



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

Issued by the Chief Inspector

Name of designated centre:	Adult Respite Services - St. Vincent's Residential Services
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:	31 March 2021
Centre ID:	OSV-0003937
Fieldwork ID:	MON-0032388

About the designated centre

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

This short term respite service is located in a small town on the outskirts of a large city. The service offers respite to 72 male and female adults who have an intellectual disability, physical disability, communication difficulties and medical conditions with complex care needs. The service operates all year round with the exception of a planned closure at Christmas time. The designated centre was purposefully built and further extended to include 6 individual residents' bedrooms, a bathroom, wet room, toilet, staff office, staff sleepover room, a large kitchen / dining room, a living room and large reception room and sun room. Externally is a front garden and parking area. The rear of the centre has a large secure garden with patio and decking features which is wheelchair accessible. The gardens are mature and landscaped. There is a large shed adjacent to the centre used for storage. The staff team is composed of nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 31 March 2021	09:30hrs to 04:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector reviewed previously requested documentation in the living room of the designated centre. Social distancing was observed and discussion with residents was limited to less than 15 minutes. Hand hygiene was practiced and the inspector and staff wore face masks during any face to face discussions in well ventilated areas.

At the start of the pandemic, respite services were cancelled and the registered provider used the respite service for a dedicated COVID-19 isolation hub. Respite services recommenced in August 2020 and the capacity of the service was halved to ensure residents could safely socially distance. As a result, on the day of inspection there were only three residents availing of respite services. These residents did not use words to communicate but used gestures and sounds to communicate their needs to staff who were familiar with them. One resident was supported by staff to attend their day service and had departed the designated centre at the start of the inspection.

One resident was observed to be supported by staff to have breakfast in the dining room. This resident had chosen their own breakfast and appeared happy and comfortable in the presence of staff. The second resident was able to lie in and was supported by staff to get ready for the day when they wished to get up. Residents were supported in separate rooms and were engaged in activities of choice. Staff interactions were observed to be meaningful, unhurried and respectful. Staff were observed to be gentle when communicating and directing residents.

Residents were observed to have access to the entirety of the house. Service delivery was person centred and person focused. Since the previous inspection, staff no longer vacated the designated centre to provide staff supports to other services in the providers campus located nearby. This was mainly to reduce the risk of cross infection but greatly benefited the respite residents who were directly supported until their families picked them up at noon. Residents were observed to have one to one staff supports and nursing staff were employed across the 24 hour day to ensure that residents with severe and complex medical presentations could avail of respite.

The standards of infection prevention and cleanliness of the designated centre was observed to be of a good standard. One member of staff was specifically dedicated to cleaning which demonstrated a thorough and focused approach to hygiene as well as freeing up staff to specifically focus on person centred care. All bedrooms utilised by residents were subject to a deep clean before new residents arrived. Residents were separated into pods to reduce the risk of infection.

The inspector also inspected a campus based COVID-19 isolation service which was also part of the registered designated centre. This facility was not occupied by residents on the day of inspection. This facility had the capacity to accommodate

eight residents if required.

On the previous inspection, residents short and long term goals were defined within the residents care plan that was devised within the day service they attended. The person in charge had since implemented a person centred plan specific to the residents stay in respite services. This planning process recognised the primary carer arrangements in place where all respite service users resided at home with their families. The focus of person centred planning for a residents stay in respite was simplified into short term goals relevant to the service users expressed wishes. Person centred plans reflected residents desire to attend respite with their friends, engage in activities and avail of takeaway meals. These goals and there achievement were subject to review each time a resident availed of the respite service.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred focus within the designated centre. The designated centre was well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

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 on the quality and safety of the service being delivered to each resident living in the centre. A potential gap in governance arrangements relating to the COVID-19 isolation facility is also discussed.

Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of respite residents. Continued regulatory compliance had been maintained since the previous inspection. Staff demonstrated a good understanding of the residents needs. Residents appeared happy and well supported. The focus of support was person centred in a homely environment. A potential gap in the overall governance, management and reporting relationships relating to the COVID-19 isolation facility identified on inspection, was immediately addressed by the registered provider.

The registered provider had in place a team of staff that were trained to meet the assessed needs of residents. This team comprised of nursing staff and care assistants. The rostered staff numbers were consistent with the registered providers statement of purpose. Staff remained within the designated centre and the practice of relocating staff by day to other services had ceased. The person in charge was employed in a full-time capacity as required by regulation. The person in charges commitment to this designated centre was 50% of a whole time equivalent as they also had responsibility for another designated centre. The person in charge was an

experienced and suitably qualified person. Communication with the person in charge was either face to face or by mobile phone. The person in charge was also supported by a clinical nurse manager. Staff numbers allocated to the designated centre afforded person centred care and there was evidence that activities were facilitated in the absence of structured day services.

