



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

## Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group L
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	24 June 2020
Centre ID:	OSV-0005418
Fieldwork ID:	MON-0029818

## About the designated centre

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

The designated centre provides full-time residential services to residents with a severe to profound level of intellectual disability. The service is provided in a residential house in a campus style setting in Limerick. The house is a bungalow with six single bedrooms. Residents are supported by nursing staff and care staff on a 24/7 basis.

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

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
Wednesday 24 June 2020	10:30hrs to 15:30hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet with the five residents who lived in the designated centre. The residents were non-verbal communicators; however it was evident during the inspection that staff members were aware of, and could interpret the needs, wants and preferences of the residents.

On arrival to the designated centre, the inspector observed that the garden at the front of the designated centre had been decorated with colourful planters and flowers. It was observed that the back garden had also been transformed into a welcoming, bright and colourful space. The person in charge told the inspector that residents had taken part in a gardening competition held by the organisation, where they had won second prize. The inspector saw photographs of residents planting flowers and painting areas of the garden. A herb garden and a bug hotel had been made by the residents with the support of staff members. The inspector also observed a memorial tree, which had been planted to remember a friend of the residents. Discussions were due to be held during the next residents' meeting, to get ideas on how the prize money could be spent.

The residents were observed engaging in meaningful activities throughout the inspection. One resident was observed relaxing on the couch in preparation for a foot massage with the support of a staff member. Another resident was having an aromatherapy session, listening to relaxing music with essential oils prescribed for the resident by a specialist nurse in complimentary therapies. Staff members spoken with told the inspector of the protocol in carrying out this therapy with the resident, and the benefits of regular aromatherapy sessions for the resident. It was evident that the resident appeared happy and relaxed before the treatment started.

Baking was being carried out by one resident, with the support of staff members. The resident was observed patiently waiting for the bread to bake and ready to taste. Two residents were observed relaxing in the sitting room listening to music. It was evident that when one resident expressed that they were not happy, that a staff member was available to redirect the resident to a new activity and offer reassurance.

## Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents and found that significant improvements had been made since the last inspection. It was evident that the registered provider was responsive to the issues identified in the previous inspection and had put systems in place to make

improvements and ensure that residents received a good quality service.

The remit of the person in charge had been decreased from two designated centres to one designated centre, since the previous inspection. The person in charge told the inspector that this change had provided them with the time to maintain effective oversight and management of the designated centre. This individual held the necessary skills and qualifications to carry out the role of person in charge.

A comprehensive annual review of the quality and safety of care and supports provided to residents had been completed following the previous inspection of the designated centre. The annual review included the views of residents, their representatives and staff members working in the designated centre. This report had identified a number of key issues and an action plan to achieve quality improvement in these areas. An unannounced six monthly visit had been carried out as outlined by the regulations. It was evident that management systems had been put in place to ensure that the designated centre was adequately resourced, ensuring that the service provided to residents was safe, appropriate to residents' needs and consistent and effectively monitored.

Residents were supported by nursing staff, care assistants and household staff. Although the staffing levels in the designated centre's statement of purpose had not changed since the last inspection, it was noted that there was a vacancy in the designated centre. The person in charge told the inspector that the staffing level which had previously been in place for six residents was now in place for the five residents who lived in the centre. The inspector reviewed the actual and planned rosters for the designated centre. It was observed that on most dates, there was additional staff on duty in the designated centre. The person in charge told the inspector that staff members were flexible and responsive to the needs of residents and therefore extra supports could be put in place to facilitate outings, meetings and the provision of individualised supports to residents. It was evident that the number of staff members on duty was in line with the assessed needs of residents. Staff members had received mandatory training in fire safety and the protection of vulnerable adults. One staff member had not received refresher training in the management of behaviour that is challenging since completing their training in 2015.

