



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 F
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	08 October 2019
Centre ID:	OSV-0003929
Fieldwork ID:	MON-0022551

About the designated centre

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

The designated centre is located on a campus setting on the outskirts of a large city. The residential service is full-time. The service supports residents with moderate / severe intellectual disability, who can present with behaviours that challenge. Accommodation is in two single-storey houses. Six residents live in one house and four in the second house. Each house has an entrance hall, two sitting rooms, kitchen and a dining room, personalised bedrooms, sanitary facilities and laundry facilities. Each house had staff toilets and a staff office. There are garden areas to the front and rear. Residents attend campus based day services for activity, development, training and skills. The staff team is nurse led and also comprises qualified care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
08 October 2019	08:00hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with nine residents on the day of inspection. Some residents were having breakfast and preparing for their day to attend a day service on the campus. All residents were receptive to the inspector and some indicated that they were expecting the inspector. It was evident that residents understood basic requests, offers of choice in relation to activities and the support and direction of staff. Responses in many instances were non verbally communicated. It was evident to the inspector that residents were very comfortable with their surroundings and with staff. Six residents had completed questionnaires with the assistance of family and staff. All responses indicated a high level of satisfaction with the services received.

Capacity and capability

The inspector found the service delivered a good standard of care and support to residents. The inspector found that the governance and oversight arrangements in place supported the standard of care delivered. Senior managers were accessible to staff and visited the service daily. The person in charge and the clinical nurse manager were actively assisting staff to improve the amount of meaningful engagement with residents. The review and audit activity within the service had recorded actions to address identified issues. Significant improvement in addressing the compatibility of residents had taken place since the last inspection. This had resulted in a substantial decrease in adverse incidents within the designated centre.

Residents had complex and varied needs relating to their physical health, mental health and intellectual disability. Staff were observed to be responsive to the identified needs of each resident. All staff communicated with had significant knowledge relating to each resident. Staff also demonstrated professional knowledge specific to diagnosed conditions and special care requirements of residents.

The provider's statement of purpose was up to date and reflected the operation of the centre on the day of inspection. Minor adjustments were requested to ensure that the information was accurate and the person in charge undertook to submit this information after the inspection. The statement of purpose was available to residents.

The inspector found that the service was supported by a management team and structure that included evidence of regular staff supervision. A clinical nurse manager 2 was employed in a full-time capacity as the person in charge. The person in charge worked opposite a clinical nurse manager 1 which contributed to effective oversight. Senior nurse managers on campus actively supported the service by day

and through a structured out of hours on call system.

The person in charge had extensive knowledge and experience of both the disability sector and the residents within the service. The staff team comprised of nurses and healthcare assistants. Staff were allocated on the basis of the assessed needs of each resident and this facilitated engagement with the wider community through activities and social events. All staff were rostered in keeping with the registered providers statement of purpose.

The registered provider had a schedule of mandatory training in place for all staff. The inspector reviewed the training records of all staff rostered to the service. There was evidence that all staff had undertaken training in relation to safeguarding vulnerable adults, managing behaviours that challenge and fire and safety. One member of staff who required refresher fire and safety training was booked on a course for October 2019. Staff had also been provided with additional training in areas specific to the identified needs of residents.

The registered provider had in place a directory of residents that accurately recorded the details of each resident. The registered provider also had a complaints policy in place. Residents were advised on how to make a complaint, through the residents monthly meeting. Each resident also had a laminated, easy to read format complaints procedure, in their bedroom. There was evidence that the registered provider responded immediately to complaints made and took safeguarding actions to protect residents while a complaint was being investigated. Feedback was also sought from complainants to determine if the complaint had been dealt with to their satisfaction.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made an application for renewal of registration to the Chief Inspector, however, all schedule 1 required information was not provided.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge who was employed in a full-time capacity.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff were appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff working in the designated centre had access to appropriate training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and properly maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had management systems in place to ensure the services provided were safe, appropriate to resident's needs, that were effectively monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a contract of care that clearly stated the terms and conditions of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose, however, not all information outlined in schedule 1 was included.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of all adverse incidents within 3 working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place which was accessible to residents and families, in an easy to read format.