The registered provider in line with Regulation 23 Governance and Management had conducted an annual review of the quality and safety of services provided to residents. The provider had also carried out an unannounced visit to the centre at least every six months with plans put in place to address any concerns that had identified actions with time lines for completion. The most recent reviews had been in September 2020 and March 2021. The provider had also carried out internal audits in relation to premises, medicines management and residents finances. Some of these audits were used by the provider to enhance the quality of service provided to residents. While there was evidence that residents and their families were consulted through residents meetings and family forums, the views of service users were not captured in the registered providers annual review of the quality and safety of the service. Additionally, it was noted during the inspection of the separate COVID-19 isolation facility that it had been used by another service managed by the registered provider. The staff supporting isolating residents did not report to the person in charge. The registered provider accepted that a potential breach of the conditions of registration, the statement of purpose and the written undertakings provided to the Health Information and Quality Authority (HIQA) required immediate address. Prior to the completion of the inspection, the registered provider had put in place a clinical nurse manager that all staff working in the isolation facility directly reported to and this manager reported directly to the named person in charge. A revised statement of purpose outlining the revised management structure was submitted to HIQA on the day. This indicated that the organisational structure in place was sufficient to manage the service safely.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training matrix records of 10 staff were reviewed. All staff had current training in safeguarding adults with the exception of one staff member who was on long term leave. 40% of staff needed current training in the management and prevention of aggression while 80% of staff required refresher fire and safety training. Staff training records demonstrated recent training in the proper use of personal protective equipment (PPE). All staff had undertaken hand hygiene training. Staff had also undertaken additional training to meet the assessed needs of the residents in relation to basic life support, manual handling and the safe preparation of food.

The inspector reviewed a number of complaints that the registered provider had addressed since the previous inspection. The records reflected a prompt response by all staff to adequately deal with complaints to the satisfaction of the complainant. These records reflected a significant rise in complaints by family members due to the closure of respite services to residents when the centre was utilised as a COVID-19 isolation facility. Complaints ceased once the registered provider created a

separate isolation service and reopened the respite service.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The conditions of registration were clearly outlined and a copy of the registration certificate was on display in the designated centre. The statement of purpose had recently been revised to support the application to register the COVID-19 isolation hub.

All notifications regarding adverse incidents in the designated centre had been properly reported to HIQA. The Health Services Executive safeguarding team were appropriately informed and when needed, a safeguarding plan had been put in place. The person in charge ensured that the compatibility of residents was assessed to reduce the risk of adverse incidents.

The registered provider had in place a directory of residents that contained the regulatory required information relating to all residents that availed of the respite service. While there was no charge to residents availing of respite services, each resident had a written contract of residency in place.

Regulation 14: Persons in charge

The person in charge held the skills, experience and qualifications necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training, including refresher training, however some staff required training in fire and safety and managing behaviours that challenge.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory included the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision. A potential gap in governance was addressed on the day of inspection. The views of residents however, were not included in the registered providers annual review of the quality and safety of the service provided.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had an admissions policy in place and each resident had a contract for the provision of services.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the maintenance of a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the complainant was satisfied.

Judgment: Compliant

Quality and safety

Overall, the inspector found evidence of a good quality service. The provider ensured that the focus of care was person-centred and specific to the identified needs of the residents. The person in charge and the staff team worked effectively and were committed to continuous improvements in the delivery of service.

The premises was clean, bright and homely. There were communal spaces to accommodate all of the residents as well as private areas. Each room was furnished with comfortable furnishings. The premises overall was in a very good state of repair and the external gardens were well maintained. Minor painting works were required to some external parts of the premises and bathroom repairs were awaited.

Personal care plans were in place and reflected clear information about each resident. Goals identified in the plans were meaningful and had been identified with the resident and their family. A number of personal care plans reviewed reflected the residents' goals, personal development and wishes. Each care plan had an identified key worker. Plans and goals were specific to the duration of the residents stay in respite. Person centred plans reflected residents desire to attend respite with their friends, engage in activities and avail of takeaway meals. These goals and their achievement were subject to review each time a resident availed of the respite service. The primary focus of person centred planning was to promote social development.

Positive behavioural support plans were reviewed for residents who could display

behaviours that challenge. Files reviewed had an updated behavioural support plan in place. There was evidence that the plan was implemented by staff using the strategies recommended. There was a decrease in recorded notifications submitted to HIQA. Restrictive practices employed in the designated centre had been reduced since the last inspection. The assessed needs of residents were taken into account when offering a respite service and some residents were cohorted on the basis of compatibility.

The inspector reviewed a safeguarding plan in place for one resident. In managing the allegation of abuse, the registered provider adhered to organisational policy and national standards regarding the safeguarding of vulnerable adults. The registered provider's response to adverse events that involved residents, assured the inspectors that the designated centre was effectively monitored and that the service provided to residents was safe.

