



Statement of Purpose

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Brewery Road
Stillorgan
Dublin
Tel: (01) 289 8339
Email: Info@annesullivan.ie
www.annesullivan.ie

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Registered Provider	Person in Charge
The Anne Sullivan Centre CLG	Grace Kelly Hartnett

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1.0 Background

In 1989 a group of concerned parents whose children had been diagnosed with Congenital Rubella Syndrome came together and formed the Anne Sullivan Foundation for people who are deafblind in Ireland. The Foundations' name was chosen to pay tribute to an Irish immigrant who came to prominence as a deafblind teacher in the United States.



Anne Sullivan's parents left Limerick during the famine and settled in Massachusetts, where Anne was born in 1866. At only five years old, Anne contracted an eye infection and began losing her sight. Three years later, Anne's mother passed away and she and her younger brother were abandoned by their father and sent to an Alms house in Tewksbury.

It was there that Anne was afforded the opportunity to undergo surgery which helped to restore her sight. She attended Perkins School for the Blind in Boston where having begun as a difficult student, she graduated as Valedictorian of her class, aged 20.

During her time at Perkins, Anne learned to communicate with friends who were deafblind, including Laura Bridgeman the first deafblind person to be educated. It was a skill that would be critical when in 1886 she was hired by the Keller's to care for their daughter Helen in Alabama. Helen was a profoundly challenging student, but Anne was determined to the point of obsession, and finally managed to help Helen communicate.

Anne Sullivan served as Helen Keller's educator for over a decade and accompanied her to Radcliffe College where she became the first person who was deafblind to graduate with a Bachelor of Arts Degree. The pair remained lifelong companions and when Anne died in 1936, Helen was holding her hand.

2.0 Introduction

The Anne Sullivan Centre provides residential and day services to people who are deafblind and may have additional complex needs. We are a small organisation that provides intensive professional support to adults who are experiencing significant multi-sensory and/or physical/intellectual challenges. The level of need necessitates a high level of specialised staff engagement with our residents/service users who often have complex support needs and experiences that are unique.

The condition of deafblindness is much more than a combination of deafness and blindness

“Deafblindness is a unique disability. Deafblindness is a combined hearing and vision disability. It limits activities of the person and restricts full participation in society to a degree which requires that society compensates by means of specific services, environmental alterations and or technology”.

(Nordic definition 2006 www.nordicwelfare.org)

A person who is deafblind can be affected in one of the following ways:

- Totally deaf and blind from birth
- Totally deaf and blind after losing residual vision/hearing
- Totally blind with residual hearing
- Totally deaf with residual vision
- Some residual hearing and vision

The Anne Sullivan Centre is an independently governed, not for profit care and support service for people who are deafblind. The Anne Sullivan Centre receives funding from the HSE and provides the following activities

- Residential support for adults who are deafblind
- Day services for adults who are deafblind

3.0 Vision

We want to see a society where **all** people are given an equal opportunity to participate fully and equally in society in line with the commitments set down in the United Nations Convention on the Rights of People with disabilities.

4.0 Aim

We continue Anne Sullivan's legacy by empowering people who are deafblind to pursue meaningful, active and fulfilling lives. We do this by providing care, advocacy and support services in partnership with people who are deafblind, their families, statutory and non-statutory organisations and local communities.

We aim to provide services to each service user which encourages growth and independence based on an individual's strengths, wishes and needs. The Anne Sullivan Centre strives to create a community where each service user has opportunities for self-expression and self-development within a setting that is caring and supported.

5.0 Goals

- Our services are compliant with national regulations and standards and benchmarked against international best practice
- People who are deafblind are supported through innovation in augmentative and alternative communication systems and tools
- People who are deafblind receive more effective early intervention at each stage of the life cycle of a person who is deafblind
- Staff are nurtured to achieve excellence, empowered to develop and excel and recognised for their skills and knowledge
- A national service provider growing our network of supports and services and recognized as a centre of excellence
- The rights and needs of people who are deafblind are enshrined in Irish policy, legislation, planning and service development
- The condition of deafblindness is recognised and better understood by society
- Research is published and collated on the impact and prevalence of deafblindness

6.0 Values

- We are a **person-centred** organisation that strives for equality, fairness and respect
- We provide **quality** services that are inclusive; focussed on empowerment, communication and advocacy
- We are **accountable** to each other, our service users and our funders; we use our **resources** in a way that is effective and efficient
- We work as part of a **team**; always challenging ourselves to do better and measure our performance
- We are guided by the principles and commitments inherent in the **UNCRPD**

