Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group A
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	04 April 2023
Centre ID:	OSV-0001431
Fieldwork ID:	MON-0030489

About the designated centre

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

St. Vincent's Residential Services Group A consists of three bungalows that are located on a campus. The centre provides full-time residential support for a maximum of 15 residents of both genders, over the age of 18 with intellectual disabilities. Residents can attend day services which are located on the same campus and also run by the provider. Support to residents is provided by the person in charge, nursing staff, care staff and household staff. All residents have their own individual bedrooms and other facilities in the centre include bathrooms, living areas, dining rooms, kitchens, laundries and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15

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 (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
Tuesday 4 April 2023	10:00hrs to 17:30hrs	Elaine McKeown	Lead
Tuesday 4 April 2023	10:00hrs to 17:30hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

The inspectors visited all three houses in this designated centre and met with all 15 residents during the inspection. They were introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment, (PPE).

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection. The inspectors were given four completed questionnaires to review. Overall, positive comments were contained within the documents. Staff were described as being "helpful" and "caring". There was satisfaction with the services and activities provided both within the designated centre and in the community. The person in charge outlined progress being made with sourcing of bedroom shelving for the personal possessions of one resident which had been referred to in one of the questionnaires. In addition, assurance was provided during the inspection that consistency with familiar staff had stabilised in recent months which had a positive impact for the residents.

On arrival, the inspectors were introduced to two residents as they were leaving their home with staff support to attend their day services on the campus. The inspectors were able to spend some time chatting to one of these residents later in the afternoon when they returned to the house. They spoke of how they were well supported in the designated centre. Staff were very familiar with the resident's preferred routine and supported the resident if they chose to change their plans during the day. For example, they could decide to go for a preferred hot drink rather than go back to their day service in the afternoon. The resident spoke fondly of how they enjoyed spending time and participating in community activities with one of their friends with whom they lived with such as attending concerts and going to restaurants.

Staff introduced other residents to the inspectors during a walk about of the three houses. All staff demonstrated their familiarity and knowledge of the individual preferences and routines for the residents they supported. For example, one staff explained in detail the protocol in place to support one resident who required to be fed via a percutaneous endoscopic gastrostomy (PEG) tube. This was reflected and consistent with the information documented and reviewed later by the inspectors. While supporting this protocol staff also ensured the resident was able to engage in their preferred activities such as watching particular favourite movies. Staff spoke of how the resident was able to effectively express themselves through non-verbal methods of communication. The resident enjoyed making personal videos, spending time outside and meeting family representatives. The staff proudly explained how the resident had recently visited their family home for the first time in over three years. Another visit home was planned over the upcoming Easter period.

In another house inspectors were introduced to a resident in the sitting room as they listened to music. Staff explained the resident was supported to visit family representatives each weekend. The resident liked gardening activities and the inspectors saw that there were small plants in this resident's bedroom. These were being well cared for and the resident was very proud of their achievements.

Staff explained that another resident had enjoyed celebrating a birthday while on an overnight stay in a hotel with a peer. During the short break they attended a disco and staff had arranged with family representatives to have breakfast with the resident the following morning in the hotel. This was greatly enjoyed by the resident and was part of the resident's personal goals for 2023. Another event enjoyed by the same resident was attending a concert in a local university of a favourite Irish artist whom they met after wards.

Inspectors noticed a number of residents preferred to observe what the inspectors were doing rather than engage with them. One resident indicated with a vocalisation that they did not wish to interact with one of the inspectors at that time and self-propelled themselves away in their wheelchair. The same resident was later observed to be interacting with the person in charge as they completed some administrative duties.

It was evident during the inspection that residents in all of the three houses had complex medical and care needs which staff were effectively supporting. The provider was actively reviewing the changing needs of the residents and reviewing the staffing resources required to ensure all of the assessed needs of the residents were consistently and effectively being supported.

While staff were observed to be busy supporting the residents throughout the inspection, it was also evident all residents were afforded time and support in an unrushed manner. Residents were observed to smile and interacted with ease in conversations with staff. Achievements were celebrated within the designated centre. For example, residents had actively participated in a fund raising event. There were photographs of staff and residents participating in the denim day for Dementia event at the start of March. Another resident had a framed display of their medal and certificate that they obtained for completing a mini marathon in recent years.

