



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

## Issued by the Chief Inspector

Name of designated centre:	Group D - St. Vincent's Residential Services
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:	09 June 2020
Centre ID:	OSV-0003927
Fieldwork ID:	MON-0029490

## About the designated centre

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

The centre provides high-support residential accommodation for four adults with an intellectual disability. The management team confirmed that the centre was not accepting any new admissions, in line with the service's policy of moving residents from congregated settings to community homes. The centre is made up of a residential unit with a separate but connected apartment. The centre is located in a section of a larger building in a campus providing various facilities for people with intellectual disabilities in addition to residential accommodation. The designated centre is staffed with a team of nurses, care staff and a service manager.

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

Number of residents on the date of inspection:	4
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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 9 June 2020	09:30hrs to 15:00hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

Four residents were residing in the designated centre, three of which were in the main building. One resident was living in a self contained apartment in the designated centre at the time of the inspection. On arrival to the designated centre, the residents were being supported by four staff members to get ready for the day ahead. The inspector had an opportunity to meet and observe the residents in their home. The inspector sat in the sitting room with one resident and it was apparent from the conversation that she was very happy in the centre. The resident talked about fun things she did with staff and other residents and when asked if she felt safe in the centre she responded positively. Another resident showed me around their new garden which they had developed for a competition of "Best Garden" the provider was running; they were very proud of this. This resident also showed me a notice board with photos of all the activities the residents had engaged in during the Covid isolation period. These included art, gardening, cooking, baking and celebrating birthdays with cocktail evening. One resident however did mention that they were meant to move to their new house and hadn't and they were confused about this. When the inspector spoke with staff about this it was apparent that the resident had not been informed about suspension of the move due to the Covid restrictions and there was no evidence of consultation with the resident. Overall though the residents appeared very content in the presence of staff members and the positive relationship was very obvious with lots of joking and laughing. Interactions between staff members and the residents were noted to be respectful in nature. There was clear understanding of residents needs and staff were noted to adhere to residents plans in terms of seating arrangements and the Covid 19 infection prevention and control guidelines.

As on the previous inspection it was noted that there was limited communication with the resident living in the apartment and the noise level in it was low, in line with the resident's assessed needs. The apartment was sparsely furnished, there was padding on the bedroom walls and the apartment was dated and not suitable to the residents needs. On this occasion the inspector spent more time in the apartment with the resident and although he could not tell the inspector his views it was very apparent that the environment is not meeting this residents needs. The staff members working directly with the resident knew him exceptionally well and were very good at meeting his needs however the environmental restrictions continued to impact the residents rights and dignity. During the inspection the inspector observed an incident of behaviour that challenges and the staff managed it very well, maintaining the residents safety and dignity throughout. The staff had engaged advocacy services to support the resident. The resident continues to go for a drive on the bus one morning per week. The person in charge had gone to exceptional lengths to maintain the residents routine during lock down and provide the resident with the same takeaway meal they enjoyed normally. The resident continues to spend time in an enclosed garden which had been purpose built for the residents use solely. The restrictions remain in place in the apartment and in particular, the use of a monitoring camera and locked doors with hatch for

the purpose of both viewing and interacting with the resident.

## Capacity and capability

Overall, the inspector found effective governance systems were in place and 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. While the provider had taken measures to improve the quality, safety and comfort of the service, suitable systems had not been achieved to ensure that the service provided was consistently safe and suited to residents' needs. The building was dated and had no fire containment measures in place and therefore was unsafe. The environment was not suited to the assessed needs of the residents with regards to the restrictions and sparsely furnished apartment for one resident.

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. 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 staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs and their individual methods of communication.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training however staff did not have all appropriate training in line with assessed needs of the residents. 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.

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 December 2019. These audits resulted in action plans being developed for quality improvement and these actions had been completed.

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.

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

centre.

There were no open complaints at the time of inspection, complaints tended to be resolved at a local level. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

#### 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.

Judgment: Substantially compliant

#### Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with 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. The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training however staff did not have all appropriate training in line with the assessed needs of the residents.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits 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 December 2019. While the provider had taken measures to improve the quality, safety and comfort of the service, suitable systems had not

been achieved to ensure that the service provided was consistently safe and suited to residents' needs.

Judgment: Substantially 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 had notified the Chief Inspector of all incidents that occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

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 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,

personal protective equipment and sanitising agent was accessible to staff to ensure both staff and residents were protected from Covid 19 infection.

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. Staff demonstrated a good knowledge of the resident's health care needs and how to support them. Appointments with the GP or other medical practitioners were carried out over the phone, these were noted to be effective methods of maintaining the health and well being of the residents. 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.

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability. All residents' had opportunities to participate in activities in accordance with their capacities and developmental needs. There were limitations to the activities the residents could engage in due to the Covid 19 restrictions however the staff were very innovative. One resident showed the inspector a notice board with photos of all the activities the residents had engaged in during the Covid isolation period. These included art, gardening (best garden competition), cooking, baking and celebrating birthdays with cocktail and takeaway evening.