Residents had both choice and variety in the food they ate, which was prepared off site and delivered daily to the designated centre. Food included a wide range of fruit and vegetables. Residents had access to the kitchen and dining area with staff supervision.

The registered provider ensured there was access for residents to avail of occupation and recreation. Residents were supported to attend day services from the respite centre. There was evidence of inclusion with the wider community and residents recorded activities reflected engagement with the community prior to COVID-19. Many of these activities had been curtailed due to the COVID-19 pandemic, however, residents were starting to access community activities with the support of staff. This was subject to risk assessment and in line with current public health guidelines. Activities were based on residents' preferences and likes. Residents' participation in activities was recorded, including whether each resident enjoyed the activity participated in.

The provider had up-to-date risk assessments and a risk register. The assessments related to all areas highlighted in Regulation 26 and ensured that residents were protected from harm. The risk register had been updated to include assessment and actions relating to COVID-19. It was evident that residents and staff were familiar with infection prevention strategies to reduce the risk of infection. Staff hand hygiene practices and the use of personal protective equipment was observed to be of a good standard. The staff maintained a separate entrance to the side of the designated centre to both don and doff PPE. The designated centre was very clean and staff had a regular routine and record log of additional cleaning applied to regularly touched areas. Resident forum meetings were held on a monthly basis and included discussion on hand hygiene and physical distancing. Residents, their families and staff completed COVID-19 questionnaires. The registered provider had an infection control committee in place and had also undertaken a self assessment in relation to COVID-19 preparedness.

Effective fire safety arrangements were in place in the centre with all equipment being regularly serviced to ensure it was in full working order. A registered contractor had serviced all fire equipment in the current year. Residents participated

in regular fire drills which ensured they could be effectively evacuated from the centre in circumstances such as when minimum staffing levels were on duty. Each resident had a personal emergency evacuation plan in place. Fire safety arrangements were discussed at resident forum meetings and the centre's evacuation procedure was clear to both residents and staff. A door linking the dining room to a sitting room required a door closure that was addressed on the day of inspection.

Residents had adequate storage for their personal possessions and residents were encouraged to use the laundry facilities on site. All residents had a television set in their bedroom. Residents could communicate with their family by phone and also had access to the internet. There were a number of televisions in communal areas that residents had access to. Notices in the designated centre were in an easy-to-read format and staff on duty were represented by photographs on the notice boards.

The registered provider had a policy in place for the safe administration of medicines. This policy had been updated to reflect the possible need to administer antipyretics especially during the pandemic. While the registered provider had experienced difficulty in getting revised and updated medicines prescriptions from general practitioners, the issue was being addressed through the introduction of a new health emailing system.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that each resident was facilitated to receive visitors in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that residents had access and control over their own

property.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. Each resident had opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Residents were supported to maintain links in the wider community.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed and laid out to meet the aims and objectives of the service. They also ensured that the premises met the number and assessed needs of the residents. Some areas of decoration were required within the designated centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had well prepared and safe food that was wholesome, nutritious and that also offered variety and choice.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured there were systems in place for the assessment, management and ongoing review of risk at the centre, to ensure residents were protected from harm.

Judgment: Compliant

Regulation 27: Protection against infection
The registered provider had policies and procedures in place for residents who may be at risk of a healthcare associated infection and staff had undertaken hygiene training consistent with the standards and guidelines relating to the COVID-19 pandemic.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider ensured that effective fire safety management systems were in place so that residents could safely evacuate from the centre in the event of a fire.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The person in charge ensured that the designated centre had appropriate and suitable practices in place for the safe administration of medicines.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge ensured that residents' personal plans were subject to review and each plan was person centred and reflected the specific goals that residents wished to attain while availing of respite care.
Judgment: Compliant
Regulation 6: Health care

The registered provider had appropriate healthcare plans in place for each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that restrictive practices employed were for a minimum period and were the least restrictive procedure.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop the understanding and skills for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the designated centre operated in a manner that respected each resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Adult Respite Services - St. Vincent's Residential Services OSV-0003937

Inspection ID: MON-0032388

Date of inspection: 31/03/2021

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>All staff will have dates scheduled for training to ensure all are complaint and up to date. Since inspection two staff have completed fire training. Others scheduled for 24/05/2021 and other 14/6/2021 and all staff will on that date be in date. All training for staff in management of challenging behavior will be completed by July. A schedule will be maintained for refresher training dates also.</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, person participating in management and the centre service manager will be supported by the provider to have governance in all aspects of management of the designate center. As per the inspectors report this gap was addressed on the day of inspection.</p> <p>The provider will ensure that residents and their representatives are consulted with and are given opportunity to put forward their view points of this service in the provider annual audit process.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All areas of the designate center in need of decorating, painting will be completed. The provider will ensure that this is completed once level 5 restrictions are lifted and works can proceed.</p>	

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	31/07/2021
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	31/07/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their	Substantially Compliant	Yellow	20/04/2021

	representatives.			
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