



Office of the Chief Inspector

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

Name of designated centre:	St Vincent's Centre
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	08 July 2019
Centre ID:	OSV-0005623
Fieldwork ID:	MON-0026918

About the designated centre

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

Since 29th March 2017, the Health Service Executive (HSE), in accordance with Section 64(4) of the Health Act 2007 had taken charge of this centre and was to carry on its business as if the designated centre was registered, with the HSE as its registered provider. The centre is a congregated setting on the northside of a large city. The centre comprises of three buildings - a main building of two floors and two individual attached houses. The houses are adjacent to the main building. The designated centre provides residential care services for adult female residents who have a mild or moderate intellectual disability. On the date of inspection there were 25 residents living in the centre and it was closed to further admissions. Many of these residents had been living in the centre for a significant period of time. Residents ranged in age between 24 and 82 years of age, requiring minimum to medium support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
--	----

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
08 July 2019	09:00hrs to 17:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

Inspectors observed residents living in a designated centre, all engagements with staff were observed to be respectful, unhurried and resident lead. Residents told the inspectors they felt safe and respected by staff. Residents also told the inspectors they had a good life and could determine what activities they choose to take part in, holidays and community activities. The residents and staff highlighted that external activities had to be delayed or deferred due to the availability of one car for 25 residents.

Residents said they had friends and continued to meet with former residents who had transitioned out of the service. While residents said they initially had enjoyed attending advocacy meetings, some had stopped attending due to their frustration with the length of time taken to negotiate a new registered provider. Residents indicated that they would be happy to take part in transition planning once a resolution had been agreed. Residents told the inspectors that they had met with representatives from the proposed registered provider, knew such representatives by name and felt happy with verbal commitments given to them. Some residents felt anxious and uncertain about their future but stated that they would deal with it. One resident said they felt sorry for staff who also had anxieties about their jobs. However on the day of inspection the inspectors observed a person centred approach to all residents and the provider demonstrated that they were supporting residents around their life choices.

Capacity and capability

There was effective governance, leadership and management arrangements in place in this centre, ensuring a good quality and safe service was being provided to the residents.

The statement of purpose was visible in a number of areas within the centre and was accessible to the residents and their representatives. The statement of purpose clearly defined the model of care and supports delivered to residents and had all the information included in line with schedule 1.

The provider had ensured that all policies were in place as per schedule 5 and that these policies were updated within the prescribed time frame. There was evidence that staff had read and were familiar with all the policies.

The person in charge had a clear understanding of the service and was focused on the transition of residents. The person in charge demonstrated a very good understanding of residents needs and had a focus on person-centred care ensuring

that each resident received a quality and safe service. The person in charge had the appropriate qualifications, skills and management experience to oversee the service.

The provider has in place a planned and actual roster and this was reviewed on the day of inspection. The actual roster accurately reflected what the inspectors observed and viewed. The provider has a mixture of core staff, relief staff and agency staff. Given the complex nature of staffing, the provider ensured that there was a continuity of care and staff were familiar with the needs of each resident. The inspectors spoke to a number of staff and they had a good understanding of each of the resident's needs, however they did express concern in relation to the future of the residents given the current situation and the uncertainty of a future provider.

Staff told the inspectors that they were well supported in their roles and that management were very involved in the day to day management of the centre.

The provider had a training matrix in place, there was some gaps noted in relation to mandatory training for relief staff. The provider made a commitment to address this as a priority.

There were copies of the annual report and unannounced visits visible throughout the centre. The provider ensured that the annual report and unannounced visits reviewed the quality of care and safety of residents. The inspectors reviewed the action plans and follow up and these plans were robust. The registered provider had not consulted with residents or their representatives when undertaking the annual review.

