



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

| | |
|----------------------------|---|
| Name of designated centre: | Adult Respite Services - 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: | Announced |
| Date of inspection: | 09 April 2019 |
| Centre ID: | OSV-0003937 |
| Fieldwork ID: | MON-0022552 |

About the designated centre

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

This short term respite service is located in a small town on the outskirts of Limerick city. The service offers respite to 72 male and female adults who suffer from intellectual disability, physical disability, communication difficulties, medical conditions with complex care needs. The service operates all year round with the exception of a planned closure at Christmas time. The designated centre was purposefully built and future extended to include 6 individual residents' bedrooms, a bathroom, wet room, toilet, staff office, staff sleepover room, a large kitchen / dining room, a living room and large reception room and sun room. Externally is a front garden and parking area. The rear of the centre has a large secure garden with patio and decking features which is wheelchair accessible. The gardens are mature and landscaped. There is a large shed adjacent to the centre for storage.

The following information outlines some additional data on this centre.

| | |
|--|------------|
| Current registration end date: | 12/09/2019 |
| Number of residents on the date of inspection: | 6 |

How we inspect

To prepare for this inspection the inspector or 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 |
|---------------|----------------------|--------------------|------|
| 09 April 2019 | 08:30hrs to 15:30hrs | Michael O'Sullivan | Lead |

Views of people who use the service

The inspector met with four of six residents. Some residents had good verbal communication and understood why the inspector was in the designated centre. Two residents spoke of how much they enjoyed the respite service. They articulated that they liked the staff, the choice of food and the fact that they could stay in the service the same times as their friends. Questionnaires completed by residents and their relatives also acknowledged the flexibility of the service to support residents and their carers. Relatives also commented on the kindness of staff, the sense of welcome within the service and the professionalism of all staff.

Capacity and capability

The inspector found that the designated centre was well managed and resourced to meet the needs of all residents. Staff demonstrated an in-depth professional knowledge of residents and care was integrated to incorporate care models and goals from day services and work placements, ensuring a continuity of care that was meaningful to residents. Residents appeared happy, well cared for, safe and looking forward to their next allocation of respite. The focus of care was person centred. Flexibility of staff and shift patterns demonstrated putting the needs of the residents first.

The provider had in place a team of qualified nurses and care staff that were well trained. The person in charge was qualified in intellectual disability and mental health nursing and had extensive experience in managing, developing and extending the respite service. They were employed in a full-time capacity and worked opposite a clinical nurse manager 1 who also had extensive experience. The provider had in place a training schedule for all staff. All mandatory training was up to date. Staff had undertaken additional training to meet the assessed needs of the residents. Staff development was also illustrated through "policy of the week" and "drug of the week" learning presentations.

There was evidence of a well defined and supportive management structure in place. The person participating in management was proactive in ensuring that the service had adequate staff resources to meet residents individual needs. Six monthly unannounced audits and the annual review of the service were undertaken and areas for improvement were identified, actioned and completed. The designated centre was committed to active and regular auditing in relation to hygiene, risk, medication, fire safety and restrictive practices.

The provider's statement of purpose was current and accurately reflected the

operation of the centre on the day of inspection. Residents who had availed of full-time residential services at the last inspection had transferred to another service which was more compatible to their needs. This assisted the designated centre resume providing respite services in line with its function and statement of purpose. Staff had detailed plans in place to ensure that the respite service was provided in an equitable manner to all residents. This planning also allowed for flexibility to support families in crisis as well as giving residents a choice of dates and times that suited them. The service also provided evening hours of respite which also facilitated the gradual introduction of new residents to the service.

The provider had in place a directory of residents for all residents availing of respite services. All information contained specified information as determined by regulation.

All notifications of incidents arising per regulation 31 were notified to the Authority in a timely manner. Appropriate safeguarding actions were implemented by the provider. There was comprehensive evidence that all incidents were appropriately investigated by the provider and involved residents, their families, day services, social workers and designated officers.