7.0 Facilities

House	Room	Size (Centimetres)	Comment
No 7	Bedroom 1 and en suite	260 X 323	Downstairs 1 resident
upstairs	Bedroom 2 and en suite	360 X 305	1 resident
upstairs	Bedroom 3 and living area	635 X 442	1 resident
	Downstairs Living Room	360 x 500	
	Sitting Room	480 x 300	
	Kitchen	570 x 400	
	Office (upstairs)	220 x 350	
	Main Bathroom upstairs	200 x 260	
	Toilet	85 x 75	
No 19	Bedroom 1 Ensuite	284 X 410 160 X 120	1 resident
	Bedroom 2	260 X 395	1 resident
	Bedroom 3	214 X 290	1 resident
	Sitting Room	410 x 480	
	Kitchen	290 x 560	
	Bathroom (upstairs)	200 x 260	
	Toilet (downstairs)	140 X 75	
No 20	Bedroom 1 and en suite	284 X 410	1 resident
	Bedroom 2	245 X 405	1 resident
	Bedroom 3	214 X 290	Staff sleepover room
	Kitchen	290 x 560	
	Living Room	410 x 480	
	Bathroom (upstairs)	200 x 260	
	Toilet (downstairs)	140 X 75	
No 21	Upstairs Apartment (3 rooms)	410 X 280	Bedroom
		204 X 280	Kitchenette
		220 x 288	Living Space
	Living room	284 x 410	Living space
No 21 Downstairs	Bedroom 1	257 X 480	1 resident
	Office	277 X 348 160 X 120	Office
No 21 Downstairs	Bathroom	285 X 200	

ASC Centre Apartment 2 Apartment 1	Bedroom Kitchen Office Living Room Bathroom Communal area Bedroom 1 Ensuite Bedroom 2 Ensuite Office Kitchen Living room Communal area	9m2 9m2 3m2 9m2 3m2 11m2 9m2 3m2 9m2 4m2 3m2 10m2 10m2 11m2	Self-contained apartment for 1 resident, Self-contained Apartment for 2 residents
Isolation area Auxiliary services	Bedroom 1 Ensuite	10m2 3m2 159 sqm	Self-contained bedroom and ensuite/ isolation area. multi-sensory facilities, music room, Jacuzzi, kitchen and office space

Outdoor recreational areas

The Anne Sullivan Centre is in a quiet cul de sac on Brewery road in Stillorgan, Dublin. The centre is a short walk from Sandyford Luas station and is well serviced by public transport and other recreation and leisure facilities. Recreational areas surrounding the Anne Sullivan Centre are accessible and well maintained. There are walkways throughout the garden areas and benches for resting at frequent intervals. There is a recreation area which contains adapted swings.

There is a sensory garden and an herb garden that seeks to stimulate residents' sense of smell and touch. The recreational area has trailing bars to enable residents to walk around independently and safely.

8.0 Services

- Residential Care – 365*24
- Day Services- located in Cabra

Services Provided

Residential Services: the Anne Sullivan Centre has capacity to offer residential services to 13 adults who are deafblind, 24-hour 7 days a week, 52 weeks of the year. Residents are deafblind; some may also have physical or intellectual disabilities. The Anne Sullivan Centre seeks to employ people who have qualifications in Social Care, Psychology or in other related health / social care/vocational disciplines.

Each resident has an allocated key worker who advocates for and on behalf of the resident. Their focus is to ensure that the resident's strengths, wishes and needs are heard and that the very best support is provided to each resident as outlined in their personal plan.

Our therapeutic model can be described as a positive behavioural support model of care and support. Our service implements, where appropriate, assessed and deemed necessary, a Crisis Prevention Intervention (CPI) approach using Management of Actual or Potential Aggression (MAPA). The ultimate focus is to prevent, decelerate and de-escalate crisis situations so that restrictive practices can be avoided where possible and risks can be minimized.

The staff team work within a care planning framework which incorporates the recommendations of a consultant multi-disciplinary clinical team. Staff are supported through regular line management, supervision, training and formal and informal mentoring and team support.