Judgment: Compliant

Quality and safety

The inspector observed that the service was focused on the residents, their individual needs and supports. There was an emphasis on delivering the best outcome for many of the residents. There was evidence that the registered provider managed the services effectively when things did not go right. Resident incompatibility had been addressed since the last inspection and there was also strong evidence that staff had acted quickly and proportionately to safeguard residents when complaints were made. There was good evidence that the provider and staff made efforts to protect and promote the resident's welfare, health and personal development. However, one resident's living environment continued to impact significantly on their behaviour and subsequently led to a continuance of restrictive practices. The registered provider had failed over a number of years to meet the assessed needs and expressed wishes of the resident.

The designated centre was of sound construction and suitably decorated to meet the needs of the residents. The internal and external environment of one house was

maintained to a good standard and in a very good state of repair. The second house was subject to significant wear and tear and required painting. There was no restriction of access to any area other than those which may have posed a risk to the residents.

There was evidence that staff were assisting and supporting residents to communicate. The care plan for each resident contained comprehensive instructions to aid communication. Television and internet access were available in the centre and some residents had an electronic tablet. A telephone was available to the residents. Notice boards were well organised and notices were in an easy to read format.

The person in charge had ensured that each resident had a comprehensive multidisciplinary care plan in place. There was evidence that the registered provider had ensured that residents had the necessary care and support based on their assessed needs and wishes. Residents were supported to access day services and training on site, as well as taking an active part in meaningful work activities as part of their social role. Each resident had a clear record that tracked their involvement in meaningful activities that were both campus and community based. Changes were clearly recorded and documented in the residents' care plan. Short term goals identified by the resident were achieved and documented. Greater attention was needed to ensure that staff continued to support residents review their goals and update the progress and achievement as they occurred.

Staff were observed to support residents' rights. Each house had easy to read boards demonstrating to residents - staff on duty, planned activities, residents' meetings and advocacy forums. One resident informed the inspector that they represented the designated centre at the services advocacy meetings. There was evidence that staff had advocated on behalf of residents to ensure the registered provider paid for takeaway food on a Sunday.

Staff present on the day of inspection had good knowledge of managing complex medical conditions as well as behaviours that challenge. Staff were observed to use the least restrictive procedure and kept their communication simple and direct to gain cooperation and prevent escalation. Restrictive practices in relation to magnet locked doors, window restrictors and the isolation of water in bathrooms were all subject to review. All of these restrictions had been reported to the inspector on a quarterly basis.

The use of seclusion was well recorded in relation to one resident. The use of seclusion had reduced significantly in the current quarter. It was clear that the multidisciplinary review of this residents' care and support had highlighted the adverse impact that the environment and living arrangements were having on the resident. This impact had failed to be addressed by the registered provider, over a number of years. The registered provider cited the need for significant staffing resources to support the resident achieve their goal of supported apartment living. The registered provider had recently proposed to develop an individual apartment as part of the existing designated centre. This proposed development was acceptable to the resident. The inspector was of the view that the continued non achievement

of this particular residents' goal would continue to impact on their general welfare and development.

All staff in the designated centre had undergone training in the protection of vulnerable people. Staff had been trained in the delivery of intimate care and each resident had an intimate care plan in place.

The person in charge had ensured that each resident had adequate storage to assist the resident retain access and control of their possessions. Residents were supported in managing their financial affairs. There was evidence of daily and weekly financial checks validated by two staff members.

The registered provider had a system in place within the designated centre for the assessment, management and ongoing review of risks. All had been subject to review and updated in the current year. Each resident had a current risk assessment in place. There were clear procedures in place to respond to emergencies.

