



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 P
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	22 September 2022
Centre ID:	OSV-0005574
Fieldwork ID:	MON-0029153

About the designated centre

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

The designated centre provided accommodation for four adults with high support needs. The designated centre is open seven days a week and is managed by a team of staff nurses, care staff and household staff who in turn are managed by the service manager and nurse management team. The centre is a dormer bungalow with an adjoining apartment which provides accommodation for one adult within a self-contained unit. The bungalow provides accommodation for three adults with intellectual disability and or autism. The centre supports adults both male and female. It is located on its own site in a quiet cul-de-sac in a city suburb. It was warm, bright, spacious and accessible and there were no shared bedrooms. Residents had access to a patio area and secure garden. Bedrooms had been personally decorated by residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 22 September 2022	09:30hrs to 17:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with three residents on the day of the inspection. The inspector was introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment, (PPE).

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection.

On arrival, the inspector was introduced to one resident who was being supported with activities in the designated centre for the morning as part of their regular routine. The resident was listening to their preferred music selection in the sitting room and indicated with gestures that they did not want to share their space with the inspector at that time. The staff team informed the inspector that the resident had enjoyed a hand massage during the morning and their home cooked meal at lunch time before being supported by staff to attend their day service in the afternoon as part of their regular routine.

Another resident was supported by familiar staff in their bedroom during the morning. The inspector met this resident later in the morning as they listened to music in their bedroom, which was decorated with personal items and photographs. Staff informed the inspector that a new bed which could also be positioned into a seat had been ordered to support the specific needs of the resident. It was hoped that this would assist the resident to be more comfortable for longer periods throughout the day. At the time of the inspection, the resident was choosing to spend a lot of time sitting on a mat on the floor.

The inspector met the third resident in the afternoon when they returned from their day service. The resident acknowledged the inspector and staff spoke of some of the activities that the resident had enjoyed during the morning with their peers which included music and refreshments. The resident used sign language in response to the inspector's questions. The resident indicated they had enjoyed their morning activities and had plans to listen to their preferred music choices in the afternoon.

The inspector did not get to meet the fourth resident living in this designated centre. The resident lived in the apartment style area attached to the main house. The inspector was informed that the resident was supported by familiar staff to enjoy a flexible day service routine from the designated centre as per their expressed wishes. They had access to their own transport and had left the house before the inspector arrived. The resident had been informed by staff that the inspection was taking place; however, the resident chose to spend the day away from the designated centre and had plans to have a meal out in a community setting. The

resident did return briefly during the day but chose to go out again in the afternoon before the inspector could meet them. Staff outlined to the inspector the positive impact the bespoke day service being provided to the resident was having which included increased independence and personal choice on a daily basis.

The inspector spoke with a number of staff on duty during the inspection. All were familiar with the assessed needs of the residents. Staff were observed throughout the inspection to respond in a respectful and professional manner to each resident. For example, one resident was observed being gently encouraged to put up their hood while walking to the transport vehicle in the rain. Another staff explained the food preferences of one resident, while another spoke of how family contact was maintained during the pandemic restrictions. All staff spoken to were aware of the procedure to follow in the event of a fire evacuation and demonstrated a knowledge of ensuring residents in the designated centre were safeguarded against all forms of abuse. Staff also explained the rationale for adjusting the schedule of daily activities for the residents to ensure reduced noise levels in the designated centre throughout the day. One resident attended their day service in the morning which facilitated staff to support the remaining three residents in line with their assessed needs.

The inspector reviewed two Health Information and Quality (HIQA) questionnaires regarding the services provided in the designated centre which had been completed by family representatives on behalf their relatives in advance of the inspection. The dedication and commitment of the staff team assured them that their relatives were being supported to enjoy a good quality of life. Ongoing and regular communication, especially during periods when a resident required increased medical supports provided reassurance to family representatives. The person centred flexible routines provided the residents with lots of choice and access to community activities. The outdoor secure space to the rear of the property was also described as a positive part of the designated centre. A suggestion of having music playing in this outdoor space was included in one of the completed forms.

In summary, the findings of this inspection found residents were supported to have a good quality of life, with person centred care and support provided by a dedicated staff team. Some minor issues regarding the premises had been identified during the provider's own auditing process and were being progressed at the time of the inspection.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, the inspector found that there was an effective governance and management structure with systems in place which aimed to promote a person-centred service for residents. The provider had ensured actions from the previous inspection in August 2021 had been addressed. However, not all restrictive practices within the designated centre had been reported to the Chief Inspector as required.

