



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

## Issued by the Chief Inspector

Name of designated centre:	St Francis Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	18 August 2020
Centre ID:	OSV-0001774
Fieldwork ID:	MON-0030166

## About the designated centre

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

St Francis Residential Service is a designated centre which supports residents with a low to moderate intellectual disability. The centre can also support residents with mental health needs and residents who require some medical interventions. A social care model of care is provided in the centre and residents are supported by both social care workers and social care attendants. Additional staffing is deployed during the week day evenings to facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours.

The centre is a large sized two storey building which is located with walking distance of a large town. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

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

Number of residents on the date of inspection:	5
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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
Tuesday 18 August 2020	09:00hrs to 13:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

In order to maintain social distancing, the inspector conducted the majority of the inspection in a premises which was a short walk from the designated centre. Here, the inspector reviewed documentation such as residents' personal plans, daily notes, risk management procedures and the oversight arrangements for the centre.

By reviewing the resident's individual personal plans, it was clear that they were living a good quality of life and engaging in activities which they liked and enjoyed. Prior to the outbreak of COVID-19, residents had gone on holidays abroad, become members of local bowling teams, participated in tennis lessons and were active members in their local communities. The centre also had an annual garden party in which family, friends and neighbours were invited to attend and a review of notes on conversations with residents indicated that the last garden party was an event which was enjoyed by all.

The easing of restrictions in regards to COVID-19 had also been welcomed by residents. Residents were supported to go shopping and have day trips to local parks and beaches. The inspector met with three residents on the afternoon of the inspection and they spoke about how they wore face coverings when out and about and also how they frequently washed their hands. One resident stated that COVID-19 had been a nuisance and that they missed seeing their family; however, with the easing of restrictions they were planning a three week trip home which they were really looking forward to. The centre appeared to have a pleasant atmosphere and residents relaxed as they chatted with the inspector, a staff member and the person in charge. Residents stated that they liked their home and they appeared to have a good rapport with staff who were on duty.

## Capacity and capability

The inspector found that the oversight and management arrangements which were in place on the day of inspection promoted the welfare of residents but some improvements were required in the oversight of some care practices.

The person in charge had a good knowledge of the centre and the services which were provided met each resident's individual needs. They were completing a range of local audits which assisted in ensuring that the quality of many care practices was maintained to a good level. The provider also had additional oversight of the centre, having completed all audits and reviews as required by the regulations. These audits also had action plans in place to ensure that any areas for improvement would be addressed in a timely manner. Overall, the inspector found that there was extensive oversight arrangements in place; however, these

arrangements failed to identify issues in regards to medication management, an area which required significant improvement.

The inspector found that the centre was well prepared for an outbreak of COVID-19 and there was ongoing monitoring of residents and staff members for signs and symptoms of the illness. Oversight arrangements were kept under regular review and the easing of restrictions on visitors had been assessed with additional guidance for staff members, residents and family members introduced to further promote the safety of all parties.

The provider had a training and refresher programme in place which assisted in ensuring that residents were supported by staff members who could meet their needs. A review of a sample of training records indicated that staff were up-to-date with training needs and additional training in the use of personal protective equipment (PPE) and hand hygiene had been completed. The provider also had a risk assessment in place in response to COVID-19. This assessment stated that all staff members would undertake training in regards to infection control; however, the provider was unable to clearly demonstrate that all staff members had participated in this training.

Overall, the inspector found that residents were supported to live a good quality of life but improvements were required in some areas of care which would further enhance many of the positive care practices which were found in this centre.

### Regulation 15: Staffing

The person in charge maintained an rota which indicated that residents were supported by a familiar staff team.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider failed to demonstrate that all staff members had completed training in infection control.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The governance arrangements failed to ensure that medication management was

maintained to a good standard of care.

Judgment: Substantially compliant

## Quality and safety

Overall the inspector found that residents were supported to engage in activities which they enjoyed and live a good quality of life; however, some improvements were required in regards to the management of medications.

Residents had personal plans in place which were found to be comprehensive and assisted staff in the delivery of care. Residents attended their individual planning meetings where they decided on personal goals which they would like to achieve. As mentioned previously, goals such as holidays, joining local clubs and attending the special Olympics had been achieved for some residents prior to the outbreak of COVID-19. The inspector found that the arrangements which were in place to support residents with their chosen goals was positive in nature and assisted in ensuring that residents had a good quality of life.

Residents were assessed to manage their own medications and a resident was self medicating on the day of inspection. This resident had a complex medication regime which required on-going monitoring of blood sugar levels and regular adjustment of prescribed doses of medication. However, a review of documentation indicated that this medication had not always been adjusted and administered as prescribed. Furthermore, the prescription sheet did not clearly identify that the dosage of prescribed medication could be adjusted following completion of blood sugar monitoring. Overall, the inspector found that it was a positive aspect of care that residents were supported to manage their own medications, but significant improvements were required to ensure that these arrangements were effectively monitored.

The centre had re-opened to visitors and robust arrangements were implemented to ensure that residents remained safe. All visits had to be prearranged and staff were conducting temperature checks and a questionnaire had to be completed by visitors to provide assurances to the provider. Residents' family members were made ware of these arrangements and residents reported that they were very happy to see family and friends again. There were also contingency plans in place should an outbreak of COVID-19 occur and staff were completing daily monitoring of signs and symptoms of the disease. However, as mentioned earlier in the report, the provider was unable to clearly demonstrate that all staff members had undertaken additional infection control training in response to COVID-19.

## Regulation 11: Visits

The centre had re-opened to visitors and the provider had arrangements in place to promote the safety of residents.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were accessing their local community to go shopping and have meals out. Residents who met with the inspector discussed how they wash their hands and wear a face covering to protect themselves.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had risk management plans in place which were reviewed on a regular basis and promoted the safety of residents.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider failed to demonstrate that all staff members had undertaken additional training in regards to infection prevention and control.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

All fire equipment had been serviced by as required and a review of fire drill records indicated that all residents could evacuate the centre in a prompt manner.

Judgment: Compliant



## Regulation 29: Medicines and pharmaceutical services

The arrangements for the management of medications required further review to ensure that this aspect of care was safe and effectively monitored.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Residents attended their individual planning meeting and person centred plans were found to be comprehensive in nature.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to healthcare professionals and comprehensive care plans were in place to guide staff.

Judgment: Compliant

## Regulation 8: Protection

Residents appeared happy in the centre and there were no safeguarding plans required.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St Francis Residential Service OSV-0001774

Inspection ID: MON-0030166

Date of inspection: 18/08/2020

## 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have completed Infection Control Training. The necessary paperwork is available on site and on the central training database held by the organisation.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The current medication audit tool has been amended to ensure close monitoring of self-administration and sign off by resident and staff.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: All staff have completed Infection Control Training. The necessary paperwork is available on site and on the central training database held by the organisation.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A Resident's MP1 was reviewed by their GP on 21st August, 2020. This was amended to provide clear guidance for the individual on the administration of their medication where adjustments are required depending on blood sugar readings.	

The individual is being supported to fully understand this process ensuring their independence is maintained when it comes to self-administration. The service is also sourcing an appointment with diabetic team to review and provide extra support in this regard. The GP will also provide ongoing support to resident to ensure they're understanding and adherence to their specific medication regime. Staff will also have access to this support.

The current medication audit tool has been amended to ensure close monitoring of self-administration and sign off by resident and staff.

## 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	21/08/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	31/08/2020

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	31/08/2020