Staff had also completed on-line training in human rights and demonstrated their ongoing support for residents to be supported with some decision making. This included liaising with the provider's assisted decision making co-ordinator. For example, one resident had recently attended a consultant for a review of an ongoing medical condition that may require intervention treatment for the condition in the future. Staff were supporting the resident to ensure they were fully informed in advance of any decision or plan of care being agreed. In addition, the person in charge outlined plans for social valorisation to be implemented within the designated centre.

However, further improvements were required regarding the ongoing management and oversight of residents' finances in the designated centre. The provider's own

auditors completed the annual review in January 2023 during which they reviewed the personal plans of some of the residents. The auditors identified an issue with the management of a resident's personal finances regarding the purchase of an electrical fan. The purchase of this item had not been in line with the provider's own policy on the management of personal finances property and possessions. Following review of other personal plans in the designated centre, it was identified that an additional three fans had been purchased for other residents. The service manager requested all four residents were to be reimbursed for the purchase of these items. At the time of this inspection only one resident had the money returned to them. This will be further discussed in the quality and safety section of this report.

During the walk around of the three houses, inspectors were informed on the progress and plans to address a number of issues relating to the premises which included the planned replacement of the flooring in all houses and the replacement of kitchen presses. Planned internal painting of the houses was in progress. A number of residents required the support and use of a lot of equipment including personalised chairs. Inspectors observed one bedroom to contain two personal wheelchairs for a resident. The available space in the room was not adequate to store this equipment. The person in charge advised that one of the chairs was not usually kept in that bedroom and was used by the resident when they were supported to visit family representatives. In addition, the storage of other personalised equipment which included a bed used to support the specific positioning of one resident was also evident in hallways or in communal areas throughout the designated centre. This will be further discussed in the quality and safety section of this report.

The inspectors identified a number of issues relating to infection prevention and control (IPC) measures during the inspection. These included the documented controls being used to reduce the risk of legionnaire's disease and the storage of clean and soiled laundry together in the same location. This will be further discussed in the quality and safety section of this report.

Each of the houses in the designated centre had link doors which were accessible via a swipe card to staff, if required. Inspectors were given consistent information from staff regarding the use of these link doors throughout the inspection. Staff were observed to use the front doors to gain access in and out of the individual houses during the inspection. In addition, at the end of the inspection, the inspectors were provided with an updated protocol for the use by staff of these access points which included responding to emergencies.

The inspectors reviewed the complaints log for the designated centre. There had been three complaints made since the last inspection. All had been closed out to the satisfaction of the complainant. However, the inspectors were not assured the rights of two residents were fully supported. This was discussed during the feedback and after the inspection with the service manager and the person in charge. One complaint referred to a goal in 2022 being changed for a resident after a family representative felt it would not benefit the resident. While the resident's keyworker and the person in charge discussed the issue with the family representative, it was documented that the activity would not be progressed as a goal for the resident. It

was not documented if the wishes of the resident were considered during the process. However, the inspectors were informed the incorrect terminology was used in the complaint documentation and the activity was never identified as a goal for the resident. Staff outlined and documented that the resident could engage in the activity but that family representatives were not to be informed. This will be further discussed in the quality and safety section of this report.

In summary, residents were being supported to enjoy a good quality of life in the designated centre, maintain links with family representatives and be part of the wider local community. However, further improvements were required to ensure compliance with some regulations including personal plans, personal possessions, residents' rights, IPC, and premises. In addition, some documentation referred to the previous entity by which the provider was known for example contracts of care and a malnutrition universal screening tool (MUST).

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that there was an effective governance and management structure with systems in place which aimed to promote a person-centred service for residents. The provider had ensured most of the actions from the previous inspection in August 2021 had been addressed. However, adequate storage facilities still remained an issue at the time of this inspection.

The person in charge worked full time in this designated centre. While the provider had allocated dedicated hours each week for the person in charge to complete their administrative duties this was not always possible due to the competing needs of the residents. Relief staff were available to ensure staffing levels in the designated centre were maintained in line with the assessed needs of the residents and the statement of purpose. In addition, the person participating in management supported with oversight in the designated centre by completing audits as outlined in the audit schedule for the designated centre. The person in charge had completed the staff supervisions for 2022 and had commenced the schedule of supervisions for 2023. They were also supported in their role by a clinical nurse manager (CNM).

