Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group Q
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	09 August 2023
Centre ID:	OSV-0004692
Fieldwork ID:	MON-0037124

About the designated centre

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

The centre provides a respite service with overnight respite breaks up to five children and young people, aged under 18 years, both male and female with an intellectual disability. The aim of the service is to provide a familiar, comfortable, safe community based and homely environment. The centre is a detached bungalow with a rear yard decorated as a play space. There are four bedrooms, of which two have ensuite facilities. There is a staff sleep-over bedroom, a sitting-room with play facilities and a kitchen that has a small dining area. There is a main communal bathroom. The centre is located on a busy road on the outskirts of a city and the children have access to services in the community. Children are supported through a medical model of care with the staff team including nurses available by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Wednesday 9 August 2023	09:15hrs to 18:10hrs	Kerrie O'Halloran	Lead
Wednesday 9 August 2023	09:15hrs to 18:10hrs	Nan Savage	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the regulations. In addition, to ensuring children accessing the respite services were being supported to have a good quality of life and care in a safe environment while being supported as per their assessed needs.

Overall, from what the inspectors were told and what was observed, residents received a good quality of care which was meeting their needs. However, there were improvements required in relation to the statement of purpose, individualised assessment and personal plan, risk management procedures, general welfare and development, training and staff development, information for residents, governance and management, infection prevention and control, fire precautions, residents rights, complaints, premises and notification of incidents. These areas are discussed further in the next two sections of the report.

On arrival to the centre the inspectors were greeted by the staff nurse on duty, shortly after the inspectors met two other staff on duty, and three children which were availing of respite. Later in the afternoon, one of these children returned home and another child attended the centre for respite. On the day of the inspection the person in charge and clinical nurse manager for the centre were on planned leave. The staff nurse and health care assistant provided assistance to the inspectors throughout the inspection. The previous service manager also attended the centre to meet the inspectors.

The inspector had the opportunity to meet with all four of the residents that were attending the respite service on the day of the inspection. Residents with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection. One resident communicated with facial expressions to an inspector that they were happy when asked if they liked coming to the centre. The inspectors had the opportunity to observe the residents and staff throughout the day, meaningful and respectful interactions were noted. Staff were able to communicate with residents who used alternative communication methods and attend to their needs and wishes promptly.

All residents were seen to be relaxed in the centre, with some watching television programme of interest, enjoying the garden and play area in the sitting room, while one resident went out for a walk with the staff in the afternoon. The enclosed garden to the rear of the centre had a small trampoline, seating, a large garden swing and a mural wall. There were pictures of residents enjoying various activities displayed throughout the centre. The residents had recently enjoyed decorating the centre for a hurling match, and pictures were displayed of residents enjoying and watching the sporting event on television in the centre.

The centre overall appeared clean and tidy. There were adequate storage facilities for resident's personal belongings and residents were welcome to bring in their own

belongings to make their room feel more homely. However, general storage in the centre was limited. The inspectors observed the utility area and personal protective equipment donning and doffing room had many various item stored on the ground and against the walls which made it difficult to clean sufficiently and access other items from these rooms. There were suitable recreational equipment available for use, such as, jigsaws, games, smart televisions, art supplies and sensory objects. Each resident had their own bedroom on the day of the inspection and two of these rooms had an en-suite. A communal bathroom was available for the other bedrooms. One bedroom also contained a twin room. The centre was limited for space in the hallways, bedrooms and dining area. The previous service manager informed the inspectors that to ensure a safe and good quality care service only three beds are utilised each night due to the space in the house being limited. The provider has a proposal in place to build a new more spacious community based children's respite service to replace this centre. This would allow for more space and allow an increase in the bed occupancy currently being provided. This is part of a long term plan for the centre.

As part of the provider annual review which was completed for 2022, the provider sought feedback from the families and residents who avail of the service. Overall, the families and residents that participated indicated high levels of satisfaction with the service. Families noted the good quality of care and support received in the centre, as well as compliments for the accountability of the children's monies and personal belongings when attending the respite service.

