



# 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 E
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:	04 June 2020
Centre ID:	OSV-0003928
Fieldwork ID:	MON-0029487

## About the designated centre

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

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

Number of residents on the date of inspection:	6
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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
Thursday 4 June 2020	11:00hrs to 17:00hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

The inspector met with all six residents during the course of the inspection. The resident group did not have the ability to fully converse with the inspector however from the residents' demeanour, engagement with staff, their vocalisations and facial expressions, the inspector determined that the residents were very content in the designated centre. The staff provided individualised support and this was evident from observing their interactions. The residents went out on one-to-one walks and drives with staff members during the inspection. On return to the house all residents were supported by staff to follow the current public health guidelines regarding hand hygiene.

One resident required support with having a snack and the staff supported them in a caring and dignified manner that was individual to their needs whereby they were provided with a special spoon to facilitate them eating independently. The inspector also noted an interaction between a resident and staff member where the resident was engaging in self injurious behaviour, the staff member was observed to follow the resident's person specific support plan and support the resident in a respectful manner which clearly indicated that they knew the residents needs very well. During the inspection the inspector observed the residents in their home environment and they appeared to be happy and engaged well with staff.

The inspector spoke with one resident who spoke positively about the staff and person in charge. The resident who resided in a self contained apartment was very clear that she was happy in the centre. The resident told the inspector that she liked her apartment and indicated that the the staff were very caring. The inspector spoke with four staff members during the inspection and read resident's care files. During discussions with staff they outlined the residents' needs and activities which the inspector observed them engaging with throughout the day. These included drives and walks, phone calls with family members, limitations were in place due to Covid 19 restrictions. Examples were given to the inspector by the staff of how they the residents independent living skills were maintained and promoted. A staff member told the inspector of the residents' goals and wishes and how staff were supporting them to realise their goals. One resident in particular had chosen to go for afternoon tea with a family member in a local hotel and this was being facilitated once the Covid 19 restrictions have lifted. The inspector continued to note throughout the inspection the respectful manner in which the staff carried out their interactions with the residents.

## 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 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 and refresher training was also available as part of a continuous professional development programme.

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 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. 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 had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: 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 for review and the inspector noted that all staff had received mandatory training and refresher training was also available as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that an annual review and unannounced visits of the quality and safety of care and support in the designated centre had been carried out and action plans implemented.

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 Office of 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. 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.

The provider had not ensured that one resident was facilitated to exercise choice and control regarding the hours they attended their activation day centre; the resident had limited hours there. The resident enjoyed their time in the activation centre but only had on average 4 hours per week, this required review by the provider.

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests, 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. The residents went on regular walks, drives, engaged in gardening, baking, painting and tea parties.

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. A referral had been made for one resident for a communication and sensory assessment to support their positive behaviour support plan and for it to be more comprehensive, this required follow up. 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 or video calls. Regular structured activities, contact with family and extra staff for 1:1 support ensured that incidents of behaviours that challenge were reduced during the lock down period.

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 in March 2020. 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 communication assessments were required to be carried out for residents and communication training for staff to meet the residents' assessed needs.

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

Communication assessments were required to be carried out for residents and communication training for staff to meet the residents' assessed needs. Appropriate user friendly information with visuals was provided to the residents to support their understanding of covid 19 and the restrictions in place. All residents had access to television, newspapers and radio.

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 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.

Judgment: Compliant

### Regulation 7: Positive behavioural support

While there was a good positive behaviour support plan in place for one resident, there were referrals made for a communication and sensory assessment to support this plan and for it to be more comprehensive.

Judgment: Substantially 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 facilitated to exercise choice and control regarding the hours they attended their activation day centre; the resident had limited hours there.

Judgment: Substantially 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	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 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Vincent's Residential Services Group E OSV-0003928

Inspection ID: MON-0029487

Date of inspection: 04/06/2020

## 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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:            The Provider will ensure that speech and language therapist resources are available to support the residents of the center. The person in charge will contact the speech and language therapist regarding referrals and completion of communication assessments and providing suitable communication apps. Also to provide a more accessible communication/visual supports.            The person in charge will also arrange a date for training of staff team in house by the speech and language therapist.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:            The person in charge and the provider will progress the referral for communication and sensory assessment to support a more comprehensive behavior plan for one resident in relation to promoting more independence in this area, A referral for a joint Occupational and Speech and Language assessment will be made. All staff will receive update re recommendations from assessments and how to implement recommendations into behavior support plan. The studio three instructor will support the team in the development of comprehensive behavior support plan.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The person in charge will arrange a multi-disciplinary team meeting to identify the day service/activation wishes and needs of one resident. The provider is currently reviewing delivery of all day services and the model of same due to Covid 19 and the need for change and guidelines for day service provision that need to be followed to ensure everyone's safety through practice and infection prevention control measures. The provider will with the person in charge develop a programme to meet the resident's needs.</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 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 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/09/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	31/10/2020



	of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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