these areas were addressed and learning was achieved. The person in charge had ensured the implementation of centre level monitoring systems to ensure an ongoing high level of compliance. These included infection control audit, medication audits and a pre-inspection audit tool. As with the organisational systems any areas of concern were evidence to be addressed in a timely manner.

The registered provider had ensured that the centre was allocated sufficient staffing by a trained staff team to meet the needs of the residents. Whilst the majority of staff were supported and facilitated to attend appropriate training, records maintained regarding training required improvements to ensure information held was accurate and training needs did not go unmet. Training needs were discussed as part of ongoing supervisory meetings held with person in charge and staff. These meetings evidenced that staff were provided with the opportunity to raise concerns regarding service provision.

The statement of purpose was available within the centre and was made available to residents and their families. Some minor amendments were required to this document to ensure all required information was present and accurate. The criteria for admissions was clearly laid out within this document. The registered provider had also developed a written agreement which laid out the service to be provided. This however, did not include clear information regarding the fees to be incurred by the resident. Also, the document was not always signed by the allocated representative of the residents.

Residents and their representatives were facilitated and supported to submit a complaint should they so wish. The complaints procedure was clearly laid out within organisational policy with accessible guidance visible through the centre. Whilst no complaint was active on the day of inspection staff spoken with had a clear understanding of processes to follow with the receipt of a complaint.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. This person possessed a clear understanding of their regulatory responsibilities

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that number, skill mix and qualifications of staff was appropriate to the number and assessed needs of the residents

The actual and planned roster evidenced the flexibility of the staff team to ensure the holistic needs of residents was paramount.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had effective systems in place for the appropriate supervision of staff.

To ensure that all staff were supported and facilitated to receive adequate training including refresher, improvements were required with regard to records maintained within the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

A clear governance structure was allocated to the centre with clear lines of accountability and responsibility. Effective monitoring systems were in place at both organisational and centre level to ensure service provision was safe and effective. Any actions identified were addressed in a timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Whilst the registered provider had ensured the development of a written agreement regarding services to be provided. Fees to be incurred, were not clearly laid out.

This document was not always signed by the appointed representative.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was available within the centre. Amendments were required to this document to ensure that all information required under Schedule 1 was present and correct.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All notifiable events/incidents had been submitted to the office of the chief inspector in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place which gave clear guidance for staff in the procedures for addressing a complaint. No complaint was active on the day of inspection

Judgment: Compliant

Quality and safety

St. Anne's Residential Services - Group Q presented as a service which ensured residents were afforded with person centred, individualised supports in a safe environment. Participation in meaningful activities was promoted and encouraged by staff. Residents were consulted in the day to day operations of the centre and encouraged to participate in regular house meetings to communicate their views and opinions in the running of their home. These meetings were also utilised to inform residents of any upcoming events, ensuring they were kept up to date.

Whilst the centre presented as a warm and homely, some areas required improvements. The kitchen, for example required cleaning to remove stains for the

ceiling and to repair peeling paint. Externally, the garden presented as setting with uneven surfaces. Whilst the residents enjoyed spending time in this area they were unable to do so independently due to the surface and the risk of falls.

The person in charge had ensured that each resident had a comprehensive and individualised personal plan. Plans reviewed were found to be person centred with a plethora of support needs highlighted with clear guidance in place for staff. Plans were reviewed through a multi-disciplinary platform with the effectiveness of the plan ensured. Residents were encouraged to participate in the development of their plan and personal goals for the coming year. Goals were established based on the individual needs of the resident such as attending a spa. There was clear evidence of progression and advancement of goals.

Residents were encouraged to participate in a range of meaningful activities based on their tastes and hobbies. For example, one resident received daily supports to participate in one to one activities such as swimming and art. This individualised support had promoted a good quality of life for the resident. Staff reported that since this service commenced there was a decrease in behaviours of concern and the resident appeared happier in their environment. Residents were actively engaged in their local and wider community enjoying walks in their local park and overnight trips around the country.

The registered provider had ensured that residents were safe in their environment. Through staff training and an organisational policy staff spoken with could clearly articulate procedures to adhere to should a safeguarding concern arise. Where an identified issue was present, clear guidance was available for staff to adhere to. Staff were aware of these procedures and displayed a high level of awareness of the need to adhere to all safeguarding plans and to ensure the safety of all residents.

Overall the registered provider had ensured that service provided was done so to ensure the safety of residents. Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information. The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk. For example, manual handling needs and safeguarding. Standard operating procedures were also in place to ensure adherence to risk assessments.

The registered provider had ensured effective measures were in place for the detection and containment of fire. Through ongoing monitoring by the staff team through daily and weekly fire checks any issues were identified and addressed in a timely manner. Whilst residents were supported to participate in evacuation drills the recording of same required review to ensure that areas for learning and additional supports were clearly identified and incorporated into individual support plans. Staff clearly set out procedures to adhere to which were in accordance to each person's personal emergency evacuation plan.

Regulation 13: General welfare and development

The registered provider had ensured the provision of an appropriate service to each individual based on their assessed needs. Each resident was afforded with ample opportunities for participation in meaningful activities in accordance with their unique hobbies and interests.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre presented as a warm homely environment which was tastefully decorated. Each resident had a private bedroom which they were supported to decorate.

Some areas internally required painting and some cleaning to ensure that all areas were suitably decorated. Externally, areas of the garden had an uneven surface and was not an area which residents could access independently.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk.

Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective measures were in place for the detection and containment of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in

a timely manner.

Whilst residents were supported to participate in evacuation drills the recording of same required review to ensure that areas for learning and additional supports were clearly identified and incorporated into individual support plans.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive and individualised personal plan in place. The personal plans provide guidance for staff on the multi-disciplinary support needs of residents in a clear concise manner. Personal goals had been set following consultation with the resident with clear evidence of progression.

The person in charge had ensured the plans were regularly reviewed to ensure the effectiveness of the plan.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted all aspects of their support needs

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
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 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services - Group Q OSV-0003091

Inspection ID: MON-0023354

Date of inspection: 12/06/2019

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 the inspection the Person in Charge has put in place an accurate system to record all completed and planned training. There are clear records in place to ensure all staffs completed and scheduled training is explicit. All outstanding training has been scheduled for remainder of the current year.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Since the inspection the Contract of Care has been forwarded to the appointed representative of service user for signing.</p> <p>In relation to the Admission and Contract for the provision of services the Service manager in conjunction with the Quality and Risk Officer has undertaken a review of the document to ensure that there is adequate information contained within, in relation to the fees to be charged.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose updated to ensure all required information is present and accurate. Since inspection the Statement of Purpose has been updated and the Person in Charge has forwarded to HIQA.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Internal painting has been completed and the premises is now suitably decorated Materials required to improve surface around swing area have been ordered and we are awaiting delivery.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Individual Support Plans have been reviewed and updated to include identified supports required for safe evacuation of residents. All staff fire training is up to date and staff scheduled for refreshers have been put in to planner in a timely manner. Improvements have been made in relation to the recording of fire drills with start times and end times more explicit. All staff have been reminded re same at house meeting.</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	30/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2019
Regulation 24(3)	The registered provider shall, on	Substantially Compliant	Yellow	30/09/2019

	admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/09/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/09/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	30/09/2019

	aware of the procedure to be followed in the case of fire.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/09/2019