



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

## Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group B
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	30 June 2020
Centre ID:	OSV-0003925
Fieldwork ID:	MON-0029486

## About the designated centre

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

The centre provides residential accommodation for six adults with an intellectual disability. The centre is located in a campus based setting providing various facilities for people with intellectual disabilities in addition to residential accommodation. Accommodation is in a single storey attached house. The house had two sitting rooms, a kitchen, six bedrooms, wheelchair accessible sanitary facilities, office and storage facilities. The designated centre is staffed with a team of nurses, care staff and a service manager on a 7 day week basis.

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

Number of residents on the date of inspection:	6
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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
Tuesday 30 June 2020	09:30hrs to 15:00hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

The inspector met with all six residents residing in the centre during the course of the inspection. The resident group did not have the ability to fully converse with the inspector however the residents' relaxed presentation, relationship with staff and their facial expressions was evident that the residents were happy in their home. The centre was very homely and personalised throughout with photographs of residents and their families on the walls. Each resident's bedroom was decorated with their interests in mind, one resident had a Frozen cover on her bed as this is her favourite movie and each resident had a relaxation chair in their bedroom in different colours and styles in line with their taste.

Residents continued with their activities for the duration of the inspection with some going out for a walk or a drive. On return to the house the residents were supported by staff to follow the current public health guidelines regarding hand hygiene on entering the house. One resident had a designated space in the hallway with a table where she engaged in Lego and colouring activities. The resident engaged with the inspector explaining about the Lego house they were building and talking about her mum. The residents acknowledged the inspector but mostly relied on the staff supporting them to inform the inspector of what activities they had been involved in during the morning.

The residents were very proud of their recently completed garden for the 'best garden competition' and enjoyed sitting out there at times. The residents outlined what they were doing to keep in contact with relatives as they were not able to visit residents during the current pandemic. Residents enjoyed regular phone calls and video calls with family.

The inspector observed all of the residents being supported by staff members who knew them well and were aware of their individual needs and preferences. Interactions between staff and residents were relaxed and respectful. All residents indicated that they were happy in the designated centre.

## Capacity and capability

Overall, the inspector found effective governance systems were in place and the centre was adequately resourced to meet the needs of the residents. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role. The person in charge had ensured all the requested documentation was available for the inspector to review

during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. During the COVID-19 pandemic staff members were redeployed from day service to support residents. The person in charge demonstrated the relevant experience in management and was effective in the role, however they had responsibility for 2 designated centres and no protected time for administrative duties. The management of two complex services required the person in charge to be supernumerary to the rota in order to develop a plan and facilitate the transition of one resident to another service and still be effective in the management of this centre. The staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs and their individual methods of communication. They were able to support the inspector in engaging with the residents and translating phrases or words used.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training while refresher training was also available as part of a continuous professional development programme. Some face to face mandatory training had to be postponed due to COVID-19 however there was evidence that it had been scheduled and the person in charge had a training schedule for when the restrictions lifted.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service was carried out in November 2019. These audits resulted in action plans being developed for quality improvement and actions identified had either been completed or were in the process of being completed. The numbers in the centre were to reduce from five residents to six residents as one resident had been sharing a bedroom. During the pandemic one resident had moved into a sun room which was converted to a bedroom. A plan is to be devised regarding the transition of one resident to a more suitable setting.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. One amendment required to be made to the staffing whole time equivalent however the person in charge committed to addressing this immediately.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Office of the Chief Inspector of incidents that occurred in the designated centre.

## Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and

was effective in the role, however they had no protected time for administrative duties. The management of two complex services required the person in charge to be supernumerary to the rota in order to develop a plan and facilitate the transition of one resident to another service and still be effective in the management of this centre.

Judgment: Substantially compliant

### Regulation 15: Staffing

The registered provider had a planned and actual roster in place and had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and the statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view and the inspector noted that all staff had received mandatory training.

Judgment: Compliant

### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service was carried out in November 2019.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of care and support in the designated centre and found that overall the quality of services provided to residents was of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary. For example, user friendly information was displayed in the hallway with visuals to support the residents' understanding of COVID-19.

The registered provider had ensured that appropriate health care was provided for each resident, having regard to individual personal plans and supports required during the COVID-19 pandemic. One resident had a referral for occupational therapy and this was delayed to to COVID-19, however the person in charge committed to addressing this as soon as possible. Each resident had access to a general practitioner and other health care professionals. Appointments with the GP or other medical practitioners were carried out either over the phone or video call, these were noted to be effective methods of maintaining the health and well being of the residents.

Visits from family members were to recommence with infection control measures in place. A risk assessment was completed which outlined clearly the control measures to be undertaken by family members such as prearranging visits, temperature checks on arrival, wearing a mask, all of which were in line with public health guidance.

