



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

Issued by the Chief Inspector

Name of designated centre:	St Rita's Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	29 July 2022
Centre ID:	OSV-0003915
Fieldwork ID:	MON-0028307

About the designated centre

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

St Rita's Residential Service can support five male and female adults, with intellectual disability and or autism as well as additional physical and or sensory disability. Residents supported at the service range in age from 18 years upwards. The centre comprises of a purpose built house in a rural town. Residents are supported by a staff team that includes the person in charge, social care workers and social care assistants. Staff are based in the centre when residents are present, including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Friday 29 July 2022	10:30hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This is a centre that very much ensured residents are provided with the care and support they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations as part of a registration renewal application submitted by the provider. The centre comprised of one house, on the outskirts of Co. Mayo. The house supported four residents, each having their own bedroom, and bathroom, with adequate personalised living space provided. There was ample outdoor space, seating, gardens and recreational space throughout the centre. The house was well-maintained, suitably decorated, and personalised to the choice of each resident with comfortable living spaces, improvement was required to update maintenance some areas of the centre. It was clear that all residents had a good quality of life, had choices in their daily life, and were actively involved in meaningful, worthwhile activities, and that the provider and person in charge prioritised person centred care to all residents.

On arrival to the centre, the inspector was met by the person in charge, who completed health questionnaire and a temperature check. The inspector noted that all staff were wearing the appropriate personal protective equipment (PPE) as required by public health at present. In addition, there was adequate hand sanitiser provided and available throughout the centre.

The inspector was advised that two residents remained at home and were supported by staff to engage in individualised programmes and activities of their choice and preference. Two other residents had already left to attend their day programmes at this time. They were due to return later in the day as scheduled. The inspector said hello and attempted to engage in conversation with both residents, but one resident was relaxing and enjoying some quiet time. The other resident was sitting in their comfort chair and vocalising on interaction with staff. The resident responded with smiles when recent sporting events were discussed.

The person in charge completed the walkaround of the centre with the inspector. During this time the inspector met two staff briefly, who were supporting the residents and were observed to engage in a respectful manner at all times.

The adequacy of this centre's staffing arrangement largely attributed to the quality and consistency of care that residents received. Much effort was made by the person in charge and staff to ensure residents were as involved as possible in the planning of their daily care and running of their home. This was primarily done through effective daily engagement between residents and the staff members supporting them. Staff had worked with these residents for a number of years and

knew them and their assessed needs very well. The person in charge regularly reviewed the number and skill-mix of staffing levels, meaning that where residents required additional staff support, this was quickly identified and responded to.

In summary, the inspector found residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were involved as much as possible in the running of their home.

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

Capacity and capability

The monitoring inspection was carried out to ascertain the providers continued compliance with the regulations. The centre was last inspected in August 2019, with a finding of substantially-compliant in four regulations. The inspector found that this was addressed on the day of this inspection. In addition, the actions identified by the inspector the provider, and person in charge were aware of the actions required and they were completed at the time of this inspection.

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of their roles and responsibilities and the provider had ensured that the residents had a good, varied and meaningful quality of life. The inspector found that the person in charge went beyond the requirements of the regulations, and did promote effective oversight and accountability of the centre and provided a person centred care.

The provider also undertook the required unannounced visits which were detailed and identified a number of issues, which were all completed by the specified timescales. There was also an annual report for 2022 which included the views of the residents and relatives. These were very complimentary as to the care and support provided.

The number and skill mix of staff was suitable to meet the needs of the residents at the time of inspection and on review of the staffing roster. The person in charge had ensured the staffing level was adequate to meet the needs of residents in the centre. This had been facilitated by a reduction in residents and the use of community employment staff. The staffing levels ensured that the resident's individual support support and preferred activities were provided. From a review of a sample of personal files, the recruitment practices were safe with all required documents, and checks completed, which included any staff working in the centre at the time of the inspection.

According to training documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents with ongoing schedules planned. Specific training had been provided for staff, where the behaviours presented were of a more challenging nature. The staff spoken with were very knowledgeable about the supports necessary for the residents. Formal supervision processes for staff were in place and completed as scheduled. There was evidence that frequent team meetings were held which promoted good communication and consistency of care for the residents.

Overall, the inspector found very robust systems in place to manage and monitor the documentation within the centre., minor improvement was required in regard to the medication management policy. All the policies required under Schedule 5 were in place and had been reviewed within the required time frame, improvement was required as the the medication management policy did not match the practices in place in the centre. While the centre had adhered to the requirements of the medication practices the documentation in place did not match the required process and required review.

