



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

## Issued by the Chief Inspector

Name of designated centre:	Group G - St. Vincent's Residential Services
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	28 January 2020
Centre ID:	OSV-0003930
Fieldwork ID:	MON-0025228

## About the designated centre

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

The centre provides high-support residential accommodation for two residents with an intellectual disability. The management team confirmed that the centre was not accepting any new admissions, in line with the service's policy of moving residents from congregated settings to community homes. The centre is located in section of a large building in a campus providing various facilities for persons with intellectual disabilities. Although the provider and staff had provided residents with a good quality of life and comfortable living environment within the existing structure, the centre continued to be institutional in nature and unsuitable to meet residents' long term needs, due to the structural issues and fire risks identified in the premise. The designated centre is staffed with a team of nurses, care staff and a service manager.

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

Number of residents on the date of inspection:	2
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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 28 January 2020	09:30hrs to 17:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

During the course of the inspection the inspector met with both residents who resided in the designated centre. Although the residents were not able to verbally express their views it was apparent that they were comfortable in the centre through their facial expressions and vocalisations. The interactions between the residents and staff was very positive and the residents had clearly built up very good relationships with staff members. The inspector observed one resident smiling as staff joked amicably with them. The second resident was observed to be very comfortable with staff support at mealtime and was supported in line with their assessed needs which outlined that support and supervision was required. The resident was facilitated with respect and dignity throughout the interaction. One of the residents was being supported through a transition process and a visit to another designated centred was facilitated for the resident during the course of the inspection. This was carried out in a person centred manner and was discussed with the resident prior to going. It was also noted by the inspector the care which was taken to support the resident to get ready for the visit, they were appropriately dressed as it was very cold and had intimate care needs attended to prior to leaving the designated centre.

## Capacity and capability

Governance and management systems were in place in this centre, and there were clear lines of accountability and responsibility.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge. The person in charge was present regularly and was accessible to the staff. They had good oversight of the operational management of the centre and was effective in their role as person in charge. The person in charge was actively involved in progressing the transition plan for both residents

A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service was carried out in October 2019 which included consultation with residents and their families as required. These audits had resulted in an action plan which was effective in addressing the identified areas for improvement. The provider had previously submitted a time-bound plan to The Health Information and Quality Authority (HIQA) to satisfactorily address failings relating to provision of a service that satisfactorily met residents' assessed needs, fire safety and the premises. The provider was in the process of progressing this plan and transitioning both residents to a more suitable premises. It was noted that progress was being made towards meeting the registration condition and ensuring that residents left

this centre by the end of September 2020. Senior management of the provider, the person in charge and staff indicated confidence that this centre would be closed by the end of September 2020. During the course of this inspection, the provider was reminded of the legal requirement to formally notify HIQA of their intention to close this centre six months before the intended closure date.

Staff spoken with on the day of inspection had a good knowledge of the residents' needs. Interactions observed with residents, showed that care and support was provided in-line with the residents' assessed needs and in a person centred manner. The inspector observed staff members supporting residents at mealtime and going out on a transition visit to another designated centre and they were facilitated in a dignified manner that promoted their independence. The inspector noted that staff members were very good at interpreting the needs of residents who were non verbal. The inspector viewed actual and planned rosters and these were in-line with the statement of purpose. Staffing arrangements ensured the number and skill mix of the staff working in the centre met the assessed needs of the residents at the time of the inspection.

During the inspection, the person in charge and the inspector reviewed the notifications submitted to the Office of the Chief Inspector as per the regulatory requirements. The person in charge had notified the Office of the Chief Inspector of all incidents that occurred in the designated centre. The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations including the organisational structure and reporting mechanisms. The registered provider maintained a directory of residents in the designated centre which included the date the resident came to reside in the centre and the referring body responsible for the referral.

There were no open complaints at the time of inspection. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

#### Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Judgment: Compliant

### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service was carried out in October 2019.

Judgment: Compliant

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

The registered provider ensured that each resident had in place an agreed and signed contract outlining the terms of residency.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had notified the Office of the Chief Inspector of all incidents that occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

Judgment: Compliant

## Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the residents' was good. The health and well-being of the residents' was promoted in the centre. Since the last inspection, the occupancy of the centre had reduced.

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs. The support plans implemented were effective in meeting the needs of the residents. However while goals were set for the residents there was no staff identified to support the resident achieve these goals, there was



also no progress tracking evident.

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences and dietary needs. However more consistent fluid intake monitoring and food sampling was required in line with clinical recommendations. One resident had a history of sudden weight loss and the second resident was on a nutritionally supplemented liquid diet, both of which required consistent food and fluid monitoring.

The registered provider had not ensured that one resident, had access to advocacy services and information about their rights to support them with the assessment and transition process to ensure that all of their needs are met. The plan for moving residents on from the centre in line with the Health Service Executive plan was progressing in a timely manner however the residents did not have a compatibility assessment completed prior to starting the transition process.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. The person in charge had safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance did so in line with the resident's dignity. All staff had received safeguarding training and knew how to respond to a safeguarding concern.