The next two sections of the report present the finding of the 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.

Capacity and capability

Overall, the inspectors found there were management systems in place to ensure safe quality care was being delivered to the residents. There were some improvements required in relation to the statement of purpose, training and staff development, governance and management and notification of incidents. The provider had carried out an annual review of the quality and safety of the centre in November 2022 and six monthly unannounced audits were also being carried out by the provider. Where areas for improvement were identified in these audits, an action plan had been put in place, however, no status update of action taken was documented. For example, the provider annual review identified some of the individual person care plans required updating as some information was dated from 2019, from the records viewed on the day this had not been completed. The person in charge and clinical nurse manager had an audits folder in place, but there was no

schedule in place as when these audits should be completed throughout 2023. From a review of the audits it was seen that some audits from 2021 had been reviewed in 2022 but no updated action plan in place to identify any issues.

The registered provider had a current certificate of registration on display in the designated centres hallway. A statement of purpose had been prepared, however this document required review to ensure it provided accurate information as set out in schedule 1. For example, information was not included on the emergency procedures in the designated centre and changes to management and staffing arrangements had not been updated to reflect the current arrangements. The statement of purpose had not been revised to reflect the recent appointment of a new person in charge in June 2023. In addition, the whole time equivalent of staff required for the operation of the centre required further review as the provider did not clearly demonstrate in the statement of purpose that the submitted figures was in line with the designated centre's rota. Also, information regarding the facilities did not adequately describe how they met the care and support needs of residents.

The inspectors reviewed the staffing arrangements and found that they ensured residents were supported by staff with the appropriate skills and experience. There was a regular and familiar staff team in place that ensured the continuity of care for the residents. There were two staff vacancies present but these were covered short term by regular relief staff and active recruitment was taking place to fill these positions long term. There was a planned and actual roster maintained, however on the day of the inspection this did not clearly reflect the staffing arrangements in the centre. The person in charge was not clear on the roster, and the clinical nurse manager position had been identified on the roster from the 6th August, although the post had commenced prior to this, this was not clear from the rosters reviewed on the day of the inspection. Staff spoken with had an excellent knowledge of the care and support for the residents and were very person centred in their approach.

The inspectors reviewed the staff training matrix that was available to them on the day of the inspection and from these records it was difficult to ascertain that all staff mandatory training was up-to-date. There was more than one staff training matrix available and it was unclear which had been recently updated. From these records viewed it was seen a staff member who had recently completed induction had no record of some training being completed such as, the management of behaviour that is challenging. The inspectors were advised that staff were in receipt of regular supervision to support them to carry out their roles and responsibilities to the best of their abilities, however these records were unavailable and senior management had no access to these records on the day of the inspection.

During the course of the inspection, inspectors viewed a record of incidents in the centre and it was seen that the person in charge had not included all notifiable events to the Office of the Chief Inspector in the designated centre as required. Residents' bedrooms had a window in place, this had a curtain that could be pulled across for privacy, however on the day of the inspection it was seen that all of these curtains were half opened. Staff on duty confirmed that these could be used to check on children throughout the night. Lap belts and a chest strap was also in use in the centre. These were not reviewed as a restrictive practice and were not

returned on a quarterly basis.

Residents had contracts of care in place which outlined the facilities provided and any additional costs that may be incurred in the centre for the service provided. The registered provider had changed provider name in 2021 and this was not reflective of the contracts seen. Contracts had not been reviewed in the service for all residents to reflect this change. Each resident had an accessible easy-to-read format of their contract, this also had not been reviewed. Two residents had updated contracts in place which was reflective of the provider's name. One of the contracts reviewed was not signed by the service manager, this was dated 2015.

The inspectors found that the provider had systems in place for a complaints process. Residents had access if needed to an appeals process. Residents were supported with information on their right to make a complaint and complaints were discussed at regularly house meetings. An accessible complaints procedure was displayed prominently in the designated centre. However, the designated complaints officer details had not been updated to reflect the current arrangements. Also, the name of the manager and administrator had not been recorded in the relevant sections.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the person in charge. From a review of the rosters on the day of the inspection, inspectors saw that these were not clear of the staffing arrangements in place for the centre as per the statement of purpose. The roster required review as it did not clearly reflect the staff on duty during the day in the centre, for example, the person in charge was not clear on the roster. The provider indicated that the clinical nurse manager position had been amended manually.