Regulation 14: Persons in charge

The provider ensured that there was a person in charge in place in the centre that had the qualifications, skills and experience to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and the provider had in place a training matrix, however there were gaps noted in relation to mandatory training for relief staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents that was available and properly maintained.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured the centre was resourced to deliver care and support to the residents. There was a clear management system in place. The provider had carried out an annual review but did not consult with residents or their representatives as part of this process.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider has in place a statement of purpose with the requirements as set out in schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the chief inspector in writing of any adverse incidents that occurred in the centre as per the prescribed list.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place for residents and demonstrated good follow up on all complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider has in place the policies and procedures as set out in schedule 5. These policies were updated at regular intervals.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that a higher standard of care and support was being delivered since the previous inspection. Staff demonstrated commitment and respect for residents. Care was observed to be person centred and specific to the identified needs of the residents. Staff were very knowledgeable regarding residents needs and the inspectors were satisfied that individual needs were been met. Residents appeared very happy and stated that they were well supported by staff.

Residents' individual care plans demonstrated a good standard of review and attention to detail. The information recorded was comprehensive and files and plans were well maintained. Each resident had daily notes that were accessible to and contributed to by all staff. Each resident had an identified key worker and residents knew who their key worker was. Short and long term goals were subject to regular review and each resident took an activate part in meaningful activities that included occupation and social events. The inspector saw that residents were supported to achieve personal and health outcomes and participated in activities appropriate to their wishes, abilities and needs. Residents were assisted to take an activate part in their local community and to maintain contact with family members. Many residents spoke of their sadness in not having contact with some of the previous providers staff, whom they had known for many years. While residents expressed concerns in relation to their future and the future of the designated centre, many held a very practical view that they would no longer worry about relocating from the designated centre until there were absolute plans put in place. In this regard, some residents indicated to inspectors that they would re-engage with advocacy services and attend advocacy meetings once clearer plans were in place.

While residents were supported to be as independent as possible, residents told inspectors that the transport available to the designated centre consisted of one car and many activities had to be curtailed or limited by the availability of transport. Residents told the inspectors they were consulted in the planning and running of the centre and in decisions regarding their own care through individual care planning and at monthly resident meetings which had recorded agendas, attendance and minutes.

Residents felt that staff respected them and inspectors noted interactions to be gentle, unhurried and person centred. Residents stated that staff respected their privacy and sought consent from them which contributed to involvement in decision making and affording choice. Residents knew where to access the current statement of purpose for the service.

Individual behavioural support plans were well known to staff. Some residents had in place positive behavioural support plans that were subject to external review by an outside provider. Therapeutic interventions were implemented with signed consent by residents. All restrictive practices had been notified to HIQA and the least restrictive measures were in place. Staff demonstrated good understanding of mental health issues and maintained good linkages with mental health services. Each resident had a comprehensive healthcare plan in place where all necessary multidisciplinary input was well recorded and presented.

Each resident had a fire risk assessment and a current personal emergency evacuation plan in place. Staff training records for mandatory fire safety were current and in date. Fire drill evacuations for all three buildings were within acceptable times. However, fire drills had been conducted at times of maximum staffing levels. It was necessary for the provider to demonstrate an evacuation of residents at times of least staffing. Fire extinguishers and fire blankets were checked and certified annually by a registered contractor, as was the fire alarm system and emergency lighting. It was noted by the inspectors that one area had no emergency lighting in the corridors. These corridors were dark during daylight hours. One laundry room had no door closure attached to the door and there were a number of corridor fire doors that required maintenance to reduce gaps between double doors and gaps at floor level. A minor cable exposure was noted in one ceiling area.

All other risk control measures were proportional to the risks identified and the impact on each resident was considered and reflected in personal care plans, healthcare plans and intimate care plans. Detailed risk assessments supported the care planning process. Safeguarding issues were well documented and had been notified accordingly to HIQA. Safeguarding issues in relation to one resident were ongoing, however, the inspectors were assured that the person in charge was actively managing and seeking a resolution through a number of agencies. It was noted on the day of inspection that the person in charge was escalating safeguarding issues to the organisations risk register for the attention of the registered provider representative.

Residents were encouraged to receive visitors to the designated centre as well as maintain relationships with family members. Staff facilitated visits to residents'

family homes. The designated centres environment was welcoming and promoted an open visitors policy. Staff assisted residents to shop and there was a choice of foods available based on residents' preferences.

Some residents had mobile phones while others used the service phone to make phone calls. Residents had access to a communal television as well as individual television sets in their bedrooms, if they wished.

