



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 L
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	01 February 2022
Centre ID:	OSV-0005418
Fieldwork ID:	MON-0034879

About the designated centre

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

The designated centre provides full-time residential services to residents with a severe to profound level of intellectual disability. The service is provided in a residential house in a campus style setting in Limerick. The house is a bungalow with six single bedrooms. Residents are supported on a 24/7 basis. Support to residents is provided by the person in charge, nursing staff and care staff. All residents have their own individual bedrooms and other facilities in the centre include bathrooms, living areas, dining rooms, kitchens, laundries and external garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 1 February 2022	09:30hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspection of designated centre Group L was unannounced and completed to monitoring the compliance of the centre with the Health Act 2007. This inspection occurred during the COVID 19 pandemic with the inspector ensuring to adhere to all national and local guidelines. Social distancing was maintained when communicating with resident's and staff whilst PPE was used. On arrival at the centre the inspector was greeted by the person in charge whom requested a number of COVID 19 checks to ensure the safety of all was maintained including checking of temperature.

The centre was a large building located on the campus grounds and was currently home to five residents. The inspector completed a walk around of the centre with the person in charge. The centre was warm and homely with two separate living areas for residents to relax during the day. The atmosphere in the centre was relaxed with interactions noted to be natural and consistent. Residents smiled with staff as they interacted and enjoyed being in the company of staff. One resident would laugh and vocalise to obtain staff's attention. This was always responded to by the staff.

The internal layout of the centre had recently been reconfigured to support one residents assessed needs. This reconfiguration now allowed the resident to have their own personal space in the centre. They could join their peers freely if they chose or remain in their private space. This space also included a private garden area which would be further enhanced with flowers and shrubbery when the weather allowed. Staff spoke of how more content the resident had become since this piece of work had been completed.

Another resident had recently transitioned to the centre following a change in their assessed needs. As nursing care was afforded within the centre this ensured multiple and complex needs of the residents could be assessed and supported. The resident appeared very relaxed in their new environment. Staff had ensured to maintain some previous activities and routines from the residents previous residence to ease in the transition. A photo album was used to support the resident to remember old friends and family members. The resident sang while holding onto a favourite object. The staff team were completing a comprehensive review of the residents needs to ensure all areas of support needs were addressed.

The registered provider had appointed a clear governance team to the centre. Residents knew the members of the governance team present on the day of inspection. A plethora of monitoring tools were used in the centre to drive service improvement and to ensure the service provided was safe and effective. The next two sections of the report will present the findings of the inspection in relation to the governance and management in the centre and the impact on the residents currently residing in the centre.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within Group L. Overall, a good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including the regular review of the statement of purpose. The appointed individual also had a good knowledge of the needs of service users. Whilst they had governance responsibilities within two designated centres they provided effective oversight.

The registered provider had ensured a clear governance structure was in place within the centre. The person in charge reported directly to the person participating in management. Clear communication was evident between all members of the governance team through regular face-to-face meetings and through the completion of formal supervision meetings. All members of the governance team had a clear understanding of their role and responsibility within the centre. The person in charge was known to the residents who interacted positively with them throughout the inspection.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in November 2021. However, it was noted that the report of this were not yet published or available to the centre. The person in charge was addressing actions which had verbally been reported following the review but a clear action plan had nonetheless not been developed. The most recent unannounced visits to the centre had been completed by the person participating in management in the weeks prior to the inspection. Residents and their families were consulted with regard to both monitoring events.

The person in charge maintained oversight of actions required within the centre. Centre level monitoring systems were being completed to identify concerns and drive service improvements. These included regular fire checks and the completion of a medication audit and infection control audits. Where areas for improvement were identified, effective actions were implemented to ensure that these were addressed in a timely manner.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs and clearly articulated supports in place. Staff members were supported to have an awareness of their responsibilities and key tasks were discussed as part of supervisory meetings. Staff meetings were also completed to allow staff to voice any concerns in the operation of the centre. The provider had an actual and planned rota in place. However, due to current staff vacancies within the centre, gaps in this roster were required to be filled by the governance team or agency staff. This did not promote continuity of staff with the centre.

Staff were facilitated and supported to attend training. A plethora of training courses had been deemed mandatory within the centre to meet the assessed needs of residents currently residing within the centre. This included safeguarding vulnerable adults from abuse and infection control. The person in charge maintained oversight of staff training needs to ensure all training was planned in advance.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role. They held governance responsibilities in two designated centres.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff identified for the centre was appropriate to the number and assessed needs of residents. The provider had an actual and planned rota in place. However, due to current staff vacancies within the centre, gaps in this roster were required to be filled by the governance team or agency staff. This did not promote continuity of staff with the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured appropriate measures were in place for the formal supervision of staff in line with organisational policy.

Staff were facilitated and supported to attend training. A plethora of training courses had been deemed mandatory within the centre to meet the assessed needs of residents currently residing within the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure all of whom were aware of their roles and responsibilities.

There was evidence of effective governance, leadership and management arrangements in the designated centre. The six monthly provider led audits evidenced actions being identified and progressed in the designated centre with the provision of person centred and safe service to the residents. The person in charge maintained oversight of actions required. Centre level monitoring systems were being completed to identify concerns and drive service improvements.

However, it was noted that the annual review was completed in November 2021, the report of this were not yet published or available to the centre. The person in charge was addressing actions which had verbally been reported following the review but a clear action plan had nonetheless not been developed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1. The governance team had an awareness of the need for regular review of this document. Some minor amendments were required for example, in the area of whole time equivalent time allocated to the person in charge in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Upon review of incident it was evident that the person in charge had notified the

chief inspector of all notifiable incidents.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection that the service provided to residents currently residing within Group L was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of the daily life. Residents were observed interacting with staff in a positive and jovial manner. Residents were supported in the area activation and ensuring meaningful activities were supported on a daily basis. Staff were observed promoting choice with residents and encouraging interactions with staff and peers.

The centre presented as a warm clean home located on a large campus on the outskirts of a large city. Each resident was supported to decorate their room in accordance with their interests, with some residents currently in the progress of updating their rooms. The centre had recently been reconfigured to provide a resident with a private living space to meet their assessed needs. This allowed the resident to spend time on their own in a safe environment with the support from staff. This resulted in the resident becoming more content in their space. The provider had self-identified the need for internal painting and cosmetic work to be completed. This had been delayed due to COVID 19 with a plan now in place to address this.

The registered provider ensured that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic. A cleaning schedule was in place for staff to adhere to with a house hold staff allocated the staff team to maintain oversight of the cleanliness of the centre. Staff were observed adhering to national and organisational guidance with respect to COVID 19 including the use of face masks, social distancing and hand hygiene. Clear guidance was in place should a resident or staff present with symptoms. Each resident had a review completed of their needs with respect to isolation should the need arise. This was present in each personal plan.

Each resident had been supported to develop and review an individualised personal plan. These plans were found to be comprehensive and incorporated a range of support needs of residents including the areas of health care and social supports. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi disciplinary team. Following the transition of one resident to the centre the person in charge was ensuring a full review was completed of the personal plan to incorporate all their assessed needs and reflected the residents current support needs. This progress was ongoing as the staff were affording the resident time to settle to their new environment.

Part of this review of assessed needs included the health care needs of residents. A number of residents within the centre presented with multiple and complex health care needs. The person in charge had ensure that each resident was supported to achieve the best physical and mental health. As required clear guidance was in place for staff to support the individual health care needs of residents. This included dysphagia care and epilepsy care. Staff were observed adhering to multi disciplinary guidance for example during mealtimes in food preparation and supporting residents with eating and drinking. External supports were also obtained as required such as the palliative care team.

