



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 J
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	18 March 2021
Centre ID:	OSV-0003935
Fieldwork ID:	MON-0031889

About the designated centre

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

The designated centre is located on the outskirts of Limerick city adjacent to a small town. The services provided are to adult residents who have an intellectual disability, autism, cerebral palsy, and dementia compounded by communication difficulties and behaviours that challenge. The designated centre is comprised of 3 separate but adjacent bungalows. Each bungalow consists of 6 individual bedrooms, a kitchen / utility room, a living room / dining room, a bathroom, a shower room, a laundry / sluice room. Each building has a garden to the rear and car parking to the front.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

17

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
Thursday 18 March 2021	10:00hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection of Group J designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector in accordance with national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn through the day of the inspection. The registered provider had been informed of the inspection 48 hours in advance to allow for preparation of a clean space and the informing of residents.

On arrival to the centre the inspector was met by the person in charge and accompanied to the one of the houses which would be the main base for the inspection. A clean room had been made available for the inspector to complete documentation review and meet with staff. A brief overview of service provision was provided by the person in charge at this time. Also the inspector met a resident who was being supported by a staff member to go to the communal living area. The resident proudly showed the inspector their cap and smiled. Staff explained that the resident loved to look well and always wore a cap.

The inspector had the opportunity to meet and interact with a number of residents during the course of the inspection. Some chose to partake in the interactions whilst others were more comfortable continuing on with their day. This choice was respected.

In one area of the centre some residents were enjoying a cup of tea and a cake after a group baking session. The lovely smell of fresh baking wafted through the centre. One resident requested the inspector to go their room and have a look around their room. The person in charge informed the inspector that the resident loves to show visitors his room and photos of their celebrity day out. The resident told the inspector that they had a great day meeting the cast and crew of an Irish comedy show.

Residents were observed coming and going throughout the day to a number of activities. Some residents were availing of the day service centre located on campus with the support of staff. Activation staff on site were observed offering residents a choice of activities. Some residents were observed relaxing in the room listening to their favourite artist such as Dolly Parton.

All interactions were observed to be professional in nature with residents observed to be very relaxed in the company of the staff team. All staff spoken with were very knowledgeable to the support needs of the service users. On a number of occasions staff were observed adhering to safeguarding and behaviour supports plans for resident's to ensure the safety of resident's was promoted. When discussing the supports needs of all residents the staff and governance team did so in a clear and informed manner ensuring to respect the dignity of the resident's.

During the inspection staff members were observed completing tasks with respect to the prevention of COVID 19 this included encouraging residents to social distance and the wearing of masks. Whilst each resident had their bedroom within the centre, it had been identified by the provider that not all residents would be in a position to safely self-isolate should the need occur. To ensure a safe environment was maintained for all isolation units had been identified at an organisation level to facilitate self-isolation for all residents in a safe and dignified manner.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within the designated centre St. Vincent's residential service Group J. The registered provider had recently renewed the registration of the centre for another three year cycle. This inspection was completed to inform the forthcoming registration.

The registered provider had ensured a clear governance structure to the centre. A suitably qualified and experienced person in charge had been appointed to ensure oversight was maintained within the centre. At the time of inspection, they had effective measures in place to maintain oversight. They were supported in their role within this centre by an appointed clinical nurse manager 1. A planned change to the role of person in charge was in progress with a planned two week period of transition in place to ensure awareness of the needs of the service were communicated. This planned change to the person in charge had been notified to the Authority. There was clear lines of accountability within the governance structure.

Within the centre, the person in charge had ensured that a number of regulatory required activities were implemented and completed. This included the notification of the required incidents, the development and review of the statement of purpose. The person in charge had a good knowledge of the residents needs.

At organisational level the provider had systems in place to implement a number of provider level monitoring systems in adherence to regulatory requirements. An annual review of service provision had been completed in December 2020 and a six monthly visit of Group J was completed in October 2020. Whilst these were found to be comprehensive in nature they were not consistently utilised to drive service improvement. For example, whilst it was noted the number of notification submitted to the authority as required, it did not review the content of these notifications or the completion of any actions required as part of these incidents.

At centre level the person in charge completed a number of systems to monitor service provision to the residents currently residing within the centre. These incorporated a number of areas including infection control, health and safety and mealtimes. Actions required were documented and reviewed regularly.

The registered provider had ensured that the staffing levels appointed to the centre were appropriate to the assessed needs of the residents. The provider had ensured that the staff team was consistent, which enhanced the staff awareness to the support needs of the individual. Nursing care was provided to promote health and well-being of the residents. Members of the staff team were supported and facilitated to attend the necessary training to promote the quality and safety of the service provided. Records of training however required review to ensure they were up to date and reflected the current needs of the centre. From the records provided on the day of inspection it was unclear which training had been deemed mandatory for staff to complete and whom had completed all required training.

Regulation 14: Persons in charge

The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They had effective measures in place to ensure oversight was maintained within the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staffing levels appointed within the centre was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Whilst the person in charge was assured that all staff were facilitated and supported to access appropriate training including refresher training records available on the day of inspection did not articulate this.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was allocated to the centre. All members of the governance team had clear roles and responsibilities with evidence of effective communication between all members of the team.

The registered provider had ensured 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 at organisational level. At centre level supplementary monitoring systems were required to enhance service provision. However, a review was required to ensure all systems were utilised effectively to drive service improvement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose. This incorporated the information required under Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all measures were in place to ensure all required incidents were notified in accordance with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the service provided within Group J. Residents continued to participate in a number of meaningful activities both within their home and the local community, ensuring safety was maintained during the current COVID 19 pandemic. Some improvements were required to further enhance the quality of life of the residents including a review of restrictive practice. A number of actions which the inspector identified were actively addressed at the time of inspection including the removal of a child gate.