Temporary arrangements during Covid-19: The Anne Sullivan Centre has identified a temporary isolation area during the Covid-19 pandemic. The current day services room and ensuite will act as an isolation area should we need to support a resident to isolate during this pandemic. This is a temporary arrangement which will only be used under the above circumstances. Once the pandemic is over the Anne Sullivan Centre will revert back to its previous footprint.

Day Service: the Anne Sullivan Centre provides a day service to adults who are deafblind and are living at home with their families. The day service

has moved to the Holy Rosary School, Navan Road, Cabra. Day service users' can avail of all therapeutic/ancillary services provided by the Anne Sullivan Centre based on their assessed needs and wishes.

9.0 Specific Therapies¹

Physiotherapy services. The physiotherapist is a consultant who provides a needs-based service to each individual service user which is provided in accordance with the guidelines of their registered body. The focus of the physiotherapist's work is to offer the best possible physio care whilst endeavouring to contribute to the quality of life of each resident/service user. Physiotherapy is offered to all service users free of charge.

Occupational Therapy service is provided by an independent sensory occupational therapist. Occupational therapy is a client-centred approach which promotes health and well-being through occupation. It involves enabling residents/service users to do the things that they need and want to do in everyday life and assist them to develop and maintain a meaningful lifestyle. Our O.T. focuses on the following areas

- 1) The individual person - improving or maintaining their level of physical, cognitive (thinking), affective (emotional) and social ability.
- 2) The environment - manipulating or adapting the physical, social, cultural environment. OT is provided free of charge to service users.

Positive Behaviour Support is a psychological approach that focuses on a positive model of intervention with residents/service users. The focus of PBS is on the development and review of person-centred behaviour plans which are based on quality and evidence-based practice. The Anne Sullivan Centre supports staff to develop a specialism in PBS; these staff members work across all houses developing, reviewing and overseeing behavioural support strategies and plans. PBS is provided free of charge to service users. The Anne Sullivan Centre avails of an external psychologist on a needs basis to oversee the development and review of it's PBS plans on a periodic basis.

Dietician: The Anne Sullivan Centre employs a consultant dietician to ensure that all residents'/service users' nutritional requirements and preferences are met. The dietician works alongside the staff team and our visiting G.P. ensuring that the dietary and health requirements of residents/service users are continuously assessed and reviewed. This is

¹ Therapies may be postponed based on a risk assessment due to Covid-19. Therapies may be delivered if appropriate through on line consultations.

funded by the Anne Sullivan Centre therefore there is no charge to service users.

Music Therapy: Music Therapy combines psychology and the art of music to improve the quality of life of a person. Music therapists use music-based methods to address a person's physical, emotional, cognitive, social and spiritual needs. Music Therapy is provided by an external consultant to those residents who wish to avail of it. It aims to provide a creative space for our residents to express themselves, enhance communication and experience sensory stimulation through vibrations and motion. There is a small fee to services users however, most of the cost is borne by the Anne Sullivan Centre.

Movement for Wellbeing & Dance – Ability: This therapy is provided by an external consultant who combines her skills as a professional dancer, healing yoga and movement facilitator to create customised sessions for our residents/service users. The sessions provide a safe space for residents with the support of staff to explore movement potential within their body and experience it's associated positive benefits. It is an opportunity for residents/service users and staff to engage in a joint activity where movement is experienced in partnership with each other, spatial awareness is explored and balance and posture is enhanced. This is funded by the Anne Sullivan Centre therefore there is no charge to service users. (on hold during covid)

Psychiatry: The Anne Sullivan Centre avails of the services of a visiting HSE psychiatrist who specialises in working with people who have intellectual disabilities. The psychiatrist works as part of the multi-disciplinary team to ensure that the quality of life and wellbeing of our residents are assessed, reviewed and addressed in a holistic and ongoing way. This is funded by the Anne Sullivan Centre therefore there is no charge to service users.

General Practitioner: The Anne Sullivan Centre engages the services of a local G.P. who visits residents at least monthly. The GP is very familiar with the health, welfare and social care needs of our residents/service users. The ASC also uses the out-of-hours services of D-Doc as well as VHI Swiftcare. This is funded by the Anne Sullivan Centre therefore there is no charge to service users.

