



## Office of the Chief Inspector

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

Name of designated centre:	St Rita's Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	05 March 2019
Centre ID:	OSV-0003915
Fieldwork ID:	MON-0026604

## About the designated centre

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

St Rita's Residential Service can support five male and female adults, with intellectual disability and or autism as well as additional physical and or sensory disability. Residents supported at the service range in age from 18 years upwards. The centre comprises of a purpose built house in a rural town. Residents are supported by a staff team that includes the person in charge, social care workers and social care assistants. Staff are based in the centre when residents are present, including at night.

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

Current registration end date:	11/12/2019
Number of residents on the date of inspection:	5

## How we inspect

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
05 March 2019	09:45hrs to 17:00hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with all five residents who lived in this service, but none of the residents spoke with the inspector. However, the inspector observed that residents appeared to be comfortable in the company of staff, in their environment and with each other.

## Capacity and capability

The governance arrangements in this centre ensured that a good quality and safe service was provided for residents who lived there. There were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in-line with residents' needs and as described in the statement of purpose. However, some governance arrangements in the centre had not ensured that the privacy of residents was protected, that the use of restrictive practices were suitably managed, and that healthcare planning was sufficiently robust to guide staff practice. Furthermore, while the provider had arrangements in place for six-monthly auditing of the service, these audits did not clearly state areas that required improvements and failed to identify deficits found during this inspection.

The person in charge was the manager of two centres and allocated equal time to the management of each. They had an office in this centre and worked closely with staff and residents there. In addition, the provider had allocated sufficient staff to the centre to support residents' assessed needs. There were adequate numbers of staff available to support residents' activity choices during the day and in the evenings. In addition, the provider ensured that both waking and sleep-over staff were present in the centre at night-time to meet residents' needs. A range of training had been provided to staff to ensure their knowledge and practices were up-to-date, although improvement was required to staff access to mandatory training as not all staff had undertaken training as prescribed in the provider's policies. Throughout the inspection, the inspector found that staff had a good knowledge of residents' care and support needs.

## Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge had recently been appointed to the centre, but was found to be very knowledgeable about their role and responsibilities, and was working to become familiar with the individual needs of

each resident.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned and actual staffing rosters had been developed and these were accurate at the time of inspection.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The provider had failed to ensure that mandatory training for staff was carried out as required. At the time of inspection, some staff who worked in the centre had not received mandatory training in behaviour support, manual handling and safeguarding in accordance with the organisation's policies and procedures. However, during the inspection the person in charge made arrangements to address this for most staff within the coming weeks. Other relevant training such as safe administration of medication had been provided to staff.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
While there were clear governance, leadership and management arrangements in place at the centre, some of these arrangements were not adequate to ensure the provision of a good quality and safe service to all residents. Governance arrangements in the centre had not ensure that the privacy of residents was protected, that the use of restrictive practice was suitably managed, and that health care planning was sufficiently robust to guide practice. While the provider had arrangements in place for the six-monthly auditing of the service, these audits did not clearly state areas that required improvements. In addition, the audits had failed to identify deficits found during this inspection.
Judgment: Not compliant

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

Written agreements had been developed for each resident. These agreements stated the fees charged and the information on services provided at the centre. The inspector found that the services provided were as stated in residents' written agreements. The provider was at an advanced stage of agreeing these agreements with all residents and or their representatives.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met most of the requirements of the regulations. However, there was some minor adjustment required to the statement of purpose to meet all the requirement of the regulations.

Judgment: Substantially compliant

## Quality and safety

Overall, residents living at the centre received care and support, which allowed them to enjoy activities and lifestyles of their choice and to receive a good level of healthcare. However, there were some practices, relating to privacy, risk management, building maintenance, and care planning, that were not person centered and required improvement.

The inspector could see that residents were out and about in the community and were involved in activities that they enjoyed, such as community outings, day services, visiting their families and entertainment events. An individualised home-based service was also provided to meet residents' needs.

The centre suited the needs of residents. It was spacious, clean, comfortable, well decorated and suitably furnished. The building had been purpose built, and was very well equipped with the assistive equipment required by residents. All residents had their own bedrooms, and these rooms were decorated to residents' liking. However, some improvement was required to the internal and external maintenance of the centre as some areas had become defective and required redecorating or upgrading. In addition, the storage of refuse also required review as the current arrangements were unsuitable and presented a pest control risk.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that supports were in place to ensure that these were met.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. All residents had access to a general practitioner and attended annual medical checks. Healthcare services including speech and language therapy and psychology, were supplied by the provider. While residents' healthcare needs had been assessed and identified, some plans of care were not sufficient to guide staff in the delivery of this care.

Residents' nutritional needs were well met and suitable foods were provided to meet any identified nutritional needs.

Improvement was required, however, to the management of risk and residents' rights. There was no evidence available to demonstrate that the risks associated with the use of bed rails for falls management had been assessed. Furthermore there were practices in the centre which impacted on residents' right to privacy. There was no evidence that the use of a monitoring camera in a resident's bedroom had been assessed, and a resident's personal information had been shared with a third party.

### Regulation 11: Visits

Residents were supported to receive visitors, and there were sufficient rooms in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit family and friends in other places.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Overall, the centre was warm, clean, comfortably furnished, and well equipped to meet residents' needs. However, parts of the centre required some internal and external maintenance work such as repainting of defective paintwork. The arrangements for the storage of refuse also required improvement as, at the time of inspection, external bins were overflowing and presented a pest control risk.

Judgment: Substantially compliant



## Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents' dietary needs had been assessed and suitable foods were provided to suit any identified needs. Staff were very knowledgeable of residents' dietary requirements.

