



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

Name of designated centre:	St. Vincent's Residential Services Group Q
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	20 September 2018
Centre ID:	OSV-0004692
Fieldwork ID:	MON-0022077

## About the designated centre

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

The centre supports twenty four children with an intellectual disability through its respite service. In addition, the centre provides one residential placement for a defined period of time. The maximum number of children that the centre can cater for at any one time is five children of both male and female gender; however, the inspectors were informed by the person in charge that in general only four children stayed over-night at the centre as there were only four bedrooms. The centre also operated a day service during school hours for pre-school children to a maximum of one child at any one time. The centre is a detached bungalow with a rear yard decorated as a play space. There are four bedrooms used by children, a staff sleep-over bedroom, a sitting-room with play facilities and a kitchen that has a small dining area. There is a main communal bathroom. Two of the bedrooms used by children have en-suite facilities. The centre is located on a busy road on the outskirts of a city and the children have access to services in the community.

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

Current registration end date:	01/06/2019
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or 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
20 September 2018	09:30hrs to 19:30hrs	Cora McCarthy	Lead

## Views of people who use the service

The inspector met with five residents who appeared very happy and content in the designated centre. The residents were non-verbal and therefore could not tell the inspector their opinions of the service. However the inspector observed that the residents were comfortable and relaxed in the presence of staff. The inspector observed a staff member supporting one resident at mealtimes and the resident appeared happy with the care and support provided by staff. The inspector also observed staff supporting a resident with a beauty regime, this support was given in a very respectful and dignified manner and the resident was enjoying this. Questionnaires, which were completed with or on behalf of residents, indicated that the residents were happy in the centre and received a good quality of care and support. Staff on duty in the centre interacted with residents in a warm and caring manner and the centre was decorated with sensory equipment and pictures of the residents enjoying activities with peers or family members. The inspector met with four parents of residents who stated that they were very happy with the care provided and were very positive about their interactions with staff.

## Capacity and capability

The inspector found the capacity and capability of the provider supported the delivery of a safe quality service.

The provider had ensured that there was a good governance and management structure in place to ensure that a good quality and safe service was provided to the resident. The person in charge provided effective leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities.

There were adequate staff resources and skill mix to meet the residents' assessed needs, thus ensuring a high standard of care to the resident. Staff were appropriately trained, there was a competent workforce in place and a staff training matrix was available to view.

The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance's with the regulations. In addition, the annual review and the unannounced six-monthly audit completed by the provider, of their assessment of the quality of care and service provision in this centre evidenced that actions had been taken to address identified issues. The resident and staff could

raise any concerns regarding the quality and safety of care delivered.

The service being delivered to the resident was observed to be in keeping with the centre's current statement of purpose.

The required policies to inform and guide staff practices when supporting residents and their needs were available although some were in the process of being updated.

#### Registration Regulation 5: Application for registration or renewal of registration

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a very good understanding of the residents' care needs. The person in charge had responded to actions plans generated from internal reviews and audits which ensured that the quality and safety of the service was maintained to a good standard. Residents were very familiar with the person in charge and appeared to have a very positive relationship with them.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that an appropriate number, qualification and skill mix of staff were employed to meet the assessed needs of the resident. Staff were familiar with the residents' needs and there was continuity of care. The provider's recruitment process ensured that staff documentation required under schedule two of the regulations was obtained. The person in charge ensured that there was a planned and actual staff rota and it was appropriately maintained.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were up-to-date with training needs and appropriate support and supervision was in place for all staff members.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents which outlined a summary of the services and facilities provided and the terms and conditions relating to residency.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that there was a contract of insurance in place for the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there were robust governance and management structures in place to oversee the operational management of the service and to provide appropriate oversight of the quality of care provided. The quality of care in the service was monitored through a system of audits, staff supervision and six-monthly unannounced visits to ensure that the service provided was in line with resident's needs and as described in the statement of purpose.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider and the person in charge ensured that each resident had the opportunity to visit the designated centre prior to admission. A contract of care agreement outlined the terms on which the resident would reside in the centre

and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it contained the information as outlined in Schedule 1 of the regulations. The provider made a copy available to the residents and their families.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers in use in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider maintained a record of all notifications submitted to the Chief Inspector. The inspector viewed a sample of accident and incident forms and found that the person in charge had notified the authority of all adverse incidents which has occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had put in place an effective complaints procedure which was in an accessible format, age-appropriate format, included an appeals process and was displayed in a prominent position in the centre. There was evidence that the provider had ensured that this policy had been implemented fully within the service.