Speech and language Therapist: The Anne Sullivan Centre engages the services of a consultant speech and language therapist who is available to

all residents/service users on an individual needs basis. Working with the other professionals on our multidisciplinary team, the therapist works closely with our residents/service users and staff team to establish an individualised programme to assist each person communicate as effectively as possible. Our SALT is also involved in recommending augmentative and assistive forms of communication and in assessing if residents have any eating, drinking and swallowing difficulties. This is funded by the Anne Sullivan Centre therefore there is no charge to service users.

Communications Specialist: The Anne Sullivan Centre employs communications specialists who have completed masters in congenital deafblindness/Multi-sensory Impairments. The development and planning of all communication, assistive and adaptive technologies are central to this speciality. Daily Schedule Boards, PECS, Picture based communications, tactile strategies are all critical care planning components that are central to the lives of residents/service users who are deafblind. This is funded by the Anne Sullivan Centre therefore there is no charge to service users.

Intellectual Disability Nurse: The role of the Intellectual Disability nurse is to provide holistic, person-centred care, promoting optimum independence, enhancing the quality of life of residents and service users with intellectual, physical and sensory disabilities in all aspects of their daily living. The intellectual disability nurse works in collaboration with the visiting GP advising on any medical care needs. She is also a member of the Anne Sullivan Centre's wound management committee. This is funded by the Anne Sullivan Centre therefore there is no charge to service users.

Other services: Other services that are available to our residents/service users include Optician, Dentistry, Chiropody, reflexology, massage therapy and volunteer drivers.

10.0 Registered Provider Details

Name: The Anne Sullivan Centre C.L.G

Principal Address: Silver Pines, Brewery Road, Stillorgan, Co Dublin
A94Y763

Principal Telephone number: 01 289 8339

Alternative Telephone Number: 087 6690459

Fax number: 01 289 8408

E-mail address: info@annesullivan.ie

Website: www.annesullivan.ie

Person in Charge (PIC)

Name: Grace Kelly Hartnett

Address for correspondence: as above

Principal Telephone number: 01 289 8339

Alternative Telephone Number: (087) 6690459

Fax number: (01) 289 8408

E-mail address: gracekellyh@annesullivancentre.ie

Arrangements when the person in charge is absent:

1. Trevor Beatty: Quality Improvement and Service Development Manager
2. Mark Harding: Residential Services Manager
3. Louise Smyth: HR Manager

The above staff members are designated as Persons in Charge and are delegated responsibility as appropriate when the Person in Charge is absent.

Residential Support workers are rostered 24/7. Each house has a Team Leader and Social Care Workers who can act as PIC /senior member of staff whilst on shift. There is an on call /escalation policy available to all staff on www.epic.ie

Management Team.

Grace Kelly Hartnett Mark Harding Trevor Beatty	Person in Charge and CEO Residential Services Manager Quality Improvement and Service Development Manager
Louise Smyth	HR Manager
Team Leaders Social Care Workers	Team Leaders have management responsibility for houses/areas of responsibility. Social Care Workers are senior staff who undertake additional duties as delegated e.g. key working, Covid Leads etc.

Registration Details

Registration number: 0032983

Date of registration: 17 December 2019

Expiry date of registration: 16 December 2022

11.0 Conditions attached by the chief inspector to the designated centre's registration

Condition 1

Subject to any prohibitions of restrictions contained in any other condition(s), the designated centre shall be operated at all times in accordance with the Statement of Purpose within the footprint of the designated centre on the floor plan dated May 2020. The registered provider shall only provide for the specific care and support needs, and services, within the facilities as set out the Statement of Purpose, as agreed with the Chief Inspector at the time of registration. Any changes to the specific care and support needs and services provided must be agreed in advance with the Chief Inspector.

Condition 2

Only persons aged 18 years or older shall be accommodated at the designated centre at any time

Condition 3

The maximum number of persons that may be accommodated at the designated centre is 13.

Capacity of the centre: the capacity of the centre is 13.

12.0 Staffing

The total staffing complement, in whole time equivalents, for the designated centre with the management and staffing complements given by grade, as required in the regulations.