The person in charge worked full time and their remit included one other designated centre. They were familiar with their role and responsibilities. The inspector was informed that the provider had implemented changes since the previous inspection which ensured the person in charge role was supernumerary for a specific number of hours each week to assist them to complete their role and administrative duties. They were assisted by a clinical nurse manager, CNM1. There was a comprehensive audit schedule in place in the designated centre with shared learning among the staff team of audit findings and actions during regular staff meetings. All staff members had been supported to attend supervision with their line manager during 2022.

The inspector was informed that there had been a change to the staff team towards the end of 2021. This was due to a number of different factors but resulted in the person in charge being the only team member who remained unchanged since the previous inspection. This issue had also had been identified as a possible cause for residents experiencing difficulties at the end of 2021 and early 2022. At that time, new staff were unfamiliar with non-verbal and verbal queues from residents which had resulted in a number of incidents occurring in the designated centre at that time. However, the presence of consistent staff since the beginning of 2022 has had a positive impact and staff reported that there had been a noticeable reduction in adverse situations being experienced by residents in the designated centre. In addition, flexible staffing resources including at weekends have resulted in residents being able to engage in regular individual or group activities, including short breaks during 2022.

The provider had ensured an annual review had been completed in this designated centre in November 2021. The auditors noted the positive feedback from residents during regular house meetings but advised improvements were required in the meeting notes to reflect the input from residents. This was evident to have been consistently recorded in subsequent meeting notes reviewed by the inspector. All actions had been completed which included a review of the risk register to ensure risk ratings were reflective of the controls that were in place for some risks in the designated centre including the risk of fire. The person in charge documented the progression and completion of all actions outlined in the provider's scheduled audits. In addition, they had also identified outstanding items such as the yearly fire door check for 2022 which had last been completed in August 2021, in advance of this inspection.

During the walk about of the designated centre, the inspector observed a locked stair gate at the bottom of the stairway. The rationale provided to the inspector for this was to reduce the risk of harm to one resident if they gained access to food belonging to staff stored in a fridge upstairs. The resident was at high risk of choking. The inspector was informed that none of the residents had access to the

upstairs area of the designated centre. However, this restrictive practice had not been reported to the Chief Inspector as required by the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role.

Judgment: Compliant

Regulation 15: Staffing

There was a core staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota, which demonstrated the ongoing changes required to provide a person centred service to all residents.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team had undertaken specific training based on the assessed needs of residents with additional training scheduled to take place during 2022. All staff had attended fire safety, safeguarding and infection prevention and control training. However, not all staff had up-to date training in managing behaviours that challenge at the time of this inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured all information including periods of absences for residents were maintained in the directory of residents.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements, including audit schedules and regular staff meetings ensuring the provision of good quality care and safe service to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured admissions to the designated centre were in line with the statement of purpose and the terms of the admission was provided in writing to each resident availing of services in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that the Chief Inspector had been notified in writing of all environmental restrictive practices that were present in the designated centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent core staff team to provide a person-centred service where each resident's individuality was respected.

The inspector was informed that all residents personal plans had been subject to regular review. The inspector reviewed the personal plans of two residents and noted that they contained a good level information on how to support residents, had multidisciplinary input and were informed by a person-centred planning process to ensure that residents and their families were involved in the review of such plans. During this process goals for residents were identified and the progress documented regularly. For example, goals included meaningful community activities and developing a memory book. In addition, the inspector was informed staff were being supported with the process of identifying meaningful goals for residents by a co-

ordinator of new directions and transforming lives. This was a relatively new post which the provider envisaged would assist staff within designated centres to further enhance the identification and progression of meaningful goals for residents.

Amongst the guidance contained within residents' personal plans was information on how to support resident' health needs and it was found that residents were supported to access health and social care professionals where required. Ongoing review of the changing needs of some residents was also documented which included a health assessment for one resident who had displayed decreased mobility following their discharge from hospital. The personal plans were also found to contain behaviour support plans which are important to help encourage residents to engage in positive behaviour. It was seen that such behaviour support plans provided a good level of guidance which supported staff to engage proactively and consistently with residents during periods of increased anxiety or behaviours that challenge. In addition, information was also provided regarding gestures or objects of reference that residents may use to communicate their needs to staff. For example, if one resident was seen to be holding their shoes, staff would know this indicated the resident would like to go out for a drive.

There was evidence of ongoing review and the reduction of some restrictive practices in the designated centre. This included entry gates remaining open at all times and the unlocking of an exit door when one resident was not present in the designated centre. However, as previously mentioned the use of a stair gate to prevent all residents accessing the upstairs area of the designated centre had not been notified to the Chief Inspector. This was discussed with the staff team during the inspection as they outlined the rationale for the restriction to be in place was to ensure the safety of residents. This will be actioned under regulation 31: Notification of incidents.