Judgment: Compliant

#### Regulation 4: Written policies and procedures

All of the required Schedule 5 policies had been reviewed within the required time frame.

Judgment: Compliant

#### Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. There was a staff member identified to support the resident and a time frame in place for achieving goals.

Overall the health and well being of the residents was promoted in the centre. However, where a feed and fluid intake recording sheet was recommended this was not always completed consistently.

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However, additional communication training was required for staff to continue to meet the residents needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in its safe administration and there was evidence of medication audits.

The resident was supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of school and many community facilities and amenities. The residents had access to facilities for occupation and recreation, opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal

relationships in accordance with their wishes. However for one resident access to a wheelchair accessible vehicle was restricted as the house vehicle was unable to accommodate her particular wheelchair.

Residents said they were happy spending time in the centre. The residents had their own bedroom, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was maintained to a high standard and was warm and homely. Areas that required improvement included the kitchen flooring which required upgrading and the main bathroom required to have the bath raised as it was not user friendly. These issues had already been identified by the person in charge.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, which they were. Examples of these would be missing persons, injury to a resident, behaviours of concern and choking risks.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive and were reviewed regularly.

Restrictive practices were in place in the centre but were reviewed regularly in line with best practice and the organisations policies and procedures.

## Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. More total communication training was required for staff to continue to meet the residents' needs. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal

finances.

Judgment: Compliant

### 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. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes. However, for one resident access to a wheelchair accessible vehicle was restricted as the house vehicle was unable to accommodate her particular wheelchair.

Judgment: Substantially compliant

### Regulation 17: Premises

The inspector observed that the resident's home was maintained to a high standard and was warm and homely. Areas that required improvement included the kitchen flooring which required upgrading, and the main bathroom required to have the bath raised as it was not user friendly. These issues had already been identified by the person in charge.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. Residents who were assessed as requiring dietary assistance were supported with this.

Judgment: 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. The provider had ensured that all risk management plans had been regularly reviewed. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had a robust fire management system in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. The storage and administration of controlled drugs was in accordance with the regulations.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents individual needs.

Judgment: Compliant

### Regulation 6: Health care

Overall the health and well being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was

facilitated. However; where a feed and fluid intake recording sheet was recommended this was not always kept consistently. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The staff members (with whom the inspector spoke) 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 one resident's behaviour that challenges, which resulted in the a reduction in the behaviours.

Judgment: Compliant

### Regulation 8: Protection

Inspectors 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 person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially 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 Q OSV-0004692

Inspection ID: MON-0022077

Date of inspection: 20/09/2018

## 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
Outline how you are going to come into compliance with Regulation 10: Communication: The person in charge has organized for staff training to be delivered to the team by the speech and language therapy department. This training will be completed by 23/11/2018 for all staff.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The service manager has commenced the procurement process of purchasing a suitable vehicle for the center. This vehicle will need to be converted and will be in place for the center on 31/01/2019	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider is in a process through a partnership with an external agent to develop a new house for the provision of this service. This will be in place in 2022. The person in charge has arranged for the occupational therapist to assess the current	



bath and make recommendations around use of same to meet the needs of each resident. This assessment will be completed 30/11/2018.

The service manager with the Director of Logistics will review the flooring in the center and recommendations will be made re necessary works and the provider will source funding for same. The review by the Director of logistics will be completed by the 17/11/2018 and plan of action will be put in place.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The person in charge and a clinical nurse manager three has met with all staff and delivered input regarding the completion of all intake and output charts for all residents.

This also is to be completed indicating if a resident is at home and out of the center during a meal time. This was completed on the 17/10/2018.

## 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(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	23/11/2018
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/01/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2019

Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	17/10/2018
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