Position	Number Employed	Whole time equivalent
Person in Charge	1	1
Service Managers	2	2
HR/Finance	3	2.21
Supervisors/Social Care Workers	19	19
Support Workers	20	19.18

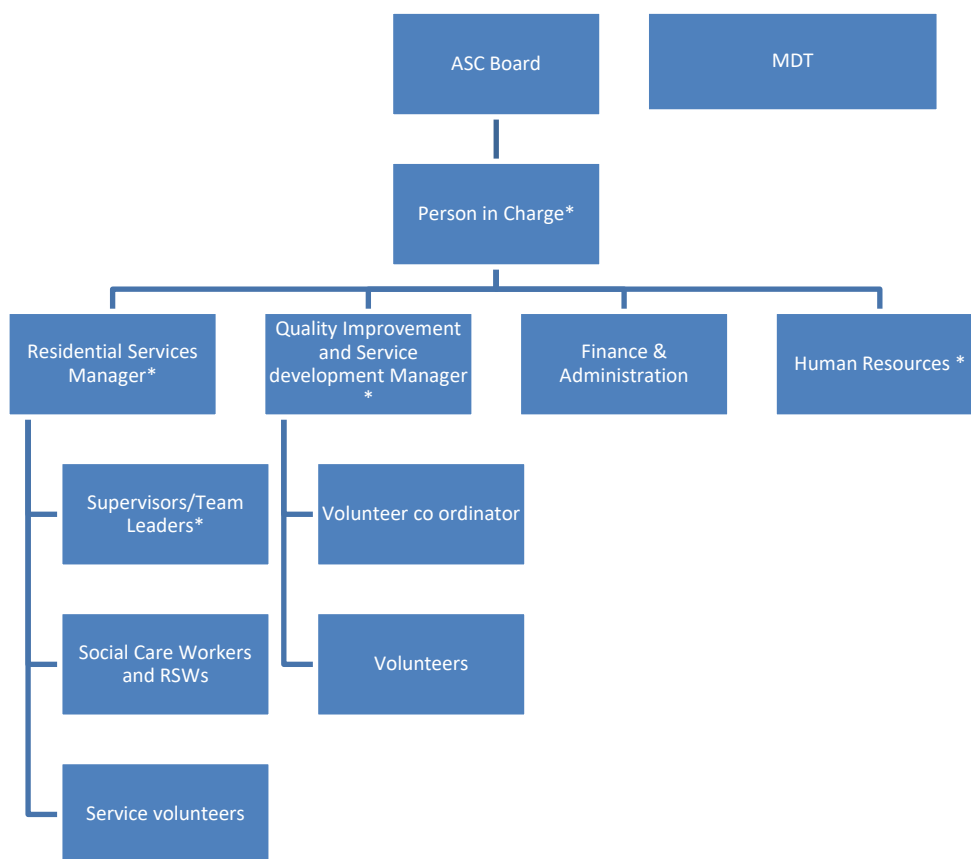
Relief Staff	14	14
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The Anne Sullivan Centre employs care staff who are on duty 24 hours a day, seven days a week. All residents/service users have staff assigned to them during the day (8am – 8pm) on a needs basis as residents/service users have a high level of support needs. In addition, the Anne Sullivan Centre employs waking night staff to ensure that residents/service users' needs are appropriately met on a 24/7 basis.

Each resident/service user has an allocated key worker whose aim is to develop a professional relationship with each resident and take responsibility for ensuring that all care needs inclusive of the supporting paperwork e.g. personal plans, behavioural support plans etc. are up to date and completed to a very high standard. The keyworker is a key member of the resident's support team and acts as an advocate for the residents/service users ensuring that all quality-of-life issues are raised and supported by the Anne Sullivan Centre. They act as a liaison person with the extended family and ensure that communication between the service and the family is regular, open and transparent.

13.0 Organisational structure

The organisational structure of the designated centre.



* Management Team Member

The Registered Provider Representative is Aidan Waldron, Chair of the ASC Board

14.0 Specific care and support needs

The number, age-range and sex of the residents for whom it is intended that accommodation should be provided.

Age Range	Sex	Number
18 +	Male	6
18+	Female	7

The specific care and support needs that the designated centre is intended to meet.

Residents in the Anne Sullivan Centre have many complex needs and abilities in addition to being deafblind. Residents in the main are nonverbal and utilise alternative and augmentative communication systems, based on their sensory needs, abilities and preferences. This includes tactile symbols, drawings, photographs, swell symbols and sign language. In general, the

care and support needs of residents/service users are in the high to maximum dependency category.

The type of nursing care to be provided.

We do not employ nursing professionals as care givers however we constantly review the need for same in line with resident's current needs.

The Anne Sullivan Centre employs a multi-disciplinary team of professionals on a consultancy basis which is inclusive of Speech and Language therapy, Occupational therapy, Psychology, Physiotherapy, Psychiatry, General Practitioner, Dietician, Music Therapy and a consultant nurse with a specialism in intellectual disability.

15.0 Admissions criteria²

Criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions.

In line with the Anne Sullivan Centre's admissions policy, criteria for admission to the centre includes a diagnosis of multi-sensory loss, specifically in vision and hearing. Admissions are considered on the assessed needs of the individual referred, the needs of our current residents and whether the Anne Sullivan Centre is in a position to offer an appropriate placement to that individual.

Admissions are initially assessed by one of our specialist team members.

The ASC has a five-step process for admissions:

- Referral
- Application
- Assessment
- Admissions team meeting
- Follow up with the individual and/or representatives.

Referral

A referral can be made orally, by phone or by email to a member of the ASC Team.

Assessment

² This admissions procedure is also applicable to Day Services intake.

Prior to an admission to the Anne Sullivan Centre an assessment is carried out by team member(s) to assess if the Anne Sullivan Centre can meet the needs of the person referred. The assessment determines the degree of deafblindness, the particular supports needed and whether the Anne Sullivan Centre can meet the needs of the individual.

Assessment Process

- (A) Information Gathering
 - a. Background/medical
 - b. Hearing/vision
 - c. Communications
 - d. Cognitive
 - e. Social/Emotional
 - f. Physical
- (B) Observation
 - a. Natural Environment
 - b. Home
 - c. Other services attended
- (C) Consultation
 - a. Referred person
 - b. Parents/carers
 - c. Tutors
 - d. SNA where applicable
 - e. Social Worker
 - f. GP
 - g. Community resource worker
 - h. Specialists (e.g. OT, SALP, Physio, Chime, NCBI etc)

Following the assessment, the assessor will compile a report which will outline the following:

- A. Recommendations
- B. Concerns
- C. Strengths
- D. Needs
- E. Admission? Yes/No
- F. Reasons for the decision

Admission meeting

The Person in Charge arranges an admission meeting with the team to review the findings of the assessment. This team will most likely consist of the PIC, Residential Services Manager/Quality Improvement and Service Development Manager, Communications Specialist and anyone else deemed necessary to assist in assessing the impact of an admission on both a new referral and the current residents. The Anne Sullivan Centre Board will be kept informed throughout the process.

Consultation with representative (Family, Social workers etc.)

A member of the admissions team will ensure that representatives and the prospective resident is consulted on an ongoing basis prior to any admission to the Anne Sullivan Centre. Where possible a prospective resident will be provided with an opportunity to visit the ASC prior to admission.

Right to refuse

The Board of Directors in consultation with the PIC of The Anne Sullivan Centre reserves the right to refuse an application for admission to the service. The Board will advise the person and their parents/carers that, in the event of the person being refused entry to The Anne Sullivan Centre, an appeal may be made in writing to the Board within 14 days of the decision being conveyed to the person and/ or their parents/carers. The person will be informed (and/or their parents/carers) in writing of the Board's decision and the reasons why the person was not accepted. The right to appeal will be restated. Any appeal must be made within 30 calendar days from the date on which the decision of the Board was notified to the person and/ or their parents/guardians.

The board will hear any appeal from representatives and/or the person who is being referred in the event of a refusal of admission.

16.0 Arrangements

The arrangements for residents to engage in social activities, hobbies and leisure interests. Currently somewhat restricted due to Covid-19 pandemic. All activities will be resumed based on risk assessments and Public Health advice.

Based on the residents Personal Plan, residents/service users are facilitated to participate in a variety of social activities such as swimming,

athletics, social outings and other specific activities with the support of staff members.

The residents are given the opportunity to go on holiday every year, as well as participating in regular day trips to community events and places. This is facilitated by the use of the Centre's buses and public transport.

Optional group activities in e.g. art, cooking, movement/ yoga are also provided on a choice basis. Residents have access to the art room, multisensory room, kitchen, gym, music room and Jacuzzi in the centre. Residents can also avail of weekly 1:1 music sessions with a music therapist. There is also a visiting movement therapist and massage therapist.

The arrangements for residents to access education, training and employment.

