



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

Name of designated centre:	Group F - St. Vincent's Residential Services
Name of provider:	Group F - St. Vincent's Residential Services
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	22 May 2018
Centre ID:	OSV-0003929
Fieldwork ID:	MON-0023998

## About the designated centre

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

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aims to 'provide a homely environment' and where residents could 'live with respect and dignity, express their individuality, live as members of a household, and be integrated in the local community'. Accommodation is in two single-storey houses. Six residents live in one house and five in the second house. Each house has a sitting room, kitchen, personalised bedrooms, sanitary facilities and laundry facilities. Both houses provide care for residents with an intellectual disability, who can present with behaviours that challenge. The staff support residents to maximise their level of independence and determination within an environment that fosters spirituality, dignity, respect and equality in the care each individual receives.

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

Current registration end date:	07/03/2020
Number of residents on the date of inspection:	11

## 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
22 May 2018	11:30hrs to 17:00hrs	Margaret O'Regan	Lead

## Views of people who use the service

The inspector met with nine of the 11 residents who resided in this centre. A number of the residents communicated in a non-verbal manner. The inspector observed and interacted with residents and concluded residents were comfortable in their environment. The inspector observed residents coming and going from the houses, participating in organised activities and going for walks with staff. One resident walked independently around the campus, where the resident was familiar with other residents and staff.

The inspector became aware of the positive interactions that took place between residents and staff. The benefit of a low staff turnover was evident in the way staff were able to interpret resident's signals, needs and preferences. Residents were seen to be relaxed in the company of staff and expressed their happiness by making sounds, sitting in their preferred location and smiling at staff. There was a calm atmosphere in this home throughout the time of inspection, albeit that staff were constantly on alert to ensure any tensions between residents was well-managed. Care was taken that residents participated in separate activities and at times when residents were congregated together, extra staff were present to divert any peer to peer issues.

## Capacity and capability

There were effective leadership, governance and management arrangements in place with clear lines of reporting responsibilities. The inspector was satisfied that the provider was doing what was within their capacity and capability to deliver a safe and quality service.

The person in charge was an experienced professional with the skills to manage the centre. She displayed commitment, knowledge and enthusiasm for her role. She was involved in the operational management of the centre on a consistent basis. The person in charge was supported in her role by a deputy person in charge and a

regular cohort of staff who were familiar with the individual needs of residents. In addition she had support from the senior management team.

The centre was adequately resourced, in terms of adequate staffing. The premises was purpose built to meet the needs of residents, was well-maintained and suitably decorated.

The centre had an organised programme of staff training in place. This was organised by the person in charge who kept up to date records of staff training. There was a regular cohort of staff very well known to residents. Where indicated, staff received extra training to manage specific needs of residents. For example, all staff were attending a revised training programme on managing behaviour that challenges, with a increased emphasis on de-escalation and non-restrictive interventions.

Records and documentation was comprehensive, easy to retrieve and legible.

The provider showed a commitment to ongoing review and improvement. Since the last inspection a number of improvements had been made such as a larger shower room, redecorating of a small sitting room, new kitchen furniture and bedrooms painted throughout. In addition a spacious laundry area was made available and the garden/patio area in one of the houses got an attractive make over.

Six-monthly unannounced inspections were carried out by the provider and the recommendations made from such inspections were implemented. Regular internal and external audits took place. The audits indicated the centre was operating in a responsible manner. For example, changes were made to the medication administration records following an audit. Staff reported this change to be an improvement.

An annual review was also carried out by the provider. The last annual review having taken place in November 2017.

The inspector found the centre to be in substantial compliance with regulations. There was an emphasis on continuous improvement and a desire to assist residents to be as independent as possible.

#### Regulation 14: Persons in charge

The person in charge was a full time employee, who had the experience and qualifications to manage the centre. She was actively involved in the day to day running of the centre.

Judgment: Compliant

### Regulation 15: Staffing

There were good staffing levels. The number of residents in one of the houses had reduced by one since the last inspection but staffing levels remained the same. There was a good skill mix of registered nurses and non nursing staff. There was good continuity in staff working in these houses which was important in understanding the complex needs of residents. A staff roster was in place.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and training updates. Staff were adequately supervised and aware of the Health Act and its regulations. A copy of the regulations was available in the houses.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure and clear reporting relationships. There was an experienced professional available to cover the duties of the person in charge as and when the need arose. There was a system in place where practices were regularly audited and changes came about from such audits.

Judgment: Compliant

### Regulation 31: Notification of incidents

The Health Information and Quality Authority were notified of incidents occurring in the centre as required by the regulations.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Appropriate arrangements were in place to provide deputising arrangements in the absence of the person in charge.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a culture of welcoming complaints. Complaints were seen to have been logged, followed up with and learning taken place from such matters. Overall there was a low number of complaints for this centre.

Judgment: Compliant

### Quality and safety

People living in this centre were involved in determining the services they received. They exercised their religious and civil rights and at all times their independence was promoted. The effective delivery of services resulted in improvement in outcomes for residents. These improvements were evident across the social and healthcare needs of residents and confirmed to the inspector by staff and via the documentation examined. For example, residents participation in social programmes increased on an ongoing basis, the number of peer to peer incidents had decreased and the number of occupants in one house had decreased.

The approach to care was individual and tailored to each resident's specific needs. Staff were respectful in their communication with residents, in how interventions were documented and in how they referred to residents. Staff displayed an enthusiasm and commitment to their work.