Judgment: Compliant

## Regulation 20: Information for residents

Information was provided for residents. This included information, in user friendly format, about staff on duty each day, residents' rights, meal plans and local events and activities. There was also a residents' guide which was made available to residents in a suitable easy-read format. However, the residents guide did not meet all the requirement of the regulations and required further review.

Judgment: Substantially compliant

## Regulation 6: Health care

The health needs of residents were assessed and they had good access to general practitioners and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had not ensured that residents' right to privacy and confidentiality had been protected. There was evidence that personal information relating to a resident had been shared with a third party. It was also found that the centre's policy for managing residents' personal property did not protect residents' confidentiality. Furthermore, a monitoring camera had been installed in a resident's bedroom, which could impact on the privacy of the resident.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each person's assessed needs. Residents' personal, health and social care needs and goals were agreed at annual meetings and plans to achieve these assessed needs had been developed. However, some of these plans were not comprehensive and did not contain sufficient information to guide staff. Improvement was required, for example, to the plan of care and interventions in place for a wound care issue, to ensure that this issue was being suitably monitored and managed.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The provider did not have suitable arrangements in place to manage the use of restrictive practices. Some restrictive practices were in use in the centre and the person in charge stated that these were for the physical safety of residents. These practices were not being managed in accordance with national policy and evidence based practice. Furthermore, there was no evidence that these practices were subject to ongoing review.

Judgment: Not 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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 26: Risk management procedures	Not compliant

# Compliance Plan for St Rita's Residential Services OSV-0003915

Inspection ID: MON-0026604

Date of inspection: 05/03/2019

## 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
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 has nominated all staff that require refresher mandatory training in behaviour support, manual handling and safeguarding to the Training Department. Staff will attend training over quarter 2 training calendar. 27/06/2019</p> <p>Training Needs Analysis will be updated by the PIC and reviewed annually or as the needs of the service changes. The TNA will be circulated to the Regional Service Manager (PPIM) and Western Care Training Department. This will identify any shortfall in the training needs for the service. – 15/04/19.</p> <p>Training Matrix has been devised by the PIC and circulated to staff team to ensure the staff team are aware of when their trainings require refreshing. 14.04.19</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There are management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Monthly Health and Safety, Medication, The Provider will review restrictive practice within the designated centre to ensure they are in compliance with national policy and evidence based practice. 31/05/2019</p> <p>The Provider will ensure all residents health care plans are being reviewed by the PIC and named staff to identify all health care related issues that will require a health care plan. All health care plans devised will document what condition the residents requires support with, how the condition is currently managed, any identifiers that would indicate that the condition is deteriorating and what measures are to be followed if the condition is deteriorating These health care plans will be reviewed annually by a health care professional. 05.06.19</p>	

<p>The Provider will review the format of the six –monthly audit of the service to ensure that this clearly monitors and describes areas that require improvement. An unannounced visit will be completed 23/05/2019</p> <p>The Annual Review will be made available to the residents &amp; their families 20.05.19</p> <p>The PPIM and PIC will review progress against all agreed actions on a monthly basis 25/05/19</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Person in Charge has updated the Statement of Purpose to meet all the requirements of the regulations. This will be reviewed annually or at intervals as required. 07/03/2019</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge has reviewed the storage of refuse, adding additional refuse bins to address the issue. 15/03/2019</p> <p>The Person in Charge will ensure that the defects in the maintenance and decorating will be forwarded to the Maintenance Department on the Flex system and addressed by 20/06/2019.</p> <p>All staff have been provided with the instructions on the use of the Western Care Association’s Flex maintenance recording system, and additional support from the PIC if required. 15/03/19</p> <p>Monthly Health and Safety Audits are completed by the PIC and any outstanding maintenance works identified and logged through the Flex system.</p> <p>Premises maintenance will be discussed at the staff team meetings and any identified issues will be logged through the Flex system and escalated where necessary. 26/05/19</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: Western Care Association as the registered provider has prepared and made available to residents a residents guide in respect of St. Rita’s. This residents guide provides a summary of the services and facilities in St. Rita’s, the terms and conditions relating to residence in St. Rita’s – outlines in the Individual Service Agreements, the procedure respecting complaints, and the arrangements for visits.</p>	

<p>The Person in Charge has updated the residents guide with all the requirements of the regulation. 06/03/2019</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider will review the policy on residents monies to ensure it protects residents Rights and confidentiality.</p> <p>The Person in Charge along with Multi-disciplinary team will review the use of the monitoring camera in the resident's bedroom 13/05/19</p> <p>At the next staff meeting The Provider will distribute guidance to staff on Record Management and Protection of Residents personal information. This will be facilitated by the Data Protection Officer. 26/05/19</p>	
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: All residents health care plans are being reviewed by the PIC and named staff to identify all health care related issues that require a health care plan. All health care plans devised will document what condition the residents requires support with, how the condition is currently been managed, any identifiers that would indicate that the condition is deteriorating and what measures are to be followed if the condition is deteriorating These health care plans will be reviewed annually with a relevant health care professional. – 05/06/19</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge along with MDT personnel will complete a risk assessment on the use of bed rails for one resident. 20/05/19</p> <p>The Person in Charge along with the MDT team will review the use of a camera for one resident. 13/05/19</p> <p>The Person in Charge will review restrictive practice within the designated centre to ensure they are in compliance with national policy and evidence based practice. The tools recently published by HIQA on Restrictive Practice Guidelines will be utilised to complete this work. (31/5/19)</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	27/06/2019
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	20/06/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/03/2019
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	06/03/2019
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	06/03/2019
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.	Not Compliant	Orange	31/05/2019



Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	23/05/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant		31/05/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	07/03/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	06/06/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	26/05/2019