This inspection occurred during the COVID 19 pandemic. The provider had reviewed all infection control measures in place to ensure that residents and staff were protected. Measures in place included use of PPE and social distancing. Regular

cleaning of the environment occurred. An organisational contingency plan had been developed to ensure that COVID 19 did not impact on the quality and safety of the service provided to residents. Risk assessments were in place to ensure that all control measures in place. Staff were provided with ongoing guidance with regards to national and local guidance.

The centre was clean and warm on the day of inspection. Some internal areas of one house within the centre did require improvements to maintain the overall standard, for example where pictures had been removed from the wall or damage from doors opening. The person in charge did report that funding had been obtained for this work and this would be completed in accordance with COVID 19 national guidance and restrictions. A smoke area at the front of one house also required review as it was located outside a resident's bedroom.

The person in charge had ensured that each individual had a comprehensive individual plan. These incorporated the supports needs of each resident in a holistic manner. Each resident has personal goals in place and photos were used to show participation and encourage discussion on topics of interest. This person plan incorporated the health and social care needs of residents. Goals for each resident had been reviewed and adapted to reflect national restrictions taking in to account the interests of each person. Activation staff present promoted meaningful activities within the centre.

An area requiring review was that of restrictive practice. A review of the restrictive practices in the centre was completed by the inspector. Some identified restrictions such as a child gate at a kitchen door and locking away of sharps objects had not been incorporated into the restrictive practice register. Some restrictions which had not been used for a number of months remained present on the register. A review was required to ensure that all staff were aware of the importance of promoting the rights of residents to liberty and accessing their environment with the correct supports in place. Staff were provided with sufficient knowledge and guidance to support residents at times of challenging behaviour. Work was required, to ensure that rationale for the use of all restrictions was clear and a restoration of rights plan in place for all residents

Overall the provider had effective fire safety measures in place. All fire fighting equipment was present and serviced as required by a competent person. The centre was operated in a manner which promoted the safety of all individuals. The registered provider had ensured effective measures were in place to protect the residents from abuse including an organisational policy and staff training. The person in charge had ensured the development of a risk register to promote the identification and review of risk within the centre.

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, whilst measures were implemented to protect the individual from forms of abuse investigations did not occur in a timely manner. This time frame did not allow for clear recollection of alleged events or learning to be gained following alleged incidents. The personal and intimate care needs of all residents was laid out in

personal plan in a dignified and respectful manner.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents; it presented as a warm and homely environment decorated in accordance with the resident personal needs and interests.

Some improvements were required to ensure that all areas of the centre were maintained to a high standard.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment and resident and staff awareness of evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop a comprehensive individualised personal plan. Personal plans incorporated a plethora of supports needs of residents to ensure a consistent approach to supports was promoted.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate health care for each resident, having regard to that resident's personal plan. Where medical treatment is recommended and agreed by the resident such treatment was facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support

residents to manage their behaviour.

Improvement was required to ensure that all restrictions were in the least restrictive manner for the shortest period required.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, whilst measures were implemented to protect the individual from forms of abuse investigations did not occur in a timely manner.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, the designated centre was operated in a manner which respected and promoted the rights of the residents. Some improvements were required to ensure the promotion of rights was paramount in all aspects of care and supports.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group J OSV-0003935

Inspection ID: MON-0031889

Date of inspection: 18/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge will ensure that all staff training records are up to date and accurate in the designate centre for all staff members. All training competed will be recorded and all refresher training scheduled and completed will be recorded and dates available.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The person in charge and the person participating in management of the center will review all systems in place in the centre, especially those advising actions and follow up re status of the action.</p> <p>Where actions are not advancing or completed the PPIM and PIC will communicate with the service manager. The service manager will ensure the provider follows through on recommendation and outstanding actions.</p> <p>Restrictive practices will be reviewed in the centre and this review will endure that any restriction in place is the least restrictive and that where possible the restriction will be removed altogether.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider has a plan of works for improvements to parts of the designate centre, that is, painting, kitchen improvements and other home improvements. When restrictions due to Covid-19 allow, these works will be completed.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The provider will ensure that all staff will continue to have access to necessary training. The PIC and PPIM will review the team’s training status at all link and supervision meetings. Restrictive practices will be reviewed in the centre and this review will endure that any restriction in place is the least restrictive and that where possible the restriction will be removed altogether. The PIC and PPIM will arrange this review.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The provider has submitted reassurance to the authority that all safeguarding concerns that require investigation will be investigated in a timely and effective manner. Where any safeguarding issue exists, safeguarding plans are in place to safeguard the resident. The PIC will review any existing safeguarding plan with the team to ensure continued familiarity with the measures outlined in same.</p>	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The provider has a resident advocacy group. Within each center local advocacy groups are formed and regular meetings for residents take place and are documented.

All staff are completing HSE and Human Rights training and the provider has arranged for a member of the national advocacy unit to deliver input and share information with the PICs of the organization, this will include the PIC of this centre. A principal social worker who is the lead for Advocacy with the provider will also meet with the PIC re advocacy and the rights of the residents in the designate centre.

The PIC and PPIM will bring this information back to the residents at resident meeting, and to the staff team at team meeting.

A resident representative from this centre will be invited by the provider to join the Advocacy committee for the service area .

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2021
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	30/11/2021
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	Substantially Compliant	Yellow	30/06/2021

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	15/06/2021
Regulation 08(4)	Where the person in charge is the subject of an incident, allegation or suspicion of abuse, the registered provider shall investigate the matter or nominate a third party who is suitable to investigate the matter.	Substantially Compliant	Yellow	22/04/2021
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of	Substantially Compliant	Yellow	30/06/2021

	each resident.			
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