There was an actual and planned rota in place which reflected changes being made due to unexpected or unplanned events. For example, one staff member facilitated a resident to participate in a social activity during the afternoon of the inspection. This was outside their scheduled hours. Activation staff provided support to the residents within the designated centre and within the day services hub on the campus. The

time table of scheduled activities for residents was flexible to meet the changing needs of residents. There was one whole time staff vacancy at the time of this inspection. Regular staff were identified to maintain staffing levels while recruitment was under way.

The inspectors were informed the provider was actively reviewing the skill mix and resources required to support the increased and changing needs of the residents living in the designated centre. However, the most recent annual report of January 2023 had identified as an area of concern the staffing levels in the evenings and at weekends in the designated centre. Access for residents to community and social activities could be limited due to the high level of staffing supports required by the residents. The inspectors were informed that activities planned in advance could be supported by the provider with relief staff.

The person in charge had ensured all staff had been supported to attend training in fire safety, IPC , safeguarding and manual handling. A training matrix with scheduled training for 2023 was in place. In addition, staff had been supported to attend a course which had been identified to enable staff to meet the specific needs of a resident in one of the houses in the designated centre. The person in charge was aware of gaps in the up-to-date training requirements of staff in the area of managing behaviours that challenge at the time of this inspection.

The provider had ensured that an annual review and provider-led internal six monthly audits had been completed as required by the regulations. These were detailed audits which identified a number of actions to be completed. During the inspection it was evident a number of these actions remained outstanding. Details of the rationale for the status not been completed was documented for some of these actions. For example, the replacement of the flooring in the three houses. However, an action from the January 2023 annual report regarding residents' personal finances had not been adequately addressed at the time of this inspection. The service manager had recommended that all four residents whose personal money had been used to purchase electrical fans were to be reimbursed. As previously mentioned in this report only one resident had been reimbursed at the time of this inspection. The provider subsequently provided written assurance following this inspection regarding actions taken to reduce the risk of similar incidents occurring within the organisation. This included ensuring all staff were aware of the provider's protocols and policy on the management of personal finances property and possessions. The matter was also scheduled to be discussed at the next meeting with persons in charge and the service manager. To ensure shared learning across the provider's services the matter was also scheduled to be discussed at the next service co-ordinating committee meeting in May 2023.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role.

Judgment: Compliant

Regulation 15: Staffing

There was a core staff team available to support the needs of the residents.There was an actual and planned rota, which demonstrated the ongoing changes required to provide a person centred service to all residents.

However, the provider's ongoing review of staff skill mix and resources was required to ensure the changing assessed needs of residents were continued to be supported. In addition, access for residents to social and community activities in the evenings and at weekends had been identified as an area of concern. The inspectors acknowledge that the provider was actively engaged in a recruitment process to fill a staff vacancy within the designated centre at the time of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had completed training including refresher training in fire safety, safeguarding and IPC. Additional training requirements to meet the specific needs of residents was also identified and completed by the relevant staff. The person in charge had completed staff supervisions during 2022 and the supervision of staff for 2023 was underway. The person in charge had ensured ongoing review of the training requirements of the staff team with training scheduled for 2023.

However, gaps remained in the completion of training for staff in the area of managing behaviours that challenge at the time of this inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider has ensured a directory of residents was maintained in the designated centre. In addition, this had been subject to review by the provider's internal auditors in March and October 2022 with actions completed which included updating the information contained within the directory.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of governance, leadership and management arrangements in the designated centre to ensure the provision of quality care and safe service to residents. The provider was actively reviewing the staffing resources required within the designated centre and recruitment of new staff.

However, not all actions identified in the most recent annual review of Jaurary 2023 had been effectively monitored to ensure they had been completed in a timely manner. For example, three residents were not reimbursed financially as recommended by the service manager in January 2023 and remained unresolved at the time of this inspection.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured admissions to the designated centre were in line with the statement of purpose and the terms of the admission was provided in writing to each resident availing of services in the designated centre.

However, the name of the provider had not been updated on the contracts reviewed

by the inspectors.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy. Residents were aware of the process to make a complaint and had access to information regarding complaints within the designated centre.