The inspector noted that there were adequate precautions in place to manage the risk of fire within the designated centre. All fire fighting equipment was in place and had been serviced. The fire alarm panel had also been serviced and all emergency signage was in place. Fire drills were conducted at times of minimum staffing. All evacuation times were within acceptable limits. Each resident had a current personal emergency evacuation plan and all staff were in possession of current fire and safety training.

Residents had a choice of foods that was based on likes and preferences. The residents were observed to be present during food preparation and staff facilitated residents outside of set dining times. Residents were well observed and supported to eat and residents were not hurried or under time pressures. There was a cleaning regime in place that staff adhered to. Residents appeared very comfortable assisting with minor household tasks.

Medicine management within the designated centre was subject to an in date policy that staff were familiar with. All medicines were secured in a medicines trolley, in a locked cupboard within the staff office. All medicines were properly accounted and signed for. All medicines were in date. There was a dedicated medicines fridge. All staff involved in the administration of medicines had signed the signature log in the medicines trolley. The inspector observed that the residents had not been the subject of an assessment to determine if they could self administer medicines.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that, as far as reasonably practical, each resident had access to and retained their own property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider demonstrated that each resident was in receipt of support and care in regards to the nature of the resident's disability, however, one residents' assessed needs and wishes in relation to independent living had been unfulfilled over many years.

Judgment: Not compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed and laid out to meet the needs of residents, however one house required internal painting and decoration.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had properly and safely prepared food that was wholesome and nutritious.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place a residents' guide, however, this needed to be updated to include omitted information.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place for the assessment, management and ongoing review of risk in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there were effective fire safety management systems in place within the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider ensured that there were appropriate and suitable practices relating to medicines in place in the designated centre, however, residents were not assessed to determine if they could self administer medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that residents personal plans were subject to annual review, however, not all were assessed to the effectiveness of the plan.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that each resident had appropriate healthcare particular to the residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the consent of residents and reviewed as part of the personal planning process.

Judgment: Compliant

Regulation 8: Protection

The registered provider demonstrated evidence of protecting residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the designated centre was operated in a manner that respected the rights of residents.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0022551

Date of inspection: 08/10/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Application for registration or renewal of registration: Post inspection all information required as set out in schedule 1 was submitted to the authority.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Post inspection the reviewed and updated statement of purpose was submitted to the authority.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The provider has a costed plan for the development of an apartment to meet the needs	

of this individual resident. The provider is awaiting approval for this capital funding by the HSE. The staffing supports will be provided by the provider. Construction works will commence on the apartment with the approval of funding.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
One house in the centre will have all internal paint works required completed. The person in charge will liaise with the maintenance supervisor regarding the completion of this work. External paint work will be completed with neighbouring bungalows in area in the Spring time.

Regulation 20: Information for residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
The residents guide has been updated since inspection and has been submitted to the authority. This guide now includes the summary of the services and facilities provided, how to access inspection reports and arrangements for visits.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All residents will have an assessment completed to determine to ability to self-medicate. The assessment will be completed by the resident's key worker (who is a registered nurse), and reviewed on completion by the person in charge and the person participating in management. The person participating in management is also a registered nurse prescriber. Changes in practice will be put in place where indicated by the assessment.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All plans of care and assessments will be reviewed by the person in charge and the person participating in management. An audit tool will be used as part of this review. Actions will be highlighted through the audit process. The key worker supporting each resident will be responsible, with the team, to action areas identified. All goals as set out in the person centered plan will be tracked, progress updated and plans put in place to support the achievement of goals, and the identification of new goals where existing ones are completed.</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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	25/10/2019
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and	Not Compliant	Orange	31/12/2020

	assessed needs and his or her wishes.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/04/2020
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	25/10/2019
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	25/10/2019
Regulation 20(2)(f)	The guide prepared under paragraph (1) shall include arrangements for visits.	Substantially Compliant	Yellow	25/10/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	30/11/2019
Regulation 03(1)	The registered	Substantially	Yellow	25/10/2019

	provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Compliant		
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/12/2019