Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

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:	Announced
Date of inspection:	27 August 2019
Centre ID:	OSV-0005418
Fieldwork ID:	MON-0022619

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:	6

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
27 August 2019	08:30hrs to 18:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet and interact with the six residents residing in the designated centre. Although the residents were unable to communicate their views verbally, the inspector spent some time in the company of residents and spoke with staff members working in the designated centre.

Residents were observed spending extended periods of time watching television and listening to the radio. One resident was supported to participate in a social outing with the support of a staff member. The person in charge informed the inspector that due to the changing needs of residents, the residents were participating in day services on a reduced hours basis. One resident regularly declined to attend day service, therefore the six residents were regularly supported in the designated centre throughout the day. On the day of the inspection, four of the residents did not attend day services.

One resident engaged in behaviours that challenge on a number of occasions on the day of the inspection, which was observed by the inspector and fellow residents. It was observed that two staff were required to support the resident at this time. The other five residents were regularly supported by one staff member, which was observed not to be adequate to meet their assessed needs. Staff members spoken with told the inspector that this occurred on a regular basis. Staff members were observed engaging positively and respectfully with residents, however interactions with residents was observed to be limited. The inspector highlighted the low levels of meaningful activities observed with residents during the inspection.

Residents and their representatives were provided with questionnaires about the quality of care and supports provided in the designated centre. Three completed questionnaires were returned to the inspector for review. Overall, residents and their representatives were happy with the quality of services provided. These findings were discussed with the person in charge on the day of the inspection.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that a number of improvements were required to ensure that effective governance and management systems were in place. It was identified that a number of actions from a previous inspection had not been completed as outlined in the compliance plan submitted to HIQA. Therefore, the Registered Provider had failed to implement the required actions to achieve compliance in a number of

regulations. For this reason, and given the number of not compliant findings identified during the inspection, the inspector was not confident that the provider could ensure the effective governance, operational management and administration of the designated centre.

The inspector identified two restrictive practices in use in the designated centre. Although these had been reviewed by the designated centre's restrictive practice committee, they had not been notified to the office of the chief inspector in line with regulatory requirements.

The inspector requested the staff training matrix, however this did not provide the training details of the staff members who worked in the designated centre on a relief basis. The inspector requested that this information was provided to the inspector after the inspection. On receipt of the training matrix, it was noted that a third of all staff members had not received mandatory training in the protection of vulnerable adults or fire safety. A number of staff had also not received training in the management of behaviours that challenge.

The registered provider had ensured the provision of an effective complaints procedure for residents which was in an accessible format. A complaints log was maintained within the designated centre. The complaints procedure was displayed in a prominent area in the designated centre.

The person in charge discussed the staffing levels and skill-mix in place in the designated centre. All residents required the support of staff members to attend to their personal hygiene needs, with three of the six residents requiring two staff members to support them. The inspector observed a resident requiring two staff members to support them to manage behaviour that was challenging, on a number of occasions.

On the day of the inspection, residents were observed spending extended periods of time watching television and listening to the radio. It was evident on the day of the inspection that the staffing numbers were not sufficient to ensure that residents were provided with a standard of care based on their assessed needs. This will be further evidenced in this report under quality and safety. The inspector noted that in some instances, the actual and planned roster did not accurately reflect the staffing levels, in line with the designated centre's statement of purpose.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that the number of staff was appropriate to the number and assessed needs of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The registered provider had not ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that management systems were in place in the designated centre to ensure that the service provided was safe, appropriate to residents' needs and consistently and effectively monitored.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which did not contain all of the information set out in Schedule 1.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The registered provider had not ensured that a written report was provided to the chief inspector of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure for residents, which was in an accessible format.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality of care and supports provided to residents in the designated centre and found that a number of improvements were required.