The inspectors reviewed the complaints log since the previous inspection. Three complaints had been made since the previous inspection. The complaints were managed as per the provider's policy and closed out to the satisfaction of the complainant. However, the inspectors were not assured the rights of two residents were fully supported in two of the complaints made. This will be actioned under regulation 9 : Residents rights.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent core staff team to provide a person-centred service where each resident's individuality was respected. However, further improvements were required to ensure residents rights were consistently supported. In addition, ongoing issues with storage on the premises remained. Issues were also identified relating to IPC and up-to-date documentation contained in some residents personal plans.

There was evidence of residents being informed with easy-to-read documentation relating to their care and supports. In addition, residents' personal goals and person centred information was available in each of the residents' bedrooms. Each resident was supported by a key worker and all personal plans were subject to review.

The staff team had been supported by a person-centred plan enabler who was familiar with the residents to develop specific, measurable, achievable, relevant, time-bound (SMART) goals. Some resident's personal goals documented the progress or barriers that had arisen. For example, one resident was due to go on an over night short break in November 2022 which had to be postponed due to the resident becoming ill. The goal was rescheduled to take place at another time. Another resident was being supported to experience a positive outcome while using the transport vehicle to enable them to engage in more community and social activities.

However, inspectors also noted that some documentation relating to residents' personal care had not been updated within the previous 12 months. For example, one resident's management of an ongoing medical condition had not been updated since January 2020 in the documentation reviewed. Another resident was under the care of the palliative care team since 2021. They were being supported by the core staff group with input from family representatives and allied health care professionals. It was documented in the resident's care plan that they were to have input and review from the palliative team every six weeks. However, no updates were documented between 15 June 2022 and 6 January 2023.

Residents were supported, where required with input from the clinical nurse specialist (CNS) in behaviour support. One resident had recently had their behaviour support plan reviewed and updated by the CNS. The resident had been provided with an easy –to –read version of this plan. All staff had been advised to review the updated plan and the date for implementation clearly documented.

There were a number of restrictive practices within the designated centre. These had been reported as required by the regulations. However, the inspectors observed a locked door in one of the kitchens. Upon further review, the documented controls in place to ensure the restriction was used for the shortest duration possible were not adhered to during the inspection. The restriction was only required when an identified resident was present in the house. The inspectors were aware this resident had left the house earlier in the morning as the inspectors were introduced to the resident on their arrival at the designated centre.

During the inspection, the inspectors also met with dedicated household staff in two

of the houses. They outlined their role and responsibilities in the designated centre which included ensuring regular cleaning duties were completed in addition to other duties such as laundry. The CNS in IPC had ensured ongoing oversight within the designated centre which included a review of the COVID-19 folder prior to this inspection. As previously mentioned, all of the houses were warm and showed evidence of regular and consistent cleaning being completed. However, at the time of the inspection, inspectors observed the storage of a container with soiled linen next to a container with clean linen in one of the houses. This was not in line with the provider's protocols or the control measures that were documented as being in place relating to the management of laundry in the designated centre.

In addition, inspectors observed three straps that were hanging in one of the bathrooms. The inspectors were informed the purpose of the straps was to support a resident while using a particular piece of equipment. However, these straps showed evidence of debris build- up on the velcro closing mechanism. The effective cleaning of these straps could not be assured at the time of the inspection. Also, the weekly flushing of water outlets to reduce the risk of legionnaire's disease were not in –line with current public health guidelines. Inspectors also noted stocks of PPE present in one resident's bedroom. Staff informed the inspectors, these items were not required for use by the resident and should not be located in that bedroom. These issues were discussed with the person in charge during the inspection.

Staff spoken to during the inspection outlined how each resident was supported to engage regularly in activities of their choice. However, inspectors were not assured the voice of the resident was considered at all times. As previously mentioned in this report a family representative requested a particular activity was not to be identified as a goal for the resident, as the benefit of the person completing the activity could not be comprehended by the family representative. However, staff had identified the activity as part of the resident's social role as being part of a family.

Another resident was unable to attend any part of the services being held or complete a private visit with staff support following the death of an immediate relative. This was a request made by family representatives. While staff outlined the considerations being given to this view, numerous alternatives were proposed to facilitate the resident to complete an integral part of their social role as a member of the family. The inspectors were informed of the discussions that had taken place during this difficult time. Staff outlined to the inspectors how they had tried to advocate for the resident, but were not successful. An alternative service was organised by the staff team for the resident on the campus.