The provider had in place a complaints policy and all complaints were well documented in a complaints log. How to make a complaint was displayed on posters throughout the designated centre and residents had an easy to read format. The information was clear on how an appeals process could be accessed.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made application to the authority to renew registration and all required documentation was in order.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provide ensured that the number, qualification and skill mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of respite services.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was resourced to deliver effective care and support in accordance with its statement of purpose.

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 in place a current statement of purpose that was available to residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector all notifications and incidents within 3 working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed and available in an easy to read format.

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre was operating to a high level of compliance with both regulations and standards. The service was of a very good quality, was safe for residents, placed the resident at the centre of all planning matters and supported the voice and rights of the residents. Staff and resident interactions were observed to be respectful, considerate, unhurried, genuine and meaningful.

The premises was warm, bright, welcoming and well decorated. Residents were afforded individual bedrooms with privacy and there were ample quiet and communal areas for residents to spend time alone with their activity of choice as well as receive visitors.

The fire and safety systems in place were to a good standard. All fire equipment and detection systems were recently serviced and all aspects of fire safety were checked by staff on a daily and weekly basis. There were six exits from the centre to facilitate horizontal evacuation and fire drill evacuation times were recorded as one minute.

The support of residents' rights were evident through choice of activities, choice of

menus, choice of time and with whom to avail of respite services and choice of bedroom. Residents also had a voice through monthly service user meetings, satisfaction surveys and biannual family forums.

All communication was observed to be respectful and done in a manner to support the resident. Residents had access to communal televisions and individual sets in their bedrooms. Residents had access to telephones and internet. Some residents used their own electronic tablets for communication and for leisure activities. Each residents communication passport was part of their overall individual care plan.

The registered provider had in place an up to date health and safety statement as well as a current risk register. Both had been subject to recent review and timed actions were attributed to named, responsible persons. The standards of cleanliness and general hygiene practices were observed to be of a high standard.

The restrictive practices in place on the day of inspection had all been previously advised to the Authority. Positive behavioural support plans for residents were directly linked to the main care plan in place within day services. Practices were of the least restrictive means to ensure resident safety, and all were properly risk assessed. Resident and family consent was sought and documented. All practices were subject to multidisciplinary review.

Each resident had an individual care plan in place and this was subject to review and revision when the resident availed of respite services. Families and residents were actively involved in the review process. All goals were linked to agreed goals defined within the residents training programme or day services. The goals defined for residents respite stay were supportive and reflected residents view of "downtime" and "on holidays". Residents social activities were well recorded.

Residents informed the inspector that they enjoyed the variety of food and fruit in the centre. It was evident that there was food and snacks of choice accessible to residents.

There was evidence that residents had a meaningful stay while in respite. The standard of care to residents was observed to be of a high standard and appropriate to the individual needs of the resident. Staff focused on facilitating residents occupation and recreation, the maintaining of peer friendships and relationships.

Each resident had adequate storage for their personal clothing and possessions. On admission, each resident was given a copy of the items and medications that they had brought with them and this also recorded the return of items on discharge. All monies were kept in a safe which the person in charge and clinical nurse manager 1 maintained. All expenditure had receipts in place and items were checked and countersigned.

Residents who attended for respite brought their own supply of medication. This was well recorded by staff and all unused medication returned home with residents. All medications were securely stored, properly administered and dispensed by a qualified nurse. Resident self administration of medication was assessed by the staff, however, on the day of inspection, no resident was administering their own

medication.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the residents wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that all residents had adequate space to store their possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access occupation and recreation while availing of respite.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the designated centre was designed, laid out

and maintained to meet the needs and numbers of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had choice of food stuffs, had wholesome and nutritious food and all food was properly prepared, cooked and served.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had in place a system of assessment, management and review of risks within the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety.

Judgment: 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 each residents' care plan was subject to review and updating.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that all restrictive practices were applied in the least restrictive manner.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident had the freedom to exercise choice and control in their daily life while attending respite services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|--|-----------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| 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 |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 9: Residents' rights | Compliant |