The registered provider ensured that each resident was assisted and supported to develop knowledge and self-awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to investigate and address this including consultation with residents and external agencies. Staff spoken with were aware of the procedures to adhere to should a concern arise. The registered provider had ensured practices measures were in place to promote the safety of residents. This included the ongoing identification and review of risks within the centre and a planned response for emergencies. Whilst overall, the registered provider had ensured that effective fire safety management systems are in place some improvements were required in the area of evacuation. Clarity was required for staff whom were to provide evacuation supports at night, to ensure they were aware of their role. Also, where residents were supported to complete evacuation on a regular basis this was yet to be completed of the newly transitioned resident.

Regulation 17: Premises

The centre presented as a warm clean home located on a large campus on the outskirts of a large city. Each resident was supported to decorate their room in accordance with their interests. The centre had recently been reconfigured to provide a resident with a private living space to meet their assessed needs.

The provider had self identified the need for internal painting and cosmetic work to be completed. This had been delayed due to COVID 19 with a plan now in place to address this.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge had ensured all risks within the designated centre had been assessed and subject to regular review at the time of the inspection. A risk

management policy was in place which incorporated the required information and guidance as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre were in place. The centre presented as clean with a cleaning schedule in place to maintain this level of cleanliness at all times.

Staff were observed adhering to national and organisational guidance with respect to COVID 19 including the use of facemasks, social distancing and hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting.

The person in charge had implemented measures to ensure that all staff and residents were supported to be aware of fire evacuation procedures by implementation of regular fire evacuation drills and review of personal emergency evacuation plans. However, some clarity was required in the area of night time evacuations to ensure all staff supporting in a night time evacuation were aware of their role prior to their arrival to the centre.

Also, following the transition of a resident to eh centre an evacuation drill was required to ensure their familiarity with the evacuation procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and support plans were in place with each resident being supported to have a comprehensive personal plan in place. Following the transition of a resident to the centre the person in charge was ensuring that their personal plan was being reviewed to reflect their current support needs. All reviews of each residents personal plan incorporated

guidance and recommendations from members fo the multi disciplinary team.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured the provision of appropriate health care for each resident. Supports required were clearly details. Following the transition of one resident to the centre, the key nurse assigned ot this resident was completing a full review of health care needs with support from associated members of the multi disciplinary team.

Judgment: Compliant

Regulation 8: Protection

The inspector observed on the day of inspection that there were systems in place to ensure residents were protected from harm. All staff spoken with were clear on the process to follow and the governance team were actively addressing any areas of concern.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices and decisions in their home which were listened to with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Vincent's Residential Services Group L OSV-0005418

Inspection ID: MON-0034879

Date of inspection: 01/02/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Additional staffing resources have been recruited by the provider and are in place in the designate center since inspection. The Person in charge, person participating in management and the Service manager continue to review staffing resources to the center to ensure assessed needs of residents are met.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The published annual audit has been provided by the Quality and Risk officer to the PIC, PPIM and Service Manager since the inspection. Actions continue to be worked through and achieved.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Review completed of the Statement of Purpose and submitted to the authority post</p>	

inspection.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All internal paint works and cosmetic works are scheduled to be completed for the designate center. The provider's maintenance manager and Person in Charge will ensure the least possible disruption to residents during time of works.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person in Charge and the Health and Safety officer will link with night managers to clarify the role of all night staff in responding to and facilitating the evacuation of residents from the center for a night time fire evacuation. The night managers will meet with all night staff involved in the evacuation of this center and ensure all are fully aware of their roles and responsibilities with regard to same.
The person in charge will arrange an evacuation to include the new admission to the center, so that the resident is supported to be familiar with and comfortable with the evacuation process for the center in the event of a fire.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	20/03/2022
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	30/06/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care	Substantially Compliant	Yellow	23/03/2022

	and support is in accordance with standards.			
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	25/03/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/03/2022