Inspectors observed that there were adequate staffing levels in place in order to meet the needs of the residents as per the residents assessed needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to the majority of appropriate training and development opportunities in order to carry out their roles effectively. However, from the records available to review on the day of the inspection it was difficult to ascertain that all staff mandatory training was up-to-date. There was more than one staff training matrix available and it was unclear which had been recently updated. From the records viewed, a staff had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques and it was unclear from these records viewed if all staff had completed refresher training in this.

While arrangements were in place for staff supervision, senior management had no access to these records on the day of the inspection. The system in place for supervision records did not allow senior management access to these records for the designated centre.

Judgment: Not compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place. The provider had carried out an annual review of the quality and safety of the centre and six monthly unannounced audits were also being carried out by the provider. However, where areas for improvement were identified in these audits, an action plan had been put in place but no status update of action taken was documented. For example, the provider annual review identified some of the individual person care plans required updating as some information was dated from 2019, from the records viewed on the day this had not been completed.

The person in charge and clinical nurse manager had an audits folder in place, but there was no schedule in place as when these audits should be completed throughout 2023. From a review of the audits it was seen that some audits from 2021 had been reviewed in 2022 but no updated action plan in place to identify any issues.

The provider had not identified in any audits completed that many of the designated

centres documentation used identified the providers previous name. Documents such as, contracts, individual personal care plans and risk assessments all reflected the providers previous name. This name had changed in 2021.

An accessible complaints procedure was displayed prominently in the designated centre. However, the designated complaints officer details had not been updated to reflect the current arrangements. Also, the name of the manager and administrator had not been recorded in the relevant sections. This also had not been identified to be reviewed in the providers own audits.

Internal audits also had not identified the centres fire folder contained some older versions of residents PEEP, dating back to 2017. some updated versions were in place in the fire folder and residents were all seen to have updated versions of their PEEP in their personal care plan. This required review.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had policies and procedures in place in regards to the contracts of care to be provided to the residents. The registered provider had a contract of care and an accessible easy-to-read contract in care in place, however these had not been reviewed for the majority of residents and did not reflect the current registered provider name as per the statement of purpose. One of these contracts was not signed by the providers service manager, which was dated 2015. Two contracts in place represented the new registered provider's name.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose that was available to residents and their representatives. However, inspectors reviewed the most recent version dated May 2023 and found that it required improvement to comply with the regulations.

For example, information was not included on the emergency procedures in the designated centre and changes to management and staffing arrangements had not been updated to reflect the current arrangements. The statement of purpose had not been revised to reflect the recent appointment of a new person in charge in June 2023. In addition, the whole time equivalent of staff required for the operation of the centre required further review as the provider did not clearly demonstrate in the statement of purpose that the submitted figures was in line with the designated centre's rota. Also, information regarding the facilities did not adequately describe

how they met the care and support needs of residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspectors found that the person in charge had not notified the Chief Inspector at the end of each quarter all of the restrictive practices within the centre as required by the regulations, with regard to the use of windows on the doors of residents bedrooms and the use of lap belts and a chest strap.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a detailed policy on the handling and investigation of complaints which included an appeals process. Inspectors reviewed the complaints register and found that there were a small number of complaints which had been investigated promptly and to the satisfaction of the complainant. There was also a record of compliments that had been received. An accessible complaints procedure was displayed prominently in the designated centre, documentation regarding the centres complaints officer details had not been updated, this was reviewed under regulation 23.

Judgment: Compliant

Quality and safety

Residents in this centre were in receipt of good quality care and supports. Staff were familiar with the assessed needs of the children accessing the service. However, improvement was required with regard to fire precautions. In addition, further improvements were required in relation to individualised assessment and personal plan, risk management procedures, infection prevention and control and premises.

The specific communication needs of residents had been identified and were supported through practices in the centre. Residents were supported to communicate using preferred methods, such as, picture exchange communication system (PECS) and Lamh. Staff were observed to interact with residents' consistent

with their communication needs. All residents had access to internet and television.

Behaviour support plans were in place for some residents' and reviewed regularly. Some restrictive practices were used in line with the risks presented. Restrictive practices identified were regularly reviewed, with a restrictive practice log in place. However as mentions previously not all restrictive practices had been identified by the provider, such as the use of lap belts, chest straps and the use of windows on bedroom doors to monitor residents accessing the service at night. On a review of the residents' personal plans it was seen that residents had sleep charts in place. This meant staff were carrying out the practice of checks every half hour throughout the night. The impact of these checks had not been considered by the provider and there was no assessed need or risk identified to support this practice in the residents' individual personal care plans. This practice compromised the privacy of residents many of whom required little or no support during the night, as documented as sleeps well throughout night in their care plans.

The provider had in place measures to protect residents and staff from the risk of fire. These included up-to-date fire training for staff, fire doors in all bedrooms, and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. However, there was no documented evidence available to demonstrate that emergency evacuations, such as fire drills, were carried out or simulated to support a night time drill for the centre. Also it was not evident from the records reviewed that all residents accessing the respite service had completed a fire drill in the previous twelve months. Although informative personal emergency evacuation plans (PEEP) had been developed for each person, 2 residents had not been included in the summary of the PEEP which was contained in the centres fire folder. The fire folder also contained some resident's older versions of their PEEP dating back to 2017, with updated versions seen in their individual care plans. The guidance in some plans did not provide for the management of emergency medication in the event of an evacuation. This presented a risk that some residents might not have access to their essential emergency medications if they had to evacuate the building due to a major emergency. The risk assessment in place pertaining to fire was overdue for review since March 2023.

Safe and suitable practices were in place for the ordering, prescribing, administration and disposal of medicines in the centre. Inspectors reviewed a sample of the contents within the medicine store in the centre. Medicines were stored securely in an individual locked cabinet in a locked medication room. Stock records were maintained of all medicines received into the centre. Appropriate facilities were provided for medicines which needed to be refrigerated.

Arrangements were in place for the management of risks, however this required review. A number of individual risks identified for residents and the risks present on the centres register were overdue for review since March 2023. The documentation recording the risks required review as a number of risks were recorded identifying the providers' previous registered name.

The designated centre had plans in place to manage an outbreak of an infectious disease if required. However aspects of these plans required review in relation to

specific isolation arrangement in place. Where an outbreak of COVID-19 or an infectious disease should occur in this designated centre, it was seen a contingency plan was in place. This plan identified that residents in the centre would self-isolate in their bedrooms. However, this plan did not provide clear guidance on how to support each resident to access bathrooms facilities, as a communal bathroom was in place for some bedrooms. It also did not identify if a resident was unable to isolate in their bedroom, what procedure was in place to access a communal area. The inspectors spoke to the staff on duty who were unsure if a resident could not isolate in their bedroom as to the procedure to access a communal area while keeping other residents safe. It was identified that not all residents may be able to self-isolate. The centre had a colour coded cleaning system in place for mops, and clothes. Cleaning records were seen to be well maintained, and the centre was seen to be generally clean and tidy.

Comprehensive assessment of the health, personal and social care needs of the resident had been carried out, and an individualised personal plan had been developed based on these assessed needs. However, some personal plans were not up to date and had not been reviewed annually. Some residents had not completed their annual person centred planning meeting. The inspectors reviewed a sample of residents' goals. These were seen to require review as some goals in place had been continuing since 2019 and were successfully achieved. Goals seen did not encourage opportunities to develop life skills, help prepare for adulthood or individualised to the residents interests. In the centre however, it was seen from a community tracking record maintained that residents enjoyed various local activities, such as local sensory playgrounds, local park walks and recently decorating the centre for a hurling match.

Regulation 10: Communication

Residents presented with a range of communication skills and each used specific methods to convey their message. These included the picture exchange communication system (PECS), Lámh, vocalisations, facial expressions and assistive technology. The staff team were observed supporting residents in a way that met the resident's individual styles of communication as described in their personal plans. These approaches supported residents' understanding of what was happening during their day and enabled them to communicate their feelings and needs.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to over their personal property and possessions when accessing respite. Residents had a financial assessment in place which identified their assessed needs. Each resident was supported individually with their own laundry and could access laundry services while attending respite. A clear inventory list was maintained for each resident during each visit to the centre.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was well maintained, clean, comfortable and suitably decorated. The provider has a proposal in place to build a new more spacious community based children's respite service to replace this centre in the future. Residents accessing the service had access to a garden area.

The centre required a review of its storage. The inspectors observed the utility area and PPE donning and doffing room had various item stored on the ground and against the walls. There were also items stored on the ground in front of an oxygen cylinder in place in the centre. Two radiators required painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The resident's nutritional needs were being supported. Meals were cooked in line with the resident's preferences and staff adhered to the advice of specialist services such as speech and language therapy.

Inspectors observed that the timing of meals were planned around the residents' needs, wishes and routine.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide and each resident and or their representative had received a copy as part of an information pack about the designated centre. While the residents' guide contained most of the information required by the regulations, the guide did not include a summary of the facilities provided.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had systems in place in the designated centre for the assessment and management of risks. The oversight of risk was primarily monitored through the centres risk register and each resident had identified individual risk assessment. However, the system in place for the ongoing review of risks required review as a number of risks on the centres risk register and individual risks were seen to be overdue for review since March 2023. Some documentation of risk assessment in place also reflected the providers previous registered name as mentioned under regulation 23.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had taken measures to protect residents from the risk of infection. The centre was clean in line with the providers' guidelines. The person in charge conducted audits of the infection and prevention and control practices. Regular cleaning schedules of high touch areas and the centre was in place. There was a colour coded mop and cloth system in place. The centre had a contingency plan in place to support residents in cases of suspect or confirmed COVID-19 or an outbreak of an infectious disease. However, these plans for the centre required review to accurately reflect the procedures in place for residents to isolate if required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the provider had ensured measures were in place to protect residents and staff from the risk of fire. However, the designated centre had not carried out a stimulated night time fire drill and not all residents had completed a fire drill in the previous twelve months. Arrangements to ensure that evacuated residents would have access to their required emergency medication required to review to establish if the arrangements in place were effective and safe. Not all residents were added to the PEEP summary in the fire folder and the risk assessment in place for fire required review.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of the resident had been carried out, and an individualised personal plan had been developed based on these assessed needs. However, some personal plans were not up to date and had not been reviewed annually. For example, residents were overdue an annual personal care plan meeting. In addition, resident's individual goals were not documented to be fully explored with each resident. Goals were seen to be continuing since 2019, with many residents having the same goals in place.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Some resident's accessing the respite service had a behavioural support plan in place which was reviewed regularly. It was not clear from the records reviewed on the day that all staff members had received training and refresher training on how to support the residents with behaviours that challenge. On the day of the inspection, the staff spoken to were very knowledgeable of these plans in place and how to support the residents.

Restrictive practices used in the centre had been regularly reviewed with the least restrictive method in place where appropriate. However, not all restrictive practices had been identified by the provider, such as the use of lap belts, chest straps and the use of a window on bedroom doors to monitor residents accessing the service at night.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents’ rights were promoted in this centre, with many of the daily operations being led by the residents’ assessed needs and capabilities. All efforts were made by staff to ensure residents’ wishes and preferred routines were respected. Residents’ house meetings were held regularly and were used to discuss the meal plans, activities for the respite stay in the centre and in the community. The practice of checking residents throughout the night had not been reviewed as a restrictive practice and therefore the impact of this practice on the rights of residents was not considered.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group Q OSV-0004692

Inspection ID: MON-0037124

Date of inspection: 09/08/2023

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: The person in charge has completed a review of the roster and overview of all staff working at the centre. All team members including PIC and new CNM 2 are now reflected in the roster. The person in charge will ensure that any changes to the roster will be entered on the working roster and signed off to reflect the actual staff who worked each day. The person in charge has amended the Statement of Purpose to reflect the correct WTE of staff working in the centre.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The training matrix has been updated by the person in charge to include certificates of completion of training. The person in charge will complete a training needs analysis for staff in the centre and ensure positive behavioral approaches training will be included. The person in charge will ensure the PPIM or designate has access to staff supervision records for the centre	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The registered provider will ensure there is a system in place to monitor progress on action plans and a schedule for audits for the centre.

The registered provider will ensure the personal plans are updated through the process of annual reviews with families. All documentation including care plans, contract of care, risk assessments and other parts of the care plan will be updated to reflect new service providers name through that review process with families by their child's key worker. The annual reviews with families will be completed by December 2023.

The registered provider has updated the complaints procedure and has this displayed & available in the centre.
All PEEPS have been updated and a summary PEEP of all children who attend the centre has been updated and placed in fire folder.
The Provider will ensure that systems are in place to ensure current documentation is available with older versions removed and filed as appropriate.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
The registered provider will ensure that all residents have a current contract of care in place signed by the service representative and family and reflects the new name change of the provider.

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of

purpose:
The Statement of Purpose and function has been updated to reflect WTE correctly and the PIC details. The new SOP is now on display and readily available to staff and visitors of the centre.

The document has been submitted to HIQA registration on 6th September 2023.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The person in charge will ensure that there is a review of all restrictive practices in the centre and all notifications are returned as per regulations.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider has ensured that the centre has removed items from the floor area, new bespoke shelving has been ordered for the centre.

The registered provider has ensured that the radiators were reviewed and have been replaced where required.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
The person in charge will ensure the Residents guide will be reviewed and amended to describe facilities and also to reflect new service providers name and other relevant changes.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The registered provider has ensured that any risk assessments that were overdue for review have been reviewed and updated.

The provider will ensure a review of risk management systems including the risk register for the centre will be completed to support easier management and oversight of risks in the centre.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The registered provider has ensured that isolation procedures in place for residents/children were discussed with staff team at team meeting on 16th August 2023.The written procedures including isolation and contingency plan have been be updated to reflect the isolation procedures and access to the bathroom each child has in the event they present with an infectious disease or with COVID-19 symptoms.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider will ensure a night-time fire drill is conducted and a system put in place to ensure all resident participate in day and night time fire drills on an annual basis.

The registered provider has ensured the Procedure on fire drills was reviewed and updated on 4th September 2023 by PIC.

The registered provider has updated the summary PEEP of all children currently attending the centre and this has been added to fire folder for staff to use in event of

fire/fire drill.

Regular check lists are all up to date and reviews are completed regularly.

All individual PEEPS will be reviewed to ensure access to emergency medication for any child is included in their PEEP. This will be completed 30.09.2023.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The registered provider will ensure the personal plans are updated through the process of annual reviews with families and will include setting child centred goals with the child and their family.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The person in charge will complete a training needs analysis for staff in the centre and ensure the required training is provided. Training records of training completed by staff will be clearly recorded on the centre training matrix.

The person in charge will ensure that there is a review of all restrictive practices in the centre and all notifications are returned as per regulations.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The person in charge will ensure that there is a review of all restrictive practices in the centre and all notifications are returned as per regulations.

This will include a review of the practice of checking on children for safety at night time in conjunction with their family and MDT input where required.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	16/08/2023
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.	Not Compliant	Orange	30/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	04/09/2023

Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	30/09/2023
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.	Not Compliant	Orange	31/12/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/10/2023
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	31/10/2023
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	30/09/2023

	ensure 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.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	29/08/2023
Regulation	The person in	Not Compliant	Orange	30/09/2023

31(3)(a)	charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/12/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures	Substantially Compliant	Yellow	31/12/2023

	are applied in accordance with national policy and evidence based practice.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/10/2023