During previous inspections, it was found that this centre was unsuitable, as its layout did not meet the needs of residents, this remained unchanged. However the provider was involved in an on-going plan to transition residents to more suitable accommodation in line with plan submitted to HIQA. In the interim, the management team had ensured that the centre was warm, clean, comfortable and personalised.

The provider had ensured that there were systems in place in the centre for the assessment, management and on-going review of risk. Risk assessments were viewed by the inspectors and found to be comprehensive and were regularly reviewed.

The provider had a number of fire safety precautions in place, including, regular fire drills, regular fire checks and internal and external emergency lighting. A well-maintained fire panel ensured that staff would be alerted to the occurrence and location of fire within the centre. There were still issues in relation to fire containment as there was no compartmentalisation in the attic, however there was a plan in place to move residents to a more suitable premises by September 2020. Staff who met with inspectors spoke with confidence about how they would respond to a fire in the centre and support residents to evacuate. Personal egress plans were in place for both residents and it was noted by the inspector that these were effective in evacuating the premises in a timely manner.

The person in charge ensured that the designated centre had appropriate and suitable practices in place in relation to the ordering, storage, dispensing,

prescribing, administration and disposal of medication.

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

### Regulation 10: Communication

The registered provider had ensured that all residents were assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents' had access to day service or school and opportunities to participate in activities in accordance with their capacities and developmental needs.

Judgment: Compliant

### Regulation 17: Premises

During previous inspections, it was found that this centre was unsuitable, as its layout did not meet the needs of residents, this remained unchanged. However the provider was involved in an on-going plan to transition residents to more suitable accommodation. In the interim, the management team had ensured that the centre was warm, clean, comfortable and personalised.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome

and nutritious meals which were consistent with each resident's individual preferences and dietary needs. However more consistent fluid intake monitoring and food sampling was required in line with clinical recommendations.

Judgment: Substantially compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they began the transition process to new residential services. However for one resident it was noted that a compatibility assessment had not been completed to determine the compatibility of residents to reside together going forward.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had ensured that there were systems in place in the centre for the assessment, management and on-going review of risk.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had a number of fire safety precautions in place, including, regular fire drills, regular fire checks, internal and external emergency lighting and a well-maintained fire panel. There were still issues in relation to fire containment. However the provider is engaged in a plan to transition residents to more suitable premises.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place in relation to the ordering, storage, dispensing, prescribing, administration and disposal of medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out. While goals were set for the residents and there was some progress tracking evident, there was no indication of goal achievement.

Judgment: Substantially compliant

### Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Where treatment was recommended by allied health professionals such treatment was facilitated.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. The person in charge had safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance did so in line with the resident's dignity.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had not ensured that the resident had access to advocacy services to support them with the assessment and transition process to ensure that all of their needs are met.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Group G - St. Vincent's Residential Services OSV-0003930

Inspection ID: MON-0025228

Date of inspection: 28/01/2020

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Both residents will transfer from the centre by 30/09/2020. Both residents have transition plans in place to support the transition from this center to other registered centers with the Provider.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The person in charge will with the support of the clinical nurse specialist in nutrition provide input to all staff in the centre regarding correct and accurate documentation and recording of fluid and nutritional intake of residents. The clinical nurse specialist will support staff team around increasing food sampling and the monitoring and recording of same. This input will be delivered to all staff by the 28th February 2020.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant



<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:  Both residents have assessments of need in place giving direction from the multi disciplinary team with regard to the future residential arrangement that would be most suitable to meet the resident's needs. Through transition planning and friendship and relationship building compatibility of residents to reside with peers is assessed and monitored throughout the transitioning. Full multi disciplinary team, person in charge, service manager and executive members from the provider monitor and review the transition through team meetings and admission, discharge and transfer meetings. The assessment of need of this resident will be reviewed to ensure it includes more detail with regard to suitable peers for them to reside with. This review will be completed by 13th of March 2020.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Both residents will transfer from the centre by 30/09/2020. Both residents have transition plans in place to support the transition from this center to other registered centers with the Provider</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:  The person in charge will arrange input for the staff team from the transforming lives coordinator. This input will involve training and review of goal planning for residents. Training on goal tracking and progress monitoring, and indication of status of goal achievement. Following the training the key worker will review each goal for each resident, ensuring there is a named responsible person for each aspect of goals, this may involve mor than one responsible person for some aspects of goals. This training and review of goals and tracking will be completed by 31/03/2020</p>	
Regulation 9: Residents' rights	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The person in charge with the support of speech and language therapist will establish this residents wish around advocacy support. If the person wishes for such support they will be supported to access same through the national advocacy service with the help of the person in charge. This will be actioned, and a request if indicated by the resident, submitted to the national advocacy services by 20/03/2020.</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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/09/2020
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	28/02/2020
Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a	Substantially Compliant	Yellow	13/03/2020

	resident from the designated centre is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2020
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	31/03/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	20/03/2020