



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

Name of designated centre:	St Francis Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	05 July 2018
Centre ID:	OSV-0001774
Fieldwork ID:	MON-0021611

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Francis Residential Service is a designated centre which supports residents with a low to moderate intellectual disability. The centre can also support residents with mental health needs and residents who require some medical interventions. A social care model of care is provided in the centre and residents are supported by both social care workers and social care attendants. Additional staffing is deployed during the week day evenings to facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours.

The centre is a large sized two storey building which is located with walking distance of a large town. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

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

Current registration end date:	15/12/2018
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or 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
05 July 2018	09:00hrs to 14:00hrs	Ivan Cormican	Lead

## Views of people who use the service

Inspectors met with four residents during the inspection. Three of the residents could voice their thoughts and views in regards to the service. One resident was non verbal but this resident appeared comfortable and relaxed and was able to interact with staff members in line with their communication needs. Three residents voiced their satisfaction with the service provided and all indicated that they were supported to attend their local community in line with their wishes. One resident indicated that they were looking forward to an upcoming garden party in the centre and all residents stated how they recently enjoyed a holiday in Wales.

A review of residents' questionnaires indicated that they were very satisfied with the service and residents who spoke with inspectors could identify the person in charge and stated that they could go to any staff member if they had a concern.

## Capacity and capability

Inspectors found that a good quality service was provided in this centre and that residents were supported to be valued members of their local community.

Inspectors found that the governance arrangements in this centre ensured that residents were safe and enjoyed a good quality of care and support. The provider had conducted an unannounced audit of the care provided in the centre which identified some minor areas for improvement. There was a continuous system of audits in place which gathered data on various elements of the care provided such as medications, adverse events and health and safety. There was also evidence that staff had identified some medication errors as a result of these audits and had taken corrective action to address these errors.

Residents were consulted in regards to the day-to-day running of the designated centre; however, it was unclear as to how residents were consulted in regards to the formulation of the annual review. The annual review of the service was completed following a consultation process with residents' representatives and an action plan was developed to address any identified issues. Inspectors found that actions generated from all internal audits had been addressed by the person in charge in a prompt manner which resulted in continuous improvements in the quality of care provided to residents.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge of the centre. The person in charge was found to have a good understanding of the service which was

provided to the residents and of their care needs.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them. Staff were up-to-date with all training needs in relation to safeguarding, fire safety and supporting residents with behaviours of concern. A schedule of refresher training was available to all those employed in the centre.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and had a good understanding of the residents' care needs.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge maintained an accurate staff rota and all information as prescribed in Schedule 2 of the regulations was available for review.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff received regular support and supervision and were up-to-date with training needs in regards to fire, safeguarding and supporting residents who may present with behaviours of concern. One staff member had not completed training in supporting residents with modified diets; however, this training was scheduled prior to the completion of the inspection.

Judgment: Compliant

#### Regulation 23: Governance and management

There was suitable management and governance arrangements in place to ensure that the service was safe and effectively run. The provider had completed all audits and reviews as required by the regulations; however, it was unclear how residents

<p>were consulted in regards to the formulation of the annual review.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 3: Statement of purpose</b></p>
<p>The provider had produced a statement of purpose which was reviewed as required and accurately described the service which was provided to residents.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 31: Notification of incidents</b></p>
<p>The provider maintained an accurate record of all notifications which were submitted to the chief inspector.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 4: Written policies and procedures</b></p>
<p>All required policies were available for review and had been signed as read and understood by the staff team.</p>
<p>Judgment: Compliant</p>
<p><b>Quality and safety</b></p>
<p>Inspectors found that the quality and safety of the service provided to residents was maintained to a good standard.</p> <p>The centre appeared to be a pleasant place to live and the premises was clean and well-maintained. Each resident had their own bedroom which was individually decorated. On the morning of inspection, residents were relaxing in an open plan living area and there was an additional reception room available for residents to receive visitors in private.</p> <p>Each resident had a personal plan in place which was reflective of the health, social</p>

and personal needs. There was good evidence that residents were supported to be valued members of the local community and residents stated that they enjoyed going into the local town to get their hair done and to have a look around the shops. Residents were also supported to identify and to achieve goals which assisted them in living a fulfilled life.

The person in charge maintained a record of all identified risks in the centre and a risk management plan was in place to address these issues. There was also evidence that residents were supported by positive risk taking and some residents were supported to use public transport and attend the local community independently.

There were appropriate medication storage facilities in place and a review of medication administration records indicated that all medications were administered as prescribed. Residents' independence was promoted through assessments which were conducted in the centre, with two residents deemed as suitable to manage their own medications with some minor assistance from staff.

Fire precautions were taken seriously by the provider and a review of fire drill records indicated that all residents could be safely evacuated from the designated centre in a prompt manner. There were suitable fire precautions in place and these precautions were regularly reviewed by staff members and serviced by competent persons.

### Regulation 17: Premises

The designated centre appeared to be a nice place to live and each resident had their own bedroom. There was also an ample number of reception rooms in which residents could receive visitors.

Judgment: Compliant

### Regulation 26: Risk management procedures

All risk management plans had been recently reviewed and appropriate controls were in place to mitigate against any identified risks in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There was a current fire policy and procedure in place which had been signed by all staff. There were suitable fire precautions in place such as fire doors, extinguishers and blankets. There was also a fire alarm in place and emergency lighting located throughout the building. Staff conducted regular fire evacuation drills which indicated that all residents could be evacuated during day and night time hours. Staff members were also supported to evacuate residents by personal emergency egress plans which were regularly updated and reviewed.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had a policy in place for medicines and pharmaceutical services which had been signed as read by each staff member. There was also appropriate medication storage and administration practices in place. A staff member who met with inspectors was up-to-date with training needs and they also had a good knowledge in regards to the safe administration of medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which contained a comprehensive assessment in regards to health, social care, personal and community needs. Plans were developed with the participation of residents and were reviewed on a regular basis by the staff team.

Judgment: Compliant

### Regulation 6: Health care

All health information was supplied in an easy-to-read format for ease of use of residents and staff. Residents were supported to attend a general practitioner of their own choosing and comprehensive health action plans were in place to support the delivery of care to residents.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Staff had received training in supporting residents with behaviours of concern but there were no behaviours of concern in the designed centre. There was one restrictive practice in place but there was evidence that this practice was regularly reviewed by the staff team and the provider's rights committee. There was a clear rationale for the use of this practice and the resident's representatives had been made aware of its use in the centre.

Judgment: Compliant

## Regulation 8: Protection

Inspectors witnessed a safe and respectful atmosphere between staff and residents. Residents who spoke on the day stated they felt happy and safe within the service. Residents had a record within their individual safety plan outlining who they could talk to staff if they had concerns regarding their safety. The community board contained easy to read details relating to the designated officers, independent and confidential recipients and the nominated advocate who attended the residents' day service. There were no identified safeguarding concerns on the day of inspection and all staff had received training in the safeguarding of vulnerable adults.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St Francis Residential Service OSV-0001774

Inspection ID: MON-0021611

Date of inspection: 05/07/2018

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The template for the Annual Review has been amended to include consultation with service users in the development of the Annual Review report. A survey has been designed for service users which will offer them the opportunities to comment on their experiences of living in the service and offer them opportunities to engage in future planning for the service. This information will be gained through weekly house meetings within the service, as well as individual consultation with service users (17.07.18)</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 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	17.07.18