While the provider had ensured that the premises was suitable for the assessed needs of the residents, the numbers in the centre were to reduce from five residents to six residents as one resident had been sharing a bedroom. During the pandemic one resident had moved into a sun room which was converted to a bedroom. A plan is to be devised regarding the transition of one resident to a more suitable setting. The staff team had sourced bedroom furniture however they were



unable to source a wardrobe during the pandemic and the residents sole storage was a clothes rail. This was beside the bed and was inadequate but also posed a possible trip hazard.

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests and needs. There were limitations to the activities the residents could engage in due to the COVID-19 restrictions, however the residents went on regular walks, drives, baking and were participants and prize winners of a gardening competition. While goals were set for the residents they were required to be more specific and their progress tracked in more detail. The goals were very general for example to 'increase independence' without stating how this was to be achieved and the inspector could not see evidence to how these goals were progressed and achieved.

There were systems in place and supports available to manage behaviour that challenges in the centre with behaviour support plans that were comprehensive and reviewed regularly. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges. Residents were supported with behaviours through implementation of their positive behaviour support plans, regular contact with family and structured activities.

The provider had reviewed the risk management register when the COVID-19 pandemic began, a risk assessment regarding COVID-19 had been carried out by the provider. The assessment was centre specific and included a contingency plan in the event that any of the residents required to be isolated if they contracted the illness. The provider had a step out unit where residents were moved to once suspected of having the virus. If the resident then confirmed positive they were moved to an isolation unit where they would be supported by a separate team while in isolation. This risk assessment was updated regularly in line with public health guidelines and included infection prevention control training for staff and cleaning regimes. The inspector noted the good practice employed by staff while on inspection, including sanitising frequently touched surfaces and regular hand sanitising. The hand sanitising station was in a good location just outside the front door so people could not enter without cleaning their hands. The staff wore face masks throughout the day and were observed to use them correctly and disposed of them in a separate clinical waste bin as outlined in the risk assessment.

The inspector noted that the provider had taken actions to ensure the safety of all residents during the pandemic with appropriate user friendly information provided to the residents to support their understanding of COVID-19 and the restrictions in place. However visual supports as recommended by speech and language therapist were not fully in place or were required to be clearer, such as visual activities planner.

The registered provider had ensured that staff had received appropriate training in relation to infection, prevention and control and safeguarding residents and the prevention, detection and response to abuse.

## Regulation 10: Communication

Appropriate user friendly information with visuals was provided to the residents to support their understanding of COVID-19 and the restrictions in place. Visual supports as recommended by speech and language therapist were not fully in place or were required to be clearer, such as visual activities planner. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

## Regulation 11: Visits

Visits from family members were to recommence with infection control measures in place.

Judgment: Compliant

## Regulation 17: Premises

The provider had ensured that the premises was suitable for the assessed needs of the residents. However one resident had inadequate storage in their bedroom. There was a clothes rail beside the bed which was inadequate but also posed a possible trip hazard.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

#### Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out. While goals were set for the residents they were required to be more specific and their progress tracked in more detail.

Judgment: Substantially compliant

#### Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Staff demonstrated a good knowledge of the resident's health care needs and how to support them. One resident had a referral for occupational therapy, this was delayed to to COVID-19, however the person in charge committed to addressing this as soon as possible. Each resident had access to a general practitioner and other health care professionals.

Judgment: Compliant

#### Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Judgment: Compliant

#### Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St. Vincent's Residential Services Group B OSV-0003925

Inspection ID: MON-0029486

Date of inspection: 30/06/2020

## 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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The person in charge since March has been supported with additional staffing resources to the center. The person participating in management will support the person in charge regarding the rostering pattern and how best to utilize the additional resources in place to ensure protected time is rostered. The service manager has raised with the Director of Nursing and the Director of Human Resources the need for designate protected hours for the person in charge. The Director of Nursing is chairing a group to identify time required and how same will be implemented in the center.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The person in charge will link with the speech and language therapist to give input to the full staff team. The input will provide support and direction to the staff on the implementation of recommendations and plans for each resident.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
 The person in charge will ensure that all residents have storage space for their clothing and personal items in their bedrooms. The clothes rail has been removed from the room additional wardrobe space put in place for the residents' belongings. If funding or otherwise pose an issue for the provision of storage, wardrobes etc the person in charge will raise this with the service manager who will source funding for same.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
 The person in charge and the person participating in management will give input to the staff team regarding goal setting and tracking for residents. The person in charge and person participating in management will audit the goals for the six residents and make recommendations for each key worker to action with the resident. Goal tracking and monitoring will also be audited and the process for managing same will also be reiterated to the staff team.



## 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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/09/2020
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	31/10/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/08/2020
Regulation	The person in	Substantially	Yellow	30/09/2020

05(4)(b)	charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Compliant		
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