One resident had moved into the designated centre since the previous inspection. The inspector was informed that the staff team had been supporting the resident to transition to another designated centre with other peers. The detailed transition plan documented the process and activities such as going to the cinema that the group had enjoyed in recent months. There was also a social story developed for the proposed new home. However, the resident had informed staff in the weeks before this inspection that they liked living in this designated centre. They viewed it as their home. This was re-enforced with one of the resident's identified roles as being a home owner that was displayed in their sitting room. The staff team outlined their plans to support this decision while ensuring the resident also maintained regular contact with their peers.

The staff team comprised of a dedicated cleaning staff member who was present on the day of the inspection. They clearly outlined their role and responsibilities to the inspector and were observed to complete their assigned duties throughout the inspection. This included ensuring adequate supplies of hand gel and towels were present in dedicated locations throughout the designated centre. All staff had completed training in IPC and had been provided with the most up-to-date public health guidance which was due to be implemented on 26 September 2022. The staff team also had access to a clinical nurse specialist in health promotion who was

employed by the provider. The person in charge ensured information relating to COVID-19 was subject to regular review and easily accessible for all staff. In addition, the person in charge had completed the HIQA self-assessment and a site specific a contingency plan, both of which had also been regularly reviewed.

It was observed by the inspector that the designated centre was provided with all expected fire safety systems including fire extinguishers, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. The person in charge had identified that the yearly checks of all fire doors was last completed in August 2021 and had requested this check to be completed for 2022. However, it had not been completed at the time of this inspection. All fire exits were observed to be free from obstruction during the inspection. All staff had up-to-date training in fire safety. Fire drills were carried out regularly, including minimal staffing drills. All were completed in less than three minutes. All residents had personal emergency evacuations plans (PEEPs) which were subject to regular review. Staff spoken to during the inspection outlined the fire evacuation plan and provided additional information regarding the recently changed assessed needs of one resident. However, the fire evacuation plan did not provide updated details regarding the change in assistance required by the resident and the responsibilities of staff supporting all of the residents in the event of an evacuation with minimal staff on duty.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. The staff team had ensured effective communication was maintained with family representatives while public health restrictions were in place or if family representatives were not able to visit.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have visits from family representatives and friends while adhering to public health guidelines. Residents were also supported to visit relatives in the community regularly.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities regularly both within the designated centre and in the community. Daily routines were flexible to support residents in –line with their assessed and changing needs.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the design and layout of the designated centre met the assessed needs of the residents. The premises provided for residents to live in was seen to be clean, homely and well furnished. All actions identified in the previous inspection relating to the premises had been adequately addressed by the provider.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to participate in the preparation of meals and other culinary activities as per their choice. Staff were familiar with the special dietary requirements and assistance required by each of the residents in this designated centre.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that a resident had received supports as they prepared to transition to another designated centre which included a detailed transition plan, social activities with peers and a social story about the new home.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms, emergency lighting and PEEPs that were subject to regular review. However, further review of the fire evacuation plan was required to ensure all staff were aware of the procedure to follow when minimal staffing levels were on duty to effectively and safely evacuate all residents in line with the assessed needs of the residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. Personal goals were identified and progressed which included social inclusion.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident. They were supported to access allied health care professionals and consultants as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured all staff were aware of residents' behaviour support plans, which were subject to regular review and included input from the clinical nurse specialist in behaviour support. However, not all staff had up-to-date training in managing behaviours that challenge. This will be actioned under regulation 16: Staff training.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. All staff were familiar with safeguarding plans that were in place which were subject to regular review and closed out appropriately when no longer required.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected at all times. They were supported to engage in meaningful activities daily either within the designated centre or out in the community. Residents also had access to advocacy supports.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not 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 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Vincent's Residential Services Group P OSV-0005574

Inspection ID: MON-0029153

Date of inspection: 22/09/2022

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>All staff in the designate center will have completed training in the management of behaviors of concern by the 24/11/2022.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The provider will notify the authority of all required notifications.</p> <p>The provider has contacted the lead inspector regarding this regulation and has submitted a factual accuracy form regarding one notification referenced in the inspection report.</p> <p>Since inspection the provider has included one restriction on the restrictive practices log and will be further reviewed by the MDT team in December. The PIC and PPIM will ensure that the authority will be notified of all restrictive practices in the designate center.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire evacuation plan has been reviewed by the Health and Safety Officer, PIC, the PPIM and staff team on the 24/10/2022 to ensure that all staff are aware of procedure in the event of an emergency evacuation at a time of minimal staffing. The PIC and PPIM have also met with night staff re same and reiterated the plan. All PEEPs in the designate center were reviewed by the PIC and team on the 23/09/2022 post inspection.</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	24/11/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	24/10/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Not Compliant	Orange	16/12/2022

	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.			
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