



Office of the Chief Inspector

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

Name of designated centre:	St Rita's Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	15 August 2019
Centre ID:	OSV-0003915
Fieldwork ID:	MON-0022549

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.

Number of residents on the date of inspection:	4
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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
15 August 2019	11:30hrs to 18:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with three residents who lived in this centre, 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 provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner. The provider also ensured that an annual review of the care and support provided at the centre was being carried out. Since the last inspection, improvements had been introduced to ensure that the auditing systems were more robust and effective.

There was a suitably qualified and experienced person in charge who was well known to residents and who knew their care needs. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as nutrition and food hygiene. The provider had also supplied a range of policies and procedures to guide staff. While most of the policies were up-to-date, a small number had not been reviewed and suitably updated at intervals not exceeding three years as required by the regulations. For example, the complaints policy was out-of-date, and some aspects of the medication policy did not provide centre-specific guidance to staff.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre, although improvement was required to reviewing of operational policies.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

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 was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, as well as other training relevant to their roles such as nutrition and food hygiene.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available and were accessible to staff; however, some of these policies had not been reviewed as required.

Judgment: Substantially compliant

Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, and a good level of health care. This allowed residents to take part in activities and lifestyles that they enjoyed and that suited their assessed needs.

Residents' personal, health and social care needs and goals were agreed at annual meetings and plans to achieve their assessed needs had been developed. Since the last inspection, the person in charge, staff and the multidisciplinary team had been working to ensure that plans of care had been updated to provide comprehensive information to guide staff practice.

The inspector observed that staff supported residents to do things that they enjoyed both in organised day programmes, in the centre, and in the community. Residents were involved in a range of activities such as community involvement, household tasks, developing independent living skills, visiting and socialising with family and friends and entertainment events. An individualised home-based service was provided to meet all residents' needs and preferences. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

The centre suited the needs of residents, and was clean, comfortable, well

decorated and suitably furnished. All residents had their own bedrooms and could lock their doors if they chose to. The rooms were decorated to residents' liking. Bedrooms and bathrooms were suitably equipped to meet residents' identified needs.

The provider had measures in place to safeguard residents from risk, including risks associated with fire. These included risk identification and management, development of individualised risk profiles and personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and completion of fire evacuation drills. However, the outcomes of fire evacuation drills was not being suitably recorded and required improvement. This presented a risk that opportunities for learning from fire evacuation drills could be lost.

The provider had measures in place to safeguard residents from any form of harm. These included safeguarding training, access to a designated safeguarding officer and a policy to guide staff. The provider also had suitable measures in place for the support and management of behaviour that challenges. These included training, behaviour support plans, and involvement of a psychologist and behaviour support specialist.

Since the last inspection, practices in the centre which impacted on residents' right to privacy and confidentiality had been suitably reviewed. This ensured that all residents' privacy and confidentiality was being respected and supported at all times. Furthermore, during this inspection there was evidence that where any restrictive interventions were being used for safety, that these had been suitably risk assessed and were of the least restrictive nature.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care. Some improvement was required, however, to the residents' guide, and to the cleaning schedule to ensure that window cleaning was included as required.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. Overall, the centre was well maintained and equipped, clean and suitably decorated, and comfortably furnished. However, the cleaning of windows was not included in a planned cleaning or maintenance schedule, and this area required attention.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide that was made available to residents in an easy-to-read format. However, some of the required information was not clearly stated in the guide.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had suitable arrangements in place for the management of risk in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. However, the records of fire evacuation drills, were not effective and required improvement.

Judgment: Substantially 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.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were being respected, and their rights to privacy and confidentiality were being supported.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Rita's Residential Service OSV-0003915

Inspection ID: MON-0022549

Date of inspection: 15/08/2019

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 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 PIC has reviewed any policies that are currently outside of their specified review date. There is also written guidance from the provider to staff to inform them that these policies are still current, until they are formally reviewed and revised. This work was completed on 11.9.19.</p> <p>The PIC will review the medication policy to ensure it provides centre – specific guidance to staff. This will be completed by 10.10.19.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The PIC has developed a schedule for the cleaning of windows in the designated centre and will ensure this is completed on a regular basis (10.9.19)</p>	
Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

The PIC has review the residents guide to ensure it is contains the required information as stipulated in Regulation 20. This was completed on 13.09.19.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The PIC will revise the evacuation recording document to include further detail of the evacuation and environmental circumstances at that time. This will also include reflection of the evacuation and inform any learning from the process. Staff will be given guidance of this at the next meeting on 26.09.19.

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	10/09/2019
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	13/09/2019
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	13/09/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is	Substantially Compliant	Yellow	26/09/2019

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	10/10/2019