Residents are facilitated to engage in a life skills and education programme using the ASDAN Programme. ASDAN is a UK based organisation which provides certified educational and vocational programmes for children and adults with special needs. The programme focuses on independence, vocational skills, literacy, numeracy, communication and hobbies. This ASDAN Programme is supported by the keyworkers and the communications specialist.

Through the person-centred planning process, residents are supported to develop independence, daily living skills and communication skills. Residents are encouraged to participate in community employment placements where possible.

The arrangements made for consultation with, review and participation of residents in the operation of the designated centre.

Every effort is made to consult residents and offer choice & inclusion where possible. Families/guardians have input at Board level, through Person Centred Planning meetings, and through a "customer service" feedback mechanism "Viewpoint". Person centred planning meetings are inclusive of residents where possible/representative.

Consultation and participation is an important principle of how the Anne Sullivan Centre delivers its services. The Centre and staff endeavour to ensure that residents/service users' voices are heard. The Anne Sullivan Centre has a Human Rights Committee where issues can be openly discussed and addressed. Residents are supported through a keyworker

system- this role also includes articulating resident's views and preferences.

The arrangements made for residents to attend religious services of their choice.- current restricted due to Covid-19 pandemic

Where indicated by the residents and recorded in their Personal Plan, arrangements are made, where applicable, for each person to attend services and observe religious customs and practices. If residents wish to avail of religious services every effort is made by the staff team to facilitate same.

The arrangements made for contact between residents and their relatives, friends, carers, representatives and the local community. Visitations will be based on risk assessments, the wishes of the residents and their families and HSE/public health guidance.

The Anne Sullivan Centre operates a visiting policy which recognises the right of all residents/service users to maintain personal relationships and links with their families, friends and community. The Service does not place restrictions on visits unless requested by the resident/advocate, or reasons of privacy and safety. Visits and telephone contact with relatives and friends are actively encouraged. All visitors are expected to treat the residents, staff and all those associated with the Anne Sullivan Centre with dignity and respect at all times

Family contact is supported and encouraged. Open days, annual gatherings at the centre and the annual Christmas party celebrations encourages participation from the community, family, staff, volunteers and the Anne Sullivan Centre and Foundation Boards. Families are encouraged to visit their relatives as often as they like in consultation with the individual and the PIC endeavours to meet family members throughout the year. There are parent representatives on the Anne Sullivan Centre Board.

Home visits are supported and encouraged. The role of the person's keyworker includes family liaison and involvement. A core group of selected, trained and vetted volunteer drivers facilitate home visits where appropriate. These volunteers are supported and supervised by the Anne Sullivan Volunteer Coordinator.

The arrangements made for dealing with reviews and development of the resident's individualised personal plan referred to in regulations.

The Anne Sullivan Centre has a policy on Care Planning and Person-Centred Planning including reviews. Each resident has a Multidisciplinary (MDT) meeting as well as an annual Person-Centred Planning (PCP) meeting which provide opportunities for a formal annual review of the care and support given bearing in mind the wishes of the resident/service user. The MDT meetings are attended by the resident if they wish, appropriate members of the multi-disciplinary team, the HSE Social Worker (where relevant/possible) any other person with a bone fide interest in the resident/service user and staff. This review may comprise a number of meetings made up of different members as outlined above e.g. resident's family members are invited to attend an annual Person Centred Planning meeting which is an in-depth review of the person's preferences, wishes and goals. In addition, staff carry out quarterly Person Centred Planning reviews of each resident's goals.

Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

The main therapeutic approach, in line with the Regulations S.I. 367, is Positive Behavioural Support. The Anne Sullivan Centre has trained staff member(s) who lead on this approach within the service and ensure that all plans are relevant, reviewed and updated. Our service implements where appropriate, assessed and deemed necessary, a Crisis Prevention Intervention (CPI) approach using Management of Actual or Potential Aggression (MAPA). The focus of which is to prevent, decelerate and de-escalate crisis situations so that restrictive practices can be avoided and risks can be minimized.

The staff team work within a care planning framework which incorporates the recommendations of a multi-disciplinary clinical team which is supported through regular line management, supervision and support. As all of our resident's experience multi-sensory issues, we also incorporate specific deafblind communication techniques and strategies.

The arrangements made for respecting the privacy and dignity of residents.

The Anne Sullivan Centre has a detailed policy and commitment to the rights of residents to privacy and dignity which is in line with Human Rights Instruments. We have a Human Rights Policy and a Human Rights Committee, which is made up of internal and external members, who

review restrictive /rights issues and seek to ensure that resident's rights are upheld at all times within the Anne Sullivan Centre.