However, staff also spoke of how they supported another resident's choice in a similar situation during 2022. The resident expressed what their preference was stating they wanted to go to a particular location that was important to them. Family representatives understood the importance of that location and supported the decision made by the resident. Staff facilitated the resident to visit that location as per their expressed wishes.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. This included the use of mobile phones. The staff team had ensured ongoing and effective communication was maintained with family representatives

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have visits from family representatives and friends while adhering to public health guidelines. Residents were also supported to visit relatives in the community in –line with expressed wishes of the resident and /or the family representatives.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had not ensured that all residents were supported to manage their financial affairs in line with the provider's policy on the management of personal finances property and possessions.

In addition, not all residents had adequate space to store their personal property and possessions. This will be actioned under regulation 17: Premises

Judgment: Not compliant

Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Some residents were also supported by family representatives to socialise in the community. Daily routines were flexible to support residents in –line with their assessed and changing needs. Progress was evident that residents were being supported to identify SMART goals that were reflective of personal interests.

The provider had identified an area of concern relating to residents accessing

community and social activities in the evenings and at weekends. While the provider endeavoured to provide additional resources for activities during these periods, all required to be pre-planned in advance to ensure resources were available. This will be actioned under regulation 15: Staffing

Judgment: Compliant

Regulation 17: Premises

The premises provided for residents to live in was seen to be clean, homely and well furnished. There was evidence of progression with issues identified by the provider and person in charge relating to general wear and tear.

However, the space available to adequately store some personal equipment required by residents remains an issue. One resident required their bed to be moved to the side of their bedroom while they were resting on another positional bed. This bed is stored in the hallway of the house when not in use. Another resident actively uses a number of different wheelchairs depending on the location they are mobilising in. For example, they required a specific wheelchair if visiting family representatives to enable them to mobilise effectively, while in the designated centre they use another wheelchair, the resident also had a comfort chair which they used to relax in. Two of these chairs were present in the resident's bedroom at the time of this inspection which adversely impacted on the available space left in the room.

Judgment: Not compliant

Regulation 18: Food and nutrition

Staff were familiar with the special dietary requirements and assistance required by each of the residents in this designated centre. Individual food preferences were also supported. For example, one resident liked to have food that had a crispy texture. This choice was observed to be supported for the resident. While meals served in the middle of the day were prepared in a remote location on campus and brought to the designated centre, residents were observed to be offered choice. The aroma of the cooked meals could also be smelt in the designated centre.

In addition, some residents had photographs of themselves engaging in baking and cooking activities within the designated centre.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. Some minor changes were made at the time of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk.

However, not all controls in place were consistently adhered to regarding the management of laundry. This will be actioned under regulation 27: Protection against infection.

In addition, controls in place to reduce the risk of legionnaire's disease were not consistent with public health guidance. At the time of this inspection the controls did not state both the hot and cold water taps were required to be flushed and the duration of time each tap was to be flushed for

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections. However, consistent adherence to control measures were not evident regarding to the management of laundry and the location of PPE in residents bedrooms.

In addition, the protocol in place to reduce the risk of legionnaire's disease was not in-line with public health guidance. This will be actioned under regulation 26: Risk management procedures.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. The person in charge had ensured regular audits relating to fire safety as per the provider's policy had been completed. An audit of the fire register in October 2022 had identified five actions, all of which were progressed and completed in a timely manner.

There was evidence of regular and consistent review of fire precautions and maintenance of fire equipment. However, a number of template documents in use relating to fire safety referred to previous versions of the provider's fire policy. These included fire doors checks which referenced the 2014 policy and fire alarm activation which referenced the 2015 policy. The inspectors noted that the provider had updated the fire safety policy in 2021. In addition, not all staff had documented in the 2023 fire register that they had read the current fire safety policy. These issues were discussed during the feedback meeting at the end of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. All residents were provided with an easy-to-read format of their personal plan and personal goals. Staff had identified personal goals which were SMART which included social inclusion.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident. Residents were supported in -line with their wishes to access national health screening programmes. There were clear guidelines for staff regarding the ongoing medical input to be provided to one resident while the staff team, family representatives and allied healthcare professionals reviewed the future care needs of the resident.

Another resident was supported to be provided with information regarding the medical management of an ongoing condition. Staff had engaged with the provider's assisted decision making co-ordinator to ensure the resident was fully informed and aware of the choices they had regarding this matter.

However, not all medical management protocols had been subject to review in a timely manner. One resident's management plan for an ongoing medical condition had not been reviewed since January 2020. Another resident's healthcare plan did not document if input had been received every six weeks from the palliative care team as outlined in the resident's healthcare plan.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff were aware of residents' behaviour support plans, which were subject to regular review and included input from the CNS in behaviour support. However, not all staff had up-to-date training in managing behaviours that challenge. This will be actioned under regulation 16: Staff training.

Not all restrictive practices within the designated centre were being managed in –line with the control measures in place to ensure the least restrictive procedure was in place for the shortest duration. For example, a kitchen door remained locked when the resident for whom it was in place was not in the house

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. At the time of this inspection no risks were identified by the provider relating to the safeguarding of residents. Information was available in easy-to –read format and discussed as resident meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured residents were supported to engage in meaningful

activities either within the designated centre or out in the community. Residents privacy and dignity were respected within the designated centre.

However, not all residents had been consistently supported to exercise choice and control in their lives. Social activities at weekends and in the evening required pre-planning in advance. This will be actioned under regulation 15: Staffing

Not all residents were supported to exercise their civil rights, one resident was unable to attend a religious service for a close family member. However, the inspectors acknowledge the staff team had made alternative arrangements to support the resident during this time.

Judgment: Substantially 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 (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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially 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	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group A OSV-0001431

Inspection ID: MON-0030489

Date of inspection: 04/04/2023

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Residents continue to be supported to avail of social and community activities in the evenings and weekends with support from staff across the three bungalows. The staff vacancy within the designated centre has been filled.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The staff who required training in relation to the management of behaviours of concern are scheduled to complete same.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The three residents were reimbursed finically as recommended by Service Manager.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The resident's acheeva bed is no longer stored in the hallway and is now stored in the sunroom and a protective cover for same has been ordered. On the day of inspection as painting was ongoing in the designated centre the painters had moved one wheelchair to the resident's bedroom for access to materials in shed, this wheelchair is usually stored in shed when not in use therefore only one chair stored in resident bedroom.	

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The resident's acheeva bed is no longer stored in the hallway and is now stored in the sunroom and a protective cover for same has been ordered. On the day of inspection as painting was ongoing in the designated centre the painters had moved one wheelchair to the resident's bedroom for access to materials in shed, this wheelchair is usually stored in shed when not in use therefore only one chair stored in resident bedroom.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessment in relation to legionnaires reviewed and updated by PIC. CNS in health promotion requested to review and update documentation to ensure in line with public health guidance. Legionnaires awareness training has been scheduled for household staff.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Supply of PPE i.e. gloves and apron in holder which was not required in one bedroom, has been removed. Risk assessment in relation to handling of laundry was reviewed and updated and highlighted to all staff Risk assessment in relation to legionnaires reviewed and updated by PIC. CNS in health promotion requested to review and update documentation to ensure in line with public health guidance. Legionnaires awareness training has been scheduled for household staff.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider is in the process of reviewing and updating the Fire Policy. All staff have signed that they have read the current fire safety policy.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: All resident's management plan for ongoing medical conditions reviewed regularly. Record of input from palliative care for resident all now documented in individual support	

plan as some entries had previously just been in daily report.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The half door into the kitchen area is opened when the resident for whom it is in place is not in the house, this is tracked daily by staff. Self-assessment for restrictive practice in place and reviewed regularly.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents continue to be supported to avail of social and community activities in the evenings and weekends with support from staff across the three bungalows. The staff vacancy within the designated centre has been filled.	

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.	Not Compliant	Orange	02/06/2023
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	15/05/2023
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	04/08/2023

	ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	02/06/2023
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.	Substantially Compliant	Yellow	17/04/2023
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.	Substantially Compliant	Yellow	02/06/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	02/06/2023

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	14/06/2023
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	18/04/2023
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	05/04/2023
Regulation 09(2)(b)	The registered provider shall ensure that each	Substantially Compliant	Yellow	15/05/2023

	resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	15/05/2023