The premises were in very good repair and well maintained. Bedrooms were individualised and residents were utilising vacated bedroom spaces to store personal items. One area of concern was the damage to a ceiling area due to flooding, which some residents had to pass under to access shower and bathing facilities. These facilities were also noted by inspectors to be in need of repair and replacement as tiles and fixtures / furnishings were in a poor state. The standards of hygiene and cleanliness were observed to be of a high standard. There was evidence of an active health and safety group, staff members were actioned tasks at monthly meetings and there was a deep cleaning schedule in place to augment the daily cleaning schedules. Staff were observed to employ good hand washing techniques and were knowledgeable in managing infection control.

Residents demonstrated a good understanding of how to make a complaint and who they could make a complaint to. All notice boards in the designated centre clearly outlined the complaints policy and who the complaints officer and designated officer were. An adult protection framework was available in the service in an easy to read format. There was evidence of one to one training between staff and residents in the fit for life programme. The inspectors could see evidence of investigation of all complaints to conclusion and resolution. Safeguarding and intimate care training was in place for staff and residents.

There was a strong emphasis on advocacy supports to residents. There was evidence that advocacy was delivered from three separate agencies based on residents assessed needs. There was evidence that the current provider had addressed previously reported financial deficiencies and lodgements had been made to each residents personal bank account, to address the issue. A financial audit commissioned by the previous registered provider was not available to the current registered provider nor to inspectors, however, there was evidence that the current provider had engaged an external expert to review the financial irregularities to redress matters. A differential of a possible loss in interest that would have accrued to residents was being actively pursued by an advocacy service. Advocacy meetings were used to clearly articulate residents' views on matters pertaining to transition planning. Each resident had a comprehensive transition plan in place and residents spoke fondly of friends who had already transferred to other services and the efforts they and staff made to maintain links with those friends.

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 each resident had access and control of their personal property.
Judgment: Compliant
Regulation 13: General welfare and development
The registered provider ensured that each resident had appropriate care and supports, however access to transport impacted on occupation, recreation and social activities.
Judgment: Substantially compliant
Regulation 17: Premises
The registered provider ensured that the premises was designed to meet the assessed needs of residents, however, some areas were identified to be in need of repair.
Judgment: Substantially compliant
Regulation 26: Risk management procedures
The registered provider had in place arrangements for the identification, recording and investigation of adverse events involving residents.
Judgment: Compliant
Regulation 27: Protection against infection

The registered provider ensured that residents were protected from healthcare infections through adopted procedures to reduce the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system, however some elements of repair were required to fire doors, while emergency lighting was not present in some corridors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had a personal care plan that was subject to annual review.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured each resident had an appropriate healthcare plan that reflected the resident's personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that restrictive practices when applied were the least restrictive measure.

Judgment: Compliant

Regulation 8: Protection

The person in charge took appropriate action to safeguard residents where there were allegations or suspicion of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident was treated with dignity and respect and was afforded privacy.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 Centre OSV-0005623

Inspection ID: MON-0026918

Date of inspection: 08/07/2019

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 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>Mandatory Training List in place for Agency Staff, Checklist to be used for any new agency staff to validate mandatory training completed 30th July 2019.</p> <p>Annual Audit for Staff records will be extended to include Agency Staff.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Annual Review for Quality and Safety has been carried out by an external provider and has also included the resident consultation by the external provider since the 5th August 2019.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p>	

Management will review alternative options regarding transport and scope out options around wheelchair accessible vehicles in order to enhance socialisation. Review will be completed by the 31st December 2019.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Management will review the two areas specifically raised during the inspection and complete an options appraisal regarding same. Any necessary remedial works will be completed by the 31st December 2019.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Management will review the fire precautions areas specifically raised during the inspection and complete an options appraisal regarding the necessary works. Any necessary remedial works will be completed by the 31st December 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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/12/2019
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.	Substantially Compliant	Yellow	30/07/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2019
Regulation	The registered	Substantially	Yellow	05/08/2019

23(1)(d)	provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Compliant		
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/12/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/12/2019