



## 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 P
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	03 September 2019
Centre ID:	OSV-0005574
Fieldwork ID:	MON-0022648

## About the designated centre

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

The designated centre provided accommodation for four adults with high support needs. The designated centre is open seven days a week and is managed by a team of staff nurses, care staff and household staff who in turn are managed by the service manager and nurse management team. The centre is a dormer bungalow with an adjoining apartment which provides accommodation for one man within a self-contained unit. The bungalow provides accommodation for three women with intellectual disability and or autism. It is located on its own site in a quiet cul-de-sac in a city suburb. It was warm, bright, spacious and accessible and there were no shared bedrooms. Residents had access to a patio area and secure garden. Bedrooms had been personally decorated by residents.

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

Number of residents on the date of inspection:	4
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
03 September 2019	10:00hrs to 19:00hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

The inspector met with all three residents who resided in the designated centre. The inspector observed the residents in the house and noted that they were comfortable in their surroundings and in the presence of staff. On arrival some residents were getting ready to attend day service and were being supported in a person centred manner which maximised their independence.

One resident had just returned from day service and was making a drink with his new coffee machine, staff were very good at interpreting the residents needs and communication methods and supported the resident in a very respectful manner. The resident showed the inspector around their apartment and told the inspector they were very happy living there and that they felt safe and that staff were very kind to them. All interactions between the residents and staff were noted to be very positive and the residents indicated through both facial expressions and some words that they were happy with the support provided. The residents continued with their evening activities and were facilitated by staff using a person centred approach.

## 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 always 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 and the staff members were clearly well regarded by the residents and there was a very positive and happy atmosphere in the residents' home. In addition, the provider completed unannounced visits and an annual review of the care and support provided to the residents. The inspector noted that these reports were comprehensive and recommendations to make improvements were been followed up in a timely manner.

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 a resident to go out on an activity and the resident was facilitated in a dignified manner that promoted their independence. The inspector noted that staff members were very familiar with the behaviour management strategies in place for residents and were able to

diffuse situations before they escalated.

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 provider has ensured that the person in charge was in receipt of supervision and this cascaded to the staff in the designated centre.

Inspectors reviewed actual and planned rosters and these were in-line with the statement of purpose. The person in charge had ensured that there was appropriate numbers and skill mix of staff to meet the assessed needs of the residents.

The registered provider had ensured systems were in place for the receipt and management of complaints. Where complaints had been received, the provider had been responsive ensuring that the complaint was investigated and the outcome recorded.

#### 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 person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

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. The provider inspections and annual review resulted in actions plans for service quality improvement. Records indicated that the implementation of these action plans was monitored on an ongoing basis.

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 notified the Office of the Chief Inspector of 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 very good. The health and well-being of the residents' was promoted in the centre.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. There was a staff member identified to support each resident.

The residents who had communication assessments were supported and assisted to communicate in accordance with their needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents' from abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a good medicines management system to support the residents'



needs. There was evidence of review of residents' medical and medicines needs.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of community facilities and amenities. The residents had access to recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection, alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place approximately every six to eight weeks.

The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was warm and personalised with photographs and other items.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. There were arrangements in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive. There was an on-going review of one resident's positive behaviour support plan at the time of inspection. Inspectors noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

## 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 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. Residents' had access to facilities for recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The inspector observed that overall the residents' home was warm and personalised with photographs and other items. It was clean and there was adequate communal and recreational space for the residents.

Judgment: 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.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.

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

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place regularly.

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 a comprehensive 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.

Judgment: 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 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.

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.

Judgment: Compliant

## Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected

including age, race, ethnicity, religion and cultural background.

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>	
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
<b>Quality and safety</b>	
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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

