



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 C
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	19 March 2019
Centre ID:	OSV-0003926
Fieldwork ID:	MON-0023373

About the designated centre

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

This service provides residential accommodation to six male and female residents with moderate to severe intellectual disability with behaviours that challenge. The designated centre is a six-bedded bungalow located in a cul de sac on a campus based on the outskirts of a city. The house had two sitting areas, a kitchen, two shower rooms, an office and a garden.

The following information outlines some additional data on this centre.

Current registration end date:	25/01/2021
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
19 March 2019	09:00hrs to 16:30hrs	Michael O'Sullivan	Lead

Views of people who use the service

The inspector met with all residents on the day of inspection. Only one resident engaged in verbal communication with the inspector. This resident was moving into an independent apartment within the designated centre. The resident was happy that their request had been resourced and achieved. The resident looked forward to occupying the apartment that week as they had waited a considerable period of time. The resident hoped to progress to living in a community setting in time and acknowledged the role of staff in supporting and advocating to achieve these goals. The inspector met with the relative of one resident who reported positively on the activation and care of their relative, the flexibility of staff to support home visits, and the input of all staff who were regarded as very kind and helpful.

Capacity and capability

The inspector witnessed evidence of a good quality service provided to residents by staff who strived to promote person centred care while affording residents recreation, activation and activities based on choice. Advocacy, residents' rights and the continued development of a social role for each resident were prioritised

There was evidence of a supportive management structure in place that was effective in managing all aspects of the designated centre. The provider was committed to ongoing improvement through audit, annual review and follow up actions. Direct supervision and development of nurse managers were supported by the clinical nurse manager 3 with overall responsibility for the service. A formal clinical supervision process was in the progress, introduced by the person in charge, for all staff in the centre.

The registered provider had in place a statement of purpose that reflected the services and facilities available to residents. The statement of purpose was up to date and on the day of inspection was subject to review to reflect the development of an apartment facility within the designated centre. Floor plans and fire evacuation plans were also under review to reflect these changes.

The person in charge was experienced, skilled and qualified to meet the needs of managing the designated centre and was supported in the role by a clinical nurse manager 1.

Many residents required one to one supervision to ensure their safety. Activities of daily living required the presence of two staff members. The registered provider had made provision for the assignment of an additional staff member to the designated

centre to assist with activities and reduce negative interactions between some residents. The inspector noted that insufficient staff resources at times during the week had an impact for the residents as there was not sufficient staff numbers to support the residents with all activities of daily living.

The registered provider had in place a system of training that ensured all staff were trained in fire and safety, managing behaviours that challenge and the safeguarding of residents. There was evidence that staff had undertaken training in medication management, basic life support, infection control and manual handling.

Very few complaints had been made against the designated centre and the last recorded complaint by a resident was made in 2016. This complaint was observed to have been dealt with effectively and to the satisfaction of the resident. One family member who spoke with the inspector on the day was very complimentary of the service, the staff and the supports given to their relative to avail of activities within the service as well as facilitate visits home. The inspector noted that there was an easy to read complaints policy available as well as a charter of rights for residents. Advocacy and complaints were a regular agenda item recorded on resident meeting minutes. These minutes were also presented by staff members at an overall advocacy meeting facilitated by the clinical nurse manager 3, who had responsibility for the service.

The provider had a directory of residents in place for the designated centre. Information relating to a resident who had recently transferred out of the designated centre was still in place and the person in charge undertook to address this matter. Each resident had a specific contract of care in place that was signed by their next of kin.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge who had the necessary skills, qualifications and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had in place qualified and skilled staff to meet the assessed needs of residents, however, the resources employed did not provide for full-time staffing which removed staff from direct resident care and contact.

Judgment: Substantially compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents, however it was not maintained to reflect the residents on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had a clear and defined management structure in place within the designated centre which detailed lines of authority and accountability.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had an agreed written contract with each resident, outlining terms and conditions of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose in line with schedule 1 requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had provided to the Chief Inspector all notifications pertaining to adverse incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place an effective complaints procedure, which included an appeals process.

Judgment: Compliant

Quality and safety

The inspector observed a well managed service that was person centred. Staff focus was very much on the overall provision of care and activities to ensure residents had a safe and meaningful day. Staff interventions were observed to be kind, respectful and non intrusive. The physical environment caused some limitations to the residents overall quality of life, which staff worked at minimising the effects.

Residents had access to a range of activities supported by staff. All residents were young and physically active and favoured outdoor activities that included walks, swimming and attending parks. Each resident had a defined and active social role within the designated centre, which they appeared to be proud of, as well as enjoy doing.

Each resident had a comprehensive healthcare plan in place. Medical treatment was delivered in a timely fashion through a General Practitioner of choice. Each resident had the direct input from a range of allied health professionals. Health screening and health checks were available to residents and there was good evidence that staff observed and recorded residents responses to medication.

There was evidence of a good standard of individual care planning for each resident. Care planning incorporated safeguarding plans, intimate care plans and health and social care needs. Residents goals were subject to review and each goal and its progress was tracked monthly. There was evidence of multidisciplinary input to care planning and review. Each resident had a comprehensive hospital passport, however it was evident that these passports required updating.