The residents in the designated centre were non-verbal communicators. It was evident that staff provided and promoted choice to residents through the use of pictures and objects of reference. The inspector reviewed a sample of residents' personal plans, relating to communication. Although a personal plan for communication had been developed for one resident, a comprehensive assessment of their communication needs had not been carried out on an annual basis. Another resident had a communication assessment in place however; it was not evident if they had been subject to a comprehensive assessment of their communication needs by an allied health professional. It was also observed that residents' goals were brought forward as goals for the following year due to non-achievement. These goals were not supported by a specific time frame or action plan to achieve the goal identified. In one resident's personal plan, there was no documented evidence that the resident had been offered an opportunity to achieve the goal since January 2019.

It was evident from speaking with staff members that residents were actively supported and encouraged to connect with family. This included supporting residents to post cards to family members and inviting them to parties in the

designated centre, to mark significant celebrations. However, on the day of the inspection residents were observed spending extended periods of time watching television and listening to the radio. The inspector viewed the records of social activities for residents and noted that the residents participation in social activities within the wider community were limited. One resident had not engaged in a social activity within the community since December 2018. This was discussed with the person in charge who noted that the resident had left the premises to attend hospital appointments; however these outings required the support of up to three staff members. The residents had been supported to go for walks and attend religious ceremonies; however these were facilitated within the grounds of the campus where the designated centre was located.

On the day of the inspection, one resident engaged in behaviours that challenge on a number of occasions. These incidences were observed by the inspector and fellow residents. The inspector reviewed the resident's behaviour support plan and found that it did not provide sufficient guidance for staff members to support the resident at these times. The plan did not identify all of the behaviours displayed by the resident. The plan did not identify any antecedents, triggers or proactive strategies in place to support the resident. The plan advised staff to administer PRN medicines (a medicine only taken as required) in the event that the reactive strategies provided did not ease the distress displayed by the resident. Due to the lack of guidance for staff in managing these behaviours, the person in charge had not ensured that all alternative measures were considered before a restrictive procedure was used. The plan also stated that the resident would require one staff to manage their behaviours however, it was observed that two staff were required to support the resident. The plan also highlighted that the resident required consistent staffing to support them at this time.

The centre was clean and suitably decorated. It was evident that residents' bedrooms had been designated to meet their individual likes and preferences. However, it was noted that there was not sufficient storage for residents' belongings including wheelchairs and mobility aids, when they were not in use. This was identified in a previous inspection; however the Registered Provider had failed to address the storage issue.

The inspector reviewed the designated centre's risk register. One risk assessment relating to the unexplained absence of a resident did not accurately reflect the individual resident's assessed needs and therefore was not risk rated correctly. This was discussed with the person in charge who told the inspector that the risk assessments in the designated centre were a generic, organisational wide template and therefore did not adequately reflect the risks in the designated centre. A number of risk assessments were noted to be risk rated incorrectly.

Full support was provided to residents in relation to finances. However, an assessment of each resident's competency in relation to finances had not been completed to identify measures that could be put in place to promote financial independence. This was an action on a previous inspection, which had not been completed by the registered provider as documented in their compliance plan.

Regulation 12: Personal possessions

The person in charge had not 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.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider had not ensured that residents were supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Not compliant

Regulation 17: Premises

The registered provider had not ensured that provisions were made for suitable storage in the designated centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre for all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had not ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management safety systems were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that a comprehensive assessment, by an appropriate healthcare professional, of the health personal and social care needs of each resident was carried out as required to reflect changes in needs and circumstances, but no less frequently than on an annual basis. The person in charge had not ensured that recommendations arising out of a review of the personal plan had included the names of those responsible for pursuing objectives in the plan within agreed time frames.

Judgment: Not compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had not ensured that staff had up to date knowledge and skills, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant

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

Inspection ID: MON-0022619

Date of inspection: 27/08/2019

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Post inspection staff vacancies in the center were addressed through progress of the recruitment process and full time staffing resources to address deficits were put in place from 16/09/2019. For any staff vacancies that may arise going forward, the person in charge will notify the service manager immediately, a business case will be submitted for replacement of the post to ensure as quick a response as possible to managing the vacancy.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff team working in the designate by October 26th will be up to date in all mandatory training. All staff has completed safeguarding of vulnerable adult training, fire training, manual handling training and two staff will complete the management of challenging behavior training on October 26th.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure an effective governance and management structure is in place to support the center. The registered provider has reviewed the existing supports to the center and identified the following measures to be actioned to ensure a high standard of governance and management. The staffing deficits at time of inspection have been addressed and systems put in place to support the management of vacancies in a more efficient manner should they arise in the future. There are monthly meetings scheduled with the service manager, ACEO and Director of Human Resources to manage efficient recruitment processes for all vacant posts. The registered provider has submitted a business case requesting additional resources for the designate center to the HSE. The registered provider has put arrangements in place for a 39 hour staff to commence in the center on December 21st to support quality of life activities and involvement in the community for the residents. The person in charge and the person participating in management of the designate center since inspection are reviewing all audits and actions from same. Review dates will be put in place identifying responsible staff member/team members to action same, in set timeframes. The person in charge and the person participating in management will thereafter review these quarterly, or more frequent where required. The person in charger with each key worker will review both the care plan and the person centered plan of each individual. The actions, recommendations and goals set out with and for each resident are to be updated by the key worker who will inform person in charge of update and developments for each individual. A new audit tool has since inspection been put in place, this will be the audit used to support these reviews and identifying actions required. The person in charge and service manager will ensure that all residents will have an annual review of their needs by a full team, and more frequent than annually where required. The outcome of this will ensure that all residents have a comprehensive and clear assessment and plan of care in place. The annual quality and six monthly provider audits and findings of same will be reported to the Quality and Risk officer. Quarterly reports will then be provided on regulatory compliance to the executive committee and actions will be agreed from same as necessary.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose was submitted post inspection and acknowledged by the authority.	

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All restrictive practices will be notified to the regulator by the person in charge. At inspection there were two restrictive practices un notified, these will be notified going forward where they continue to be a restriction.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
All residents in the center have an itinerary of their property and possessions. Each key worker will review this itinerary with each resident to ensure it is up to date.
All residents since the inspection have been supported to complete a money management document, ensuring that each resident receives the support they require in the management of their monies.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
The service manager has requested that the Transforming lives coordinator meet with the person in charge and staff team and examine how community inclusion and relationship formation can be fostered to enhance quality of life of the residents.
This input and support from the coordinator has commenced since the 23rd of September. Training for staff in meaningful goal development and socials roles for each individual will be the focus of this input. The service manager and Person in charge have submitted a business case requesting additional resources for the designate center, to support social roles and community inclusion.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Storage unit has been completed and is in place since inspection.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The quality and risk officer and the health and safety officer are supporting the staff team and Person in Charge with regard to review of current risk management systems, development of robust risk assessments, control measures and risk rating. The person in Charge has arranged a date with the health and safety office to deliver training and input to staff team in risk management, especially as there is a number of new staff on the team.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The person in charge and service manager will ensure that all residents will have an annual review of their needs by a full team, and more frequent than annually where required. The outcome of this will ensure that all residents have a comprehensive and clear assessment and plan of care in place.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All staff team working in the designate by October 26th will be up to date in all	

mandatory training. All staff has completed safeguarding of vulnerable adult training, fire training, manual handling training and two staff will complete the management of challenging behavior training on October 26th.

The person in charge has made a referral to an instructor in the Management of Behaviors of Concern. The instructor will review the multi element intervention plan of one resident and make recommendations. The review will ensure that the intervention plan is more robust in informing the team on how best to support the individual and prevent behaviors occurring in the first instance, and in how best to support the residents during times when behaviors of concern may present. Review and support from the instructor commenced on week beginning the 14/10/2019.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	29/08/2019
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	30/11/2019
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the	Not Compliant	Orange	30/11/2019

	wider community in accordance with their wishes.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	16/09/2019
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.	Not Compliant	Orange	26/10/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	03/09/2019
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	13/12/2019

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	Orange	30/11/2019
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	30/09/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	14/10/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional,	Substantially Compliant	Yellow	20/03/2020

	of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Not Compliant	Orange	13/12/2019
Regulation 07(1)	The person in charge shall ensure that staff have 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.	Not Compliant	Orange	26/10/2019
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before	Not Compliant	Orange	14/11/2019

	a restrictive procedure is used.			