



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:	Announced
Date of inspection:	27 September 2022
Centre ID:	OSV-0005418
Fieldwork ID:	MON-0028704

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 September 2022	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to assist in the recommendation to renew the registration of the designated centre for a further three year period. The inspection observed and noted a good level of compliance with a service that provided safe and effective supports to the five residents currently residing in the centre.

The inspector was greeted and welcomed by the person in charge on arrival to the centre. As the residents were getting ready to start their day the inspector took this opportunity to walk around the centre and meet with the person in charge. It was evident that the person in charge had a keen awareness to the needs of the residents residing in the centre. The residents in the centre had changing needs due to their age and health care concerns, activities were tailored to meet the individual needs of residents with a relaxed atmosphere evident throughout the day of inspection.

Residents within the centre communicated in a nonverbal manner. Staff were observed to respect all forms of communication for each individual. When a resident vocalised staff ensured to check on their well being and to attend to their needs in a timely manner. Staff were observed to be courteous and friendly to residents throughout observed activities including mealtimes and activities. Residents were observed to be very comfortable in the presence of staff. One resident smiled and laughed when staff interacted with them. Another resident smiled when they saw staff coming to them.

The inspector completed a walk around of the centre. Group L was presented as clean and homely home. Staff had recently completed a sensory garden for one resident who enjoyed their own space. The area was private and tastefully decorated. A calming atmosphere was promoted for this resident with calming music playing and calm colours through their space. Each resident was supported to decorate their bedroom in accordance with their interests. Residents were observed throughout the day to be very comfortable in their environment, one resident enjoyed relaxing in one room with music as they could see who was visiting the house.

Prior to this inspection the centre was provided with questionnaires to allow residents and their families to voice their view of the service provided in the centre. All residents were supported by their staff team to complete these. A positive response was given. All residents and their families reported knowing who to speak to if they were unhappy and reported being happy with the activities afforded to them in their centre.

This inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed

needs. 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.

Capacity and capability

There was good governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs. The centre was last inspected in February 2022. Following this inspection, the registered provider had ensured all areas of non-compliance identified had been addressed. The provider had submitted the relevant paperwork required for the renewal of the registration of this centre prior to the inspection. This included the centre's insurance and floor plans. This documentation was reviewed by the inspector prior to the inspection and found to be in line with the requirements set out in the regulations with some minor amendments required to the statement of purpose including current conditions of registration and the age range of residents.

The person in charge and person participating in management was available throughout the inspection if required. All members of the governance team met with on the day of inspection were very informed of the needs of the residents and the requirements of the service to meet those needs. The person in charge had very good oversight of the service. They had the required qualifications and relevant experience as outlined in the regulations. The person in charge reported directly to the clinical nurse manager. This included regular face to face conversations, management meetings and escalation of any concern which required to be actioned. An on call system was in place to ensure staff had governance support at all times.

There were clearly defined management structures in this centre. Staff were knowledgeable on who to contact if any incidents or concerns arose. A review of incidents showed that issues were escalated to the person in charge and onwards to senior management, as required with all required incidents notified in accordance with Regulation 31. Staff in the centre received supervision from the person in charge as required. Formal supervisions were completed in conjunction with the organisational policy and were utilised in conjunction with on-site conversations and regular team meetings to ensure all staff had the opportunity to raise concerns or for issues to be addressed.

The provider maintained oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre. In addition, unannounced audits were completed six-monthly in line with the regulations. These reports identified good practice in the centre and areas for improvement. These were addressed and monitored through a centre improvement plan. Non-compliances concerning to the regulatory required monitoring systems

had been addressed by the provider since the preceding inspection.

In addition, the person in charge completed a range of audits in the centre. A checklist was in place to ensure all required audits were completed in a timely manner. These included trending of incidents, medication audits and infection control audits. All audits had a required action plan to ensure areas of non-compliance were addressed. These plans included the person responsible to complete the action. Actions in place were evident to drive service improvement within the centre.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. This included nursing care. The person in charge maintained a planned and actual staff roster in the centre. A review found that the number and skill-mix of staff in the centre was in line the centre's statement of purpose. There was a regular team of staff in the centre to promote continuity of care. Staff had access to a range of training which had been deemed mandatory to support residents in the centre. While staff were supported to attend the required training some gaps were present in the area of behaviour which challenge.

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through house meetings and individual key worker sessions.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the numbers and skill mix of staff were suitable to meet the assessed needs of residents.

An actual and planned rota was in place.

Judgment: Compliant

Regulation 16: Training and staff development

Effective supervision and performance management systems were in place and completed in accordance with organisational policy.

Staff had access to a range of training. This training was supported and facilitated by the provider to meet the assessed needs of residents. While staff were supported to attend the required training some gaps were present in the area of behaviour which challenge.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that appropriate insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements were effective in delivering a good

quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on. Additionally six monthly unannounced visits to the centre were taking place.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations. Some minor amendments were required to ensure all information present was accurate to the current status of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified in line with the requirements of regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

Judgment: Compliant

Quality and safety

Group L currently provided residential support to five residents. Within the centre it was evidenced that residents' well being and welfare was maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to them and in line with their interests including music and

religious services. Since the last inspection. Residents were consulted in the day to day operations of the centre including choice in their daily life. Communication was individualised and incorporated each individuals needs and wishes.

Residents were involved in numerous activities within the centre and in the wider community. Residents were supported to attend by a day activity staff who supported tailored one to one activities with a variety of activities occurring in the centre at the weekends and in the evening. Residents' personal goals included increasing their participation such areas as social outings, shopping and family trips. Residents' key workers reviewed goals to ensure all supports required to meet goals were in place.

Each resident was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multi-disciplinary recommendations and guidance for staff. Personal plans were holistic in nature and incorporated such areas as health care, communication, skills training and emotional supports required. Staff spoken with had an awareness of the each residents personal plan and the supports which were to be implemented.

The residents' health care formed part of their personal plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding health care management plan. These plans were reviewed throughout the year and updated as required. The plans gave clear guidance to staff on how to support residents manage their health needs. There was evidence of input from a variety of health care professionals and specialist medical consultants as necessary.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer and complaints officer were on display in the centre. Safeguarding was included as an agenda item on residents' meetings and team meetings to ensure a consistent approach. Residents had personal and intimate care plans in place.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. Staff were observed completing touch point cleaning during inspection and adhering to infection control measures. Environmental audits were routinely completed. Staff were knowledgeable on steps that should be taken to protect residents from infection and where to source guidance on infection prevention.

The registered provider had effective measures in place for the safe storage, ordering receipt, storage, administration and disposal of medicinal products within the centre. All medicinal products were stored in a locked trolley in the office. Regular auditing was completed to ensure areas were addressed in a timely manner. Where additional medication may be required to be administered for such areas as pain or seizure activity, clear protocols were in place to ensure consistency. The

recording of the administration of all medicinal products was clear and accurate

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured each resident was supported to receive visits within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were supported to maintain links with family as they wished.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural and decorative repair. There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensure the development and review of a residents guide. This was present in the centre and available for residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly incorporating day and night support requirements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had effective measures in place for the safe storage, ordering receipt, storage, administration and disposal of medicinal products within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently

reviewed and updated in a multi-disciplinary manner.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings and key worker meetings were taking place and residents were consulted in the running of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0028704

Date of inspection: 27/09/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge has put in place a training schedule for all staff, ensuring that all staff area scheduled for training in the support of individuals who require support for behaviors of concern.</p> <p>The schedule is for all staff training and refresher training.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been amended, shared with residents and submitted to the authority.</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	30/11/2022
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	30/11/2022