17.0 Fire procedures

The fire precautions and associated emergency procedures in the Designated centre.

The Fire Safety and Health & Safety Statement incorporates arrangements for:

- the prevention of an outbreak of fire through the establishment of fire prevention practices
- the instruction and training of staff
- the holding of fire and evacuation drills
- the maintenance of escape routes
- the provision of adequate fire protection equipment and systems
- the inspection and maintenance of the fire protection equipment and systems at least annually
- maintenance of a fire safety register
- Covid checklist recording key Health and Safety information

There are emergency evacuation procedures in each living area and Personal Emergency Evacuation Plans for each resident. In addition, there is an externally monitored alarm system.

Fire safety training is provided for staff and fire safety equipment is present in each location and regularly monitored by an external company.

18.0 Complaints procedure

The arrangements made for dealing with complaints.

It is the policy of the Anne Sullivan Centre to ensure that there is an effective and comprehensive system in place for the recording and investigation of complaints. The centre welcomes feedback from all stakeholders to ensure the delivery of high quality supports and services at all times. All complaints, verbal or written are acknowledged, reviewed, investigated thoroughly, treated with confidence and responded to fully in a timely manner. Where necessary quality improvement plans are developed to prevent reoccurrence.

Complaints statistics are reported to the HSE each quarter and complaints are logged on EPIC. Families and guardians are sent the Complaints Procedure and reminded who the Complaints officers are and how to contact them directly. Posters and information pertaining to the HSE Confidential Recipient- Leigh Gath, are displayed throughout the Centre.

In the event of a public incident involving residents or staff, staff are provided with a card with the Complaints Officers contact details. Staff are encouraged to give these cards to members of the public should they witness an incident that they are concerned about.

19.0 Day services

Any separate facilities for day services.

Day services are currently offered outside of the Anne Sullivan Centre. There are two service users currently availing of the day service. Day services are delivered in line with the HSE New Directions Policy (2012).

20.0 Key policies

A list of key policies that inform practice in the residential centre.

Policy	Existing
The prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse to statutory agencies.	Yes
Admissions, including transfers, discharge and the temporary absence of Residents.	Yes
Incidents where a resident goes missing	Yes
Provision of personal intimate care	Yes
Provision of behavioural support/behaviour management	Yes
The use of restrictive procedures and physical, chemical and environmental restraint	Yes
Residents' personal property, personal finances and possessions	Yes
Communication with residents	Yes
Visitors	Yes
Recruitment, selection and Garda vetting of staff	Yes
Staff training and development	Yes
Monitoring and documentation of nutritional intake	Yes
Provision of information to residents	Yes

The creation of, access to, retention of, maintenance of and destruction of Records	Yes
Temporary absence and discharge of residents	Yes
Health and safety, including food safety of residents, staff and visitors	Yes
Risk management and emergency planning	Yes
Medication management, to include: the ordering, prescribing, storing and administration of medicines to residents; the handling and disposal of unused or out of date medicines.	Yes
The handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre	Yes
Education policy which complies with relevant legislation in respect of the education needs of children with disabilities (in centres where children reside)	N/A
Access to education, training and development	es
CCTV	Yes
End of Life considerations	Yes
Emergency Planning	Yes
Volunteer Policy	Yes
Debriefing Policy	Yes
Staff Supervision and Appraisal Policy	Yes
Advocacy Programme	Yes
Staff training and development	Yes
Induction Policy	Yes
Lone Working Policy	Yes
Manual Handling Policy	Yes
Staff and Volunteer Driving Policy	Yes
Adverse Events and Incident Management Policy	Yes
On Call and Escalation Policy	Yes
Residents Funds Policy	Yes
Privacy and Dignity Policy	Yes
Charter of Rights	Yes
Policy on Human Rights and the Human Rights Committee	Yes
Compliments, Comments and Complaints	Yes
Advocacy Policy	Yes
Child Protection Policy	Yes
Speak Up Policy	Yes
Wound Management Policy	Yes
Restrictive Practices and Interventions Policy	Yes
Relationships and Sexuality Policy	Yes
Person Centred Care Planning Policy	Yes
Standard Operating Procedures (Medication)	Yes
Social Media Policy	Yes

Employee Communications Policy	Yes