The inspector met with nine of the 11 residents. Residents were coming and going throughout the day.

The person in charge addressed issues impacting on residents safety and protection. For example, staffing levels remained without change when the occupancy level decreased.

Complaints were welcomed and viewed in a non judgemental way by staff. Complaints were seen as a means of improving the service.

A suite of services were available to residents in supporting their needs. These included services from the Daughters of Charity campus services such as physiotherapy, occupational therapy, psychology, behaviour support, clinical nutritional support, health promotion support, speech and language therapy and

dementia specialist support.

Each resident's privacy was respected, with residents having their own rooms. These rooms were decorated according to individual preferences. There was good flexibility in the centre around routines and this was combined with good organisation. Every effort was made to alleviate the cause of behaviours that challenge. Regular experienced, well trained staff worked in the house. However, there remained a risk of residents experiencing peer to peer abuse.

There has been a long standing plan for some residents to move to alternative accommodation due to issues around the appropriateness of resident placements. In the past there were frequent peer-to-peer issues. While the risk of peer-to-peer issues remained, the number of incidents had declined and were, at the time of this inspection, infrequent. This was primarily due to the way in which staff knew and managed the situation. Such arrangements were less than ideal. This has been acknowledged by staff, residents' families and the inspectorate. The Health Services Executive (HSE) is aware of the safeguarding risks associated with the current living arrangements.

The provider's response to the inspection carried out in September 2016, indicated that the provider had two houses in the community which, when open, would support the transfer of two residents from this centre. The Provider submitted a business case to the HSE for funding to open these centres and highlighted the inappropriate placements. As an interim measure, safeguarding plans were put in place, which included additional staffing resources to safeguard residents from abuse by their peers. At the time of this inspection the interim plans continued and funding continued to be awaited from the HSE to facilitate these transfers.

Residents had access to transport, community activities and educational programmes that interested them. Each resident's individual skill was valued and nurtured. These skills included art, shopping, dining out and music.

There was an up to date risk assessment policy in place. In general, risks were identified and measures put in place to mitigate against the risk. However, there was a trip hazard at the entrance to the recently erected laundry room. The measures and actions in place to control this risk were inadequate.

The centre was found to be in substantial compliance with regulations and standards pertaining to the quality and safety of the service offered.

## Regulation 12: Personal possessions

Residents were provided with adequate space to store their possessions.

Judgment: Compliant

### Regulation 17: Premises

Both houses in this centre were well-maintained, comfortable and tastefully decorated.

Judgment: Compliant

### Regulation 26: Risk management procedures

In general there was good risk assessment practices in place and risk assessments were regularly updated. There was a trip hazard at the entrance to the recently erected laundry room. The measures and actions in place to control this risk were inadequate.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

There were detailed written assessments and plans in place. These plans were reviewed regularly. The plans were reflective of the resident's needs.

Judgment: Compliant

### Regulation 6: Health care

The provider provided appropriate healthcare for each resident, having regard to that resident's personal plan. This was a nursing led service. Care was augmented by specialised medical support and allied health therapies.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge ensured staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that was challenging and to support residents to manage their behaviour. Where restrictive procedures were used, such procedures were applied following an assessment and were used for the shortest duration possible.

Judgment: Compliant

### Regulation 8: Protection

The provider had taken measures to protect residents from all forms of abuse. For example, extra staffing, a second shower, separate social activities. However, the living arrangements of residents in these houses were such that the risk of peer-to-peer abuse continued to be present albeit the measures in place helped in mitigating this risk.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The provider operated the centre in a manner that respected the age, gender, disability, religious beliefs and ethnic and cultural background of each resident. In so far as practicable, residents had the freedom to exercise choice and control in his or her daily life.

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	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Group F - St. Vincent's Residential Services OSV-0003929

Inspection ID: MON-0023998

Date of inspection: 22/05/2018

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The trip hazard at the laundry room will be corrected by installing a replacement door that allows for removal of the trip hazard. This will be completed by 06/07/2018. Daily health and safety walk around checks of the center will continue and actions completed as identified from same.</p> <p>Service Health and Safety statement and Risk management policy in place to support and direct the staff team.</p> <p>Staff training on risk management and risk assessment is ongoing.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The measures in place to mitigate the risk will be continued, ie the additional staffing, social outings etc for residents. The training for all staff in abuse management is up to date, refreshers and additional training will be facilitated as required.</p> <p>Ongoing and will continue.</p> <p>The national policy and notifications to both the safeguarding teams and the Regulator are completed for all incidents and allegations of abuse.</p> <p>Ongoing and will continue.</p> <p>The service has resubmitted a business case to the HSE for funding to support one</p>	

individual to transfer to an already registered apartment of another designate center. Additional staffing is required to support this transfer, to date the funding for this staffing has not been approved by the HSE.

A date for completion for this action cannot be indicated, as no approval for funding has been given by the HSE.

The service has completed assessments of need for the residents in the designate center. It is identified that another resident would be better supported in a house off the campus and in the community. Funding, through the national DE congregation program is approved for the purchase of houses, however this is not led by the provider. The Daughters of Charity Service is dependent on the HSE implementing this project plan for DE congregation. The HSE national estates office is managing the acquisition of properties, design and build of these houses and the provider is not in a position to influence this process. Whilst one house is nearing sale agreed, it will require modifications and registration. This house will not be ready for occupancy for a minimum of a further 12 months.

A date for completion of this action cannot be given, until closure of a sale and ownership of a property is given to the provider.

## 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 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	06/07/2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	