



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:	Short Notice Announced
Date of inspection:	11 January 2021
Centre ID:	OSV-0003929
Fieldwork ID:	MON-0031585

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:	9
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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
Monday 11 January 2021	10:00hrs to 13:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

At the time of the inspection, the residents living in the designated centre were self-isolating due to an outbreak of COVID-19. One resident had temporarily transitioned to another designated centre for the purpose of completing their self-isolation period in a more suitable environment. Therefore the inspector did not have an opportunity to meet the residents that lived in the designated centre.

Capacity and capability

The purpose of this inspection was to ensure that the designated centre was adequately supported to continue to deliver a safe level of service, as they had an outbreak of COVID-19. It was evident that effective oversight had been maintained, and that key staff members were aware of their specific role implementing the registered provider's contingency plan for dealing with an outbreak of COVID-19.

At the time of the inspection, a new person in charge was due to be appointed in the designated centre. This individual had transitioned from another designated centre within the organisation. As they were undergoing a period of induction, the inspector discussed the measures in place with the current person in charge, who had fulfilled this role during the outbreak of COVID-19 in the centre.

The inspector also spoke with the services manager, who outlined the on-call arrangements in place to ensure that staff members had access to a senior manager at all times. This individual was based on-site in the campus where the designated centre was located. A member of the executive team was also available on-call, to support senior management in the event of an emergency.

Outbreak control meetings were held on a regular basis, with input from Public Health, senior management and the organisation's appointed COVID-19 lead. There was a pathway whereby all recommendations were discussed with the assistant chief executive officer. The services manager ensured that staff members working in the designated centre were advised of updated recommendations. Management meetings were held virtually every month, where COVID-19 was a standing agenda item.

A number of clinical nurse managers, including the person in charge, had been given the responsibility of liaising daily with staff members who were suspected, or confirmed of having COVID-19. It was evident that staff members who displayed symptoms of COVID-19 or who felt unwell were immediately put off duty and referred for a COVID-19 test. The person in charge discussed the pathway

for monitoring staff members, which included liaising with Public Health. The clinical nurse managers used this information to seek alternative staffing arrangements when appropriate.

The inspector reviewed the actual and planned roster in place in the designated centre. It was evident that staffing levels and skill-mix had been maintained in line with the designated centre's statement of purpose. Residents continued to be supported by a consistent team of care assistants and nursing staff. It was noted that staff members had been flexible and accommodating of staffing changes, which included swapping shifts and working over-time. A number of staff members in the organisation who were trained to take a COVID-19 swab, and those that were qualified nurse prescribers, were made available to residents living in the designated centre.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill-mix of staff was in line with the designated centre's statement of purpose.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that management systems were in place in the designated centre to ensure that the service provided to residents was safe, appropriate to residents' needs and consistent and effectively monitored.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of services provided to residents specific to the management of the COVID-19 outbreak and found that a number of measures had been implemented.

Monitoring of residents and staff members included regular temperature checks and safety pauses. A variety of easy-read documents were available for residents in the designated centre. These included information about COVID-19 and also digital

material that was available to residents.

In the event of a resident being suspected of having COVID-19, there was a clear pathway on how to refer the resident for testing. Residents had access to a general practitioner (G.P) at all times. An isolation hub was also available in another designated centre if a resident needed to self-isolate outside of their home.

An outbreak control team had been convened in line with Public Health guidance. A COVID-19 lead had also been appointed. The inspector spoke with the COVID-19 lead who outlined their role in supporting the staff and residents living in the designated centre. All outbreaks were also reviewed by the serious incident management team to identify if there were links between cases and if any learning could be established.

The COVID-19 lead was responsible for monitoring stocks of personal protective equipment (PPE) and ensuring that staff members dealing with an outbreak were aware of the correct level of PPE to wear in each clinical scenario. A document with picture references outlining this had been made available to staff members. The COVID-19 lead also assessed the designated centre to establish the most appropriate areas for donning and doffing PPE. They also ensured that clinical waste collection was carried out and that staff were aware of how to segregate clinical and non-risk waste.

A number of risk assessments had been completed to ensure residents were protected from infection. It was noted that control measures had been implemented in line with the risk assessments reviewed by the inspector. Through discussions with staff members, it was evident that they were aware of the risk to residents and fellow staff members, and that they had implemented control measures to ensure they provided a safe service.

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who were at risk of potential sources of infection were protected in line with current Public Health advice.

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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant