



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 A
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:	15 June 2020
Centre ID:	OSV-0001431
Fieldwork ID:	MON-0029485

About the designated centre

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

St. Vincent's Residential Services Group A consists of three bungalows that are located on a campus. The centre provides full-time residential support for a maximum of 15 residents of both genders, over the age of 18 with intellectual disabilities. Residents can attend day services which are located on the same campus and also run by the provider. Support to residents is provided by the person in charge, nursing staff, care staff and household staff. All residents have their own individual bedrooms and other facilities in the centre include bathrooms, living areas, dining rooms, kitchens, laundries and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
--	----

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 15 June 2020	11:30hrs to 16:00hrs	Lucia Power	Lead
Monday 15 June 2020	11:30hrs to 16:00hrs	Finbarr Colfer	Support

What residents told us and what inspectors observed

This centre is home to fifteen residents and on the day of inspection the inspectors met with nine of the fifteen residents. Due to the current Covid-19 pandemic the inspectors only visited two of the three houses. While the inspectors were limited to meeting the residents in a more informal manner, the residents appeared to be very happy in their home and this was observed by both inspectors. This was evident through gestures, smiles and engagement with staff.

Due to Covid-19 there was additional input to the designated centre from day service staff, as residents were unable to attend the day service. In the absence of the daily structure residents had pre Covid-19, staff were creative in ensuring that residents had a meaningful day. One-to-one engagement was provided and a number of activities, such as a gardening competition between the various centres on the same campus, were held. The residents took great pride in showing the inspectors the work that was carried out, such as the painting of fences, planting of herbs, flower beds and garden art. The competition created fun and a focus for residents during the pandemic while the staff were very proud of what was achieved with the residents.

It was observed that staff had a very good understanding of residents' communication needs with prompts and gestures used to communicate with residents. It was also seen that staff took their time to ensure they understood the residents' wishes and requests, by giving the residents time to respond, thus engaging the residents in their choices and activities.

The residents' homes were homely and decorated in a manner that was personal and individual, this was evident through photos, art and personal items. Both inspectors observed positive engagement between residents and staff and it was also noted that residents' families were very much part of the service. It was evident that each resident had a valued social role in their home, such as dog walker, gardener, shopper and roles specific to the residents' interests and abilities as was documented in a social roles folder and discussed at residents' meetings. There was a charter of rights that was discussed at residents' meetings and this was documented in the residents' folder.

Capacity and capability

Residents living in this centre received a good quality of care and support which ensured that their assessed needs were met at all times. The centre had good governance structures in place with a clearly defined management structure.

The provider ensured that residents' needs were met by an appropriate number of suitably qualified staff, who all worked as a team to support the assessed needs of residents, including the provision of a meaningful day during the current pandemic. The person in charge was knowledgeable about residents' assessed needs and was actively involved in the day-to-day operational management of the centre.

The registered provider is required to prepare in writing and adopt and implement policies and procedures on the matters set out in schedule 5 as outlined in the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was noted on the day of inspection that some policies had not been reviewed within the three years and updated in accordance with best practice.

The person in charge ensured that staff had access to appropriate training, including refresher training as part of continuous development, however some training was out of date for staff, and the provider was making arrangements for this training to be facilitated. An inspector reviewed the training matrix and noted that safeguarding training, that was originally due to take place in May 2020 but was cancelled due to Covid-19, was completed on the day of inspection. However some staff still required training on medication management and fire safety. The person in charge committed to prioritising this on the day of inspection and had also identified this gap to an inspector on the day of inspection.

Under Regulation 23 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, the provider is required to carry out an unannounced visit to the centre at least every six months and write a written report on the safety and quality of care and support in the centre along with a plan to address concerns regarding the standard of care and support. The provider had carried out such unannounced visits to the designated centre, most recent on 30 May 2020. This audit focused on ensuring the residents had a meaningful day during the most recent restrictions. The provider looked at alternative ways to ensure that residents had access to activities and also contact with their families via telephone and video calls. The person in charge ensured the families of residents were updated regularly so as to alleviate any worries as families were unable to visit due to the visitor restrictions.

The registered provider is also required to carry out an annual review of the quality and safety of care and support provided in the centre. There was an annual review in November 2019, identifying areas for improvement such as single rooms for all residents and personalisation of resident bedrooms. The provider followed through on these recommendations and it was observed by the inspectors that there were no residents sharing bedrooms with residents' bedrooms furnished and personalised to support their needs and wishes.

Regulation 14: Persons in charge

The post of person in charge is full-time and has the qualifications, skills and

experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix in place that identified the training needs for staff. The majority of staff had completed this training but there was gaps in relation to all staff having received fire and medication training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Clear governance and management arrangements were in place at the centre which ensured that practices were effective in meeting residents' assessed needs. Where areas for improvement were identified as a result of completed management audits, clear action plans were developed which were subject to regular review to ensure the required action was achieved.

Judgment: Compliant

Regulation 3: Statement of purpose
The registered provider had prepared in writing a statement of purpose containing all the information as set out in schedule 1.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge notified the Chief Inspector in writing within three working days of any adverse incidents in the designated centre.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had an effective complaints procedure in place. There was no open complaints at the time of inspection and any closed complaints were dealt with as per the regulation.
Judgment: Compliant
Regulation 4: Written policies and procedures
The registered provider had written policies and procedures in place as set out in schedule 5 but some of these policies had not been reviewed or updated in over three years.
Judgment: Substantially compliant
Quality and safety
Due to the impact of Covid-19 restrictions, inspectors only visited two of the three bungalows in this centre. However, from discussions with staff and documents reviewed from across the centre, the inspectors found that residents received a

good standard of care and support which met their assessed needs. Care and support arrangements reviewed during the inspection reflected that residents were kept safe from harm and were supported prior to Covid-19 restrictions being imposed to enjoy activities of their choice and achieve their personal goals. The inspectors also found that although some aspects of residents' day-to-day lives had changed due to the pandemic, they were still supported to participate in activities they enjoyed and personal goals had been adapted to take into account Covid-19 restrictions.

There was comprehensive assessments in place for residents carried out by an appropriate health care professional and these assessments reflected the changes of need and circumstances for residents while also reflecting the changes to circumstances in relation to Covid-19. Such assessments of need for each resident were reflected in a personal plan, incorporating social stories and clear methods of communication required for residents. Personal plans reviewed by the inspectors, were up-to-date and staff demonstrated a very good knowledge and understanding of residents' needs. There was evidence of discussion with residents and their representatives. Goals identified were meaningful and based on the wishes of the residents.

General welfare and development was reviewed in the context of a meaningful day for the residents during the Covid-19 pandemic. As day services ceased to operate during the pandemic, day service staff were redeployed to residential services. This supported the residents to have more one-to-one activities and self direct their day. Staff told the inspectors that the residents were much more relaxed and did not have to be rushing every day which seemed to have reduced behaviours that challenge. Due to the visitor restrictions, residents' families were unable to visit, however the residents were supported to regularly telephone their families with the provider supporting residents and families to video call each other. Staff told the inspectors this was very positive and some residents were now engaging with families more as they enjoyed the video calls. The provider ensured that staff updated families about the welfare of the residents on an ongoing basis.

The health care needs of residents in this centre required high levels of care and support with each residents' identified health care needs clearly documented including details of the health condition and supports required. There was also individual risk assessments in place to support the residents' individual health needs. Residents had access to specialist supports and there was evidence of oversight from clinical nurses specialists in specified areas, such as health promotion and epilepsy.

Residents in this centre had been tested for Covid-19. Prior to the test the provider ensured that there was systems in place to inform and consult with residents. The inspector reviewed easy read and picture format information about Covid-19 and how the test would potentially happen. When residents got the results of their test they were informed in writing by the provider. There was also an easy read format detailing the outcome of the test for each resident. There was evidence that consent was sought prior to each resident been tested. From review of the files and speaking with management it was very evident that the rights of residents was respected

before, during and after the testing phase. A number of residents tested positive for Covid-19 and this will be addressed under infection control.

The provider had up-to-date risk assessments in place that were reviewed regularly. The provider had also ensured there was specific Covid-19 related risk assessments in place for each of the three houses within the designated centre. These risk assessments outlined how to keep residents and staff safe from Covid-19, and had existing and additional controls in place with identification of the person responsible. These specific Covid-19 risk assessments were reviewed monthly and reflected the most updated guidance from the Health Service Executive (HSE) and the Health Prevention Surveillance Centre (HPSC).

The provider had a folder for staff with all Covid-19 related information, there was comprehensive guidance in place covering signs and symptoms, isolation hub, care planning for residents. There was also information in relation to the rights of residents during Covid-19. This was available for staff and was also in accessible format for residents.

As noted previously in this report a number of residents had contracted Covid-19. The provider managed this outbreak very well ensuring the care and welfare of each resident was monitored with HSE and HPSC guidance adhered to. Key to the recovery of each resident was the care and support they received from a dedicated staff team. This was evidenced through the good record keeping and the inspectors observation of staff engagement with residents.

Regulation 11: Visits

There was visitor restrictions in place due to the current pandemic, however on the day of inspection the provider was preparing for the return of visitors in line with the government's road map. The provider had facilitated residents to have telephone and video call contact with their friends and families during the pandemic.

Judgment: Compliant

Regulation 13: General welfare and development

During the Covid-19 pandemic the provider had ensured that each resident had access to a meaningful day in line with their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the designated centre was laid out to meet the needs of the residents while being clean and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured there was a risk management policy in place while there were systems in place in the designated centre, for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

Areas of the designated centre observed by inspectors were maintained to a good standard of cleanliness. Infection control arrangements at the centre had been reviewed, updated and implemented in line with public health guidance on the management of an outbreak of Covid-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider ensured there was a comprehensive assessment carried out by an appropriate health care professional of the health, personal and social care needs of each resident and was subject to ongoing review.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured there was an appropriate health care plan for

each resident. The person in charge ensured each plan was updated to reflect the residents' health care needs during the Covid-19 pandemic.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviours that challenged, the provider had ensured that clear guidance on supports to be offered was in place for staff and plans were updated in accordance with the residents' needs.

Judgment: Compliant

Regulation 8: Protection

There were one safeguarding concern at the centre on the day of inspection, and the provider was following this up as per their policy and procedure. The provider had clear and robust arrangements in place to safeguard residents from harm which included clear reporting arrangements and up-to-date training for staff.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultation and personal information.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	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 A OSV-0001431

Inspection ID: MON-0029485

Date of inspection: 16/06/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge will review training records and needs of all staff in the center. Training will be scheduled for all staff as required. Where training has been delayed due to Covid 19 requirements, the provider is reviewing all systems to ensure safe facilitation of training to ensure that training is supported and to up to date for all staff.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The provider will ensure that all policies are reviewed and updated as required. All updated policies will be circulated to the designated center.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2020