The person in charge was submitting the necessary notifications for review by the Chief Inspector as per the regulations. The inspector found that good audit structures were in place to monitor all incidents and notifications in the centre, which ensured that these were reported within the prescribed period.

Overall , the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application to renew registration for this centre, within the specified time. The inspector had reviewed all documents prior to the inspection and found that they contained the relevant prescribed information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that actions from the previous inspection were addressed and the person in charge had provided extra staffing support which was monitored. The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

On review of the training records, the inspector found that all staff had completed all mandatory training. Bespoke training was also provided such as, epilepsy training, first aid, food hygiene and health and safety.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under Schedule 5 were in place and had been reviewed within the required time frame, improvement was required as the the medication management policy did not match the practices in place in the centre. While the centre had adhered to the requirements of the medication practices the documentation in place did not match the required process and required review.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the services. Residents received person-centre care that ensured that each resident's well-being was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe from all risks. Improvement was required to ensure the centre was maintained effectively as

required by the regulations.

Review meetings took place annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans reviewed during inspection were clearly recorded and up-to-date.

The centre comprised of one house which were located close to a large town. The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained in all houses. This house had a well equipped kitchen, adequate communal and private space, and gardens at the front and rear of the houses. Improvement was required to the premises of the centre and while the person in charge had identified the actions required, there was no time-bound in place to address the issues.

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained and clean, comfortable and suitably decorated throughout. Maintenance was required and while the person in charge was aware, at the time of inspection a timebound action plan was not in place.

The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes. The inspector noted that residents had been supported to complete a number of achievements in 2021 and goals had been set for them to work towards in 2022.

The inspector observed that residents had access to appropriate healthcare professionals. There were health action plans and risk assessments focused on promoting the health of residents, and these were under regular review.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support the residents' as per their assessed needs. The inspector found that on the day of the inspection there was adequate staffing in the house to support the residents assessed needs and choices. During the inspection, the inspector saw that some residents were spending most of their time out and about doing things they enjoyed in the local area, such as attending their day programme or receiving individualised programmes.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required, The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development,

implementation and frequent review of behaviour support plans.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. regular temperature checks were occurring, social distancing was practiced and staff wore appropriate PPE when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation as well as the response to decreasing staff numbers.

Regulation 10: Communication

There was clear guidance relating to communication, and this was observed in practice.

Judgment: Compliant

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents. However, while the person in charge had identified and reported works that required maintenance in the centre. At the time of the inspection no timebound plan was in place to address the works required. This included:

- toilet seat required replacing
- chips on the inside of kitchen presses
- crack in sitting room floor and scuff marks
- chips on bathroom tiles
- chips on window boards in lounge
- crack on floor in sitting room requires repair
- chips on tiles in residents bathroom
- in another residents bathroom- cracked tiles in shower and chipped top tiles, toilet flush requires review as hole evident, a door in bathroom that allows access but is no longer required, shower rail is rusty
- filling under light switch required
- floor damaged in multiple places in hallway
- in staff sleepover room gaps in tiles below shower and shower needs replacing.

Judgment: Substantially compliant
Regulation 20: Information for residents
The inspector found that the residents guide contained all the information as specified by the regulations.
Judgment: Compliant
Regulation 26: Risk management procedures
ppropriate processes were in place to assess and mitigate identified risks.
Judgment: Compliant
Regulation 28: Fire precautions
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format. Actions from the previous inspection were completed.
Judgment: Compliant
Regulation 6: Health care
Provision was made for appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern.

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 (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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for St Rita's Residential Service OSV-0003915

Inspection ID: MON-0028307

Date of inspection: 29/07/2022

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The organizational medication policy is scheduled for review in January 2023 and this will be addressed during this scheduled review.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A schedule of works to address the following maintenance issues has been agreed with the maintenance department for completion by October 31st 2022</p> <ul style="list-style-type: none"> • toilet seat required replacing • chips on the inside of kitchen presses • crack in sitting room floor and scuff marks • chips on bathroom tiles • chips on window boards in lounge • crack on floor in sitting room requires repair • chips on tiles in residents bathroom • in another residents bathroom- cracked tiles in shower and chipped top tiles, toilet flush requires review as hole evident, a door in bathroom that allows access but is no longer required, shower rail is rusty • filling under light switch required • floor damaged in multiple places in hallway • in staff sleepover room gaps in tiles below shower and shower needs replacing. 	

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 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	31/10/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/01/2023