During previous inspections, it was found that this centre was unsuitable, as its layout did not meet the needs of residents, this remained unchanged. However the provider was involved in an on-going plan to transition residents to more suitable accommodation. In the interim, the management team had ensured that the centre was warm and clean.

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. 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.

The provider had a number of fire safety precautions in place, including, regular fire drills, regular fire checks, internal and external emergency lighting and a well-maintained fire panel. There were still issues in relation to fire containment. However the provider is engaged in a plan to transition residents to more suitable premises.

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 the use of phone calls, letters, photos, cards to family members and regular structured activities, which ensured that incidents of

behaviours that challenge were minimal.

The provider was not ensured that one resident was informed about suspension of their move to their new home due to the Covid restrictions, as noted previously in this report, there was no evidence of consultation with the resident. . This was mentioned to the resident at a later date, however it was never explained properly to the resident in a way that they would understand, however the provider did commit to using a social story with the resident after the inspection.

The registered provider had also not ensured that another resident's privacy and dignity was respected in relation to their personal and living space. The residents apartment had a number of restrictions in place which included the use of a monitoring camera and locked doors one of which had a hatch for both viewing and interaction purposes. The residents opportunities to go into their garden was inhibited and was not at the chosen time of the resident.

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.

### Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. All residents' had opportunities to participate in activities in accordance with their capacities and developmental needs.

Judgment: Compliant

### Regulation 17: Premises

During previous inspections, it was found that this centre was unsuitable, as its layout did not meet the needs of residents, this remained unchanged. However the provider was involved in an on-going plan to transition residents to more suitable accommodation. In the interim, the management team had ensured that the centre was warm and clean.

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 28: Fire precautions

The provider had a number of fire safety precautions in place, including, regular fire drills, regular fire checks, internal and external emergency lighting and a well-maintained fire panel. There were still issues in relation to fire containment. However the provider is engaged in a plan to transition residents to more suitable premises.

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. Each resident had access to a general practitioner and other health care professionals via phone or video link.

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

### Regulation 9: Residents' rights

The provider had not ensured that one resident was informed about suspension of their move to their new home due to the Covid restrictions; this residents' dignity and rights were impacted by this. The registered provider had also not ensured that another resident's privacy and dignity was respected in relation to their personal and living space.

Judgment: Not 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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Group D - St. Vincent's Residential Services OSV-0003927

Inspection ID: MON-0029490

Date of inspection: 09/06/2020

## 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
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The provider through the Director of Nursing and the Service Manger is reviewing the protected time available to the Person in Charge. Currently due to Covid 19 the center has additional staffing resources in place to support activities and one to one time for residents. These additional resources have ensured protected time also weekly for the Person in Charge. The provider will support protected time for the person in Charge going forward.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in Charge will review all staff training and link with the training coordinator and schedule all staff dates for training. Due to Covid 19 restrictions there has been impact on training delivery. The provider is putting plans in place to proceed with training for staff taking into consideration the necessary infection control prevention requirements and same will be facilitated.</p> <p>The Person in charge and the training coordinator will schedule dates for in house training, the person in charge will plan dates with staff when they will complete online training programmes.</p> <p>This will be an ongoing process with refresher dates set going forward.</p>	
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 provider has a plan in place for the transfer of three residents from the centre by the</p>	

<p>30/09/202. There is currently no plan in place for the transfer of one resident from the apartment of this centre. The provider has requested funding from the HSE to provide alternate accommodation arrangement for this resident. This funding has not been approved to date.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider has a plan in place for the transfer of three residents from the centre by the 30/09/2020. There is currently no plan in place for the transfer of one resident from the apartment of this centre. The provider has requested funding from the HSE to provide alternate accommodation arrangement for this resident. This funding has not been approved to date.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has a plan in place for the transfer of three residents from the centre by the 30/09/2020. There is currently no plan in place for the transfer of one resident from the apartment of this centre. The provider has requested funding from the HSE to provide alternate accommodation arrangement for this resident. This funding has not been approved to date.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The person in charge will arrange with the speech and language therapist a means of communicating the impact of Covid 19 on the visiting of the resident's new home and accessing facilities in the local community. The plan to transfer this resident to a new home in the community is for the 30 09 2020. Visits to the house and choosing plants for the garden has progressed since the lifting of some restrictions in the past weeks.  The provider has a plan in place for the transfer of three residents from the centre by the 30/09/2020. There is currently no plan in place for the transfer of one resident from the apartment of this centre. The provider has requested funding from the HSE to provide alternate accommodation arrangement for this resident. This funding has not been approved to date.</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 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	30/09/2020

	designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2020
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal	Not Compliant	Orange	30/09/2020

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