The premises were observed to be small and restrictive to the number and needs of young adults who were physically very active. One residents' bedroom was too small and had no external view. This remained an ongoing finding from previous inspections. The décor within the centre required upgrading as the interior was subject to significant and continual wear and tear. One resident was in the final stages of transitioning to a designated apartment that had been configured within the designated centre. The resident stated that this development would provide them with a quieter environment and the independence to move again in time to a community dwelling. This resident was also happy that they would have additional space to accommodate literature and books they enjoyed reading. This facility had previously been unfulfilled on previous inspections due to resource restrictions. The provider had in place systems to manage fire and safety and the safe evacuation of residents.

Staff were in receipt of training to effectively support residents to manage behaviours that challenge and staff were in the process of training in interventions where refresher training was required. Some staff were in receipt of theoretical training and breakaway techniques. In light of the level of complex and challenging behaviour evident by some residents, it was necessary that all staff working in the designated centre undertake a full training course to promote both resident and staff safety. It was evident and observed on inspection that staff implemented the least restrictive practice and all interventions were consistent and afforded residents to self regulate behaviours in an environment as low stimulus as possible.

All communication with residents and staff was observed to be respectful, unhurried and appropriate to residents level of understanding and ability. Each resident had a communications passport and staff demonstrated excellent knowledge of residents needs based on utterances and gestures. Television was available to residents in a communal sitting room and in bedrooms by choice. Information was available in easy to read format documentation within the nurses office. It was observed that residents did not like posters or notices displayed on the premises interior walls.

Visits were encouraged and staff made great efforts to ensure that residents were assisted and transported home for weekend leave and day visits to relatives. Special events and birthdays were facilitated in the day service attached to the designated centre.

All monies held for residents were used only for the purposes of buying items for the named resident. All transactions were overseen by the person in charge and countersigned by another staff member. All transactions were evidenced by a receipt. Each resident had adequate space to store personal possessions within their bedroom.

Residents had access to a variety of food and personal choice was facilitated. It was evident that residents enjoyed eating out as well as ordering takeaway food. Residents were supported to maintain or loss weight subject to their healthcare plan. Food intake was closely monitored and recorded. There was dietetic and speech and language assessment and input for residents who experienced

swallowing difficulties.

The person in charge had systems in place to manage medications within the designated centre. Drug prescription charts were clear, properly signed and listed maximum doses for as required medications. All medications were properly and securely stored and a pharmacist attended the designated centre. Unused medications were returned to the pharmacy in a secure container.

There was evidence of a comprehensive policy in place to prevent infection in the designated centre. Staff hygiene practices were observed to be of a good standard. The provider had a comprehensive health and safety statement in place that also incorporated a risk register specific to the designated centre. The risk register was in date, subject to review and read and signed by all staff members. Persons responsible for actions were named by job designation.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The person ensured that residents were free to receive visits without restriction.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that where possible, residents had their own furnishings and personal possessions with adequate space to accommodate them.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured each resident had appropriate care and support in

accordance with the residents assessed needs and ability.
Judgment: Compliant
Regulation 17: Premises
The registered provider had ensured that the premises was laid out to meet the assessed needs of residents , however, one residents bedroom remained too small with no external view. Some areas required painting.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
The person in charge ensured that each resident was provided with adequate food and drink that was wholesome, nutritious and offered choice at mealtimes.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider ensured that there were systems in place to assess, manage and review risk.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider ensured that residents at risk of healthcare infections were protected by procedures and standards to prevent and control associated infections.
Judgment: Compliant
Regulation 28: Fire precautions

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

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had suitable practices in place relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that personal care plans were subject to review, however, hospital passports required updating to reflect current changes.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had appropriate healthcare in place for each resident, having regard to residents' personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that procedures were applied in accordance with national policy and evidence based practice, in the least restrictive manner.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially 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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for St Vincent's Residential Services Group C OSV-0003926

Inspection ID: MON-0023373

Date of inspection: 19/03/2019

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since inspection additional hours of direct care staffing have been assigned to the center. One resident since inspection has moved to an apartment in the designate center and additional staffing from house hold department has been assigned cleaning responsibility for this area, thus increasing household staff support to the center. These increases are in place since 24/04/2019.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of Residents had not been updated at the time of inspection to reflect the transfer of a resident from the centre two weeks prior to inspection. On the day of inspection his was amended. The person in charge will ensure that going forward the Directory of Residents is up to date.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The service manager will arrange with the maintenance manager and Person in Charge for areas requiring painting and repair to be completed.
Regarding the bedroom re light and space, as per report the resident has since inspection transitioned to the apartment within the center. This has resulted in a large and bright bedroom being vacated; this will facilitate the transfer from the small bedroom for the other resident.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
All residents hospital passports have been reviewed and are up to date since the inspection.

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 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.	Substantially Compliant	Yellow	24/04/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/07/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	31/07/2019

	designated centre are clean and suitably decorated.			
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	19/03/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	26/04/2019