#### Regulation 14: Persons in charge

The registered provider had ensured that a suitably qualified person in charge had been appointed in the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had not ensured that all staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider had ensure that management systems were in place to ensure that the service provided was safe, appropriate to residents' needs and consistent and effectively monitored.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of care and supports provided to residents and found that significant improvements had been made since the last inspection. Throughout the inspection, residents were observed to be engaged in a variety of meaningful activities. It was evident that before the Covid-19 restrictions had been put in place, residents' engagement in community life had increased. It was evident that where one resident declined to engage in community activities, there was multi-disciplinary team involvement which included the establishment of meaningful in-house activities, planned adaptations to their home and small goals to support the progression of integration into community life. It was noted that one resident now regularly ate meals at the table with other residents, which was an activity they had previously declined to participate in.

It was evident that the rights of residents were promoted in the designated centre. House meetings were completed with residents every month, where updates were provided on matters in the designated centre. It was observed that staff members had used the residents' meetings to inform residents of the impact of Covid-19,

including visiting restrictions and temperature checks, and how staff would support residents during this process. Residents living in the centre had individual bedrooms, which ensured that privacy and dignity was maintained.

The inspector observed interactions between residents and staff members and noted them to be respectful in nature. One staff member who had known the residents for a number of years told the inspector about the positive changes and progress made to support residents. Staff members spoken with were aware of the procedures in relation to the safeguarding of residents. An intimate care plan had been put in place for each resident, to ensure that supports provided were in line with their assessed needs.

The inspector reviewed a sample of residents' assessments and personal plans and found that they were subject to regular review to reflect the changing needs of residents. Staff spoken with told the inspector that these plans provided them with clear guidance on how to best support the residents. Staff spoken with informed the inspector that they were focusing on supporting one resident to effectively manage stress, rather than focusing on behaviour that is challenging.

The registered provider had implemented a range of measures in response to Covid-19, to ensure that residents were safe and protected against potential sources of infection. It had been noted that due to the size and layout of the designated centre, and the number of residents and staff members that it was difficult to effectively maintain physical distancing. In response, a uniform policy had been implemented and staff members wore disposable face masks at all times. Visiting restrictions had been put in place, which included medical reviews being conducted over the telephone when appropriate. A Covid-19 folder had been put in place and it was the responsibility of the most senior staff on duty each day to ensure that any updated information received was put into the folder and staff members advised of the updated guidance. Updated cleaning schedules and checklists had been put in place to ensure that regular touch points were cleaned on a regular basis. Alcohol hand gel was readily available in a number of areas in the designated centre.

## Regulation 12: Personal possessions

The person in charge had ensured that, as far as reasonably practicable, each resident had access to and retained control of personal property and possessions and, where necessary, support was provided to manage their finances. Full support was provided to each resident to manage their finances following an assessment of their competency in relation to finances.

Judgment: Compliant

## Regulation 13: General welfare and development



The registered provider had ensured that residents had access to facilities for recreation and opportunities to participate in activities in line with their interests.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that provisions for suitable storage had been made since the last inspection. The premises of the designated centre was warm, clean and suitably decorated.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that there were effective systems in place for the assessment, management and ongoing review of risk. Risk assessments had been risk rated appropriately, and control measures as identified in the risk assessments had been implemented in the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that appropriate infection control measures had been put in place in response to the Covid-19 pandemic.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of each resident had been carried out by an appropriate health care professional.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had ensured that appropriate healthcare was provided to each resident, having regard to that resident's personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured that all residents were protected from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered [provider had ensured that the designated centre was operated in a manner that respected the rights of residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Vincent's Residential Services Group L OSV-0005418

Inspection ID: MON-0029818

Date of inspection: 24/06/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The provider is working to put a plan in place to recommence the training of Studio Three training around supporting staff in providing service to residents who present with behaviors of concern. Due to direct contact involved in this training it is currently not deemed safe to deliver the training. This staff will be scheduled as a priority to attend this training as soon as same is scheduled. This training will be completed by 31/10/2020</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/10/2020