



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

Issued by the Chief Inspector

Name of designated centre:	Riverchapel
Name of provider:	St. Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	03 May 2023
Centre ID:	OSV-0008305
Fieldwork ID:	MON-0038403

About the designated centre

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

Riverchapel is a designated centre which accommodates three adults, both male and female, with mild to moderate intellectual disabilities, mental health, dual diagnosis and behaviors that challenge. The centre comprises of one three storey house. The house is located in a busy town in Co.Wexford. All residents have their own bedrooms which are decorated to suit their preferences. The house has communal kitchen/dining and living areas. The house is located close to local shops, pubs, restaurants, sports facilities, boutiques, cafés, beaches and health services. There were a number of day services/workshops allied to the centre. The staff team currently comprises of care assistants, social care workers and nursing staff. Service vehicles are available to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 3 May 2023	08:30hrs to 15:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre had previously been inspected as part of another designated centre. In November 2022 it was registered as a standalone centre with this inspection the first completed since it was registered. This inspection had been short notice announced as there were positive cases of COVID-19 in the centre. This announcement of inspection assured the inspector that their presence in the centre could be completed in line with the provider's infection prevention and control procedures.

This designated centre comprises an end of terrace three storey property that is registered for a maximum of three residents and currently three individuals live here. The inspector met with all three individuals and spent time with them all over the course of the inspection. On arrival the inspector was guided by staff to where the hand sanitiser and personal protective equipment (PPE) were available in addition to the sign in documentation. Throughout the inspection, the inspector observed staff to follow standard precautions and enhanced precautions in relation to the positive COVID-19 case in the house.

Two residents were sitting in the living room when the inspector arrived. They were watching television and one also had their electronic tablet available. The residents were chatting about a holiday that one individual had been on recently as the second resident was also going to visit there in the next few weeks. They spoke about the best places to shop, to visit and to eat. Later in the morning the third resident returned to the centre and told the inspector they had been to the bank and then had gone to an early showing in the local cinema.

Residents told the inspector that they felt listened to in their home by each other and by staff. One resident stated that they were never afraid to ask for what they wanted. The residents took pride in showing the inspector their home and could talk about items and areas they liked and that were important to them. The inspector was told that two of the residents had jobs and they discussed these and what they did when they were in work. A resident told the inspector that they love what they do and really love that they can get to work on their own on the bus.

The inspector observed the residents freely accessing the kitchen and making snacks, drinks or light meals for themselves. They enjoyed the social aspect of chatting to others in the kitchen while they worked there. One resident had a comfortable armchair in the kitchen and sat there to have a cup of tea and to speak to staff about their day. One resident told the inspector they needed fresh air and decided to go for a walk to the beach near to the centre. They spoke of being able to make this decision spontaneously and being able to carry it out without staff support and how important this was to them.

There was a warm and welcoming atmosphere in the house. All residents who spoke with the inspector were comfortable in their home, and with the levels of support offered by staff. They were observed to seek out staff support as they needed it

during the inspection, and staff were observed to respond in a kind and caring manner. Staff who spoke with the inspector were very familiar with residents' care and support needs, and they spoke with the inspector about residents' likes, dislikes, goals, and talents. From what the inspector saw, was told and read, residents were very busy and enjoying a good social life in their local community. Staff spoke of feeling listened to by the provider and person in charge and felt they could raise any issues using the systems available to them.

There was a vehicle available to the house to support residents in attending activities, events and to go to work or access the community. As stated some residents also used the local buses and public transport. Residents had mobile phones to keep in touch with their family and friends, and to keep in touch with staff when they were out and about. Residents were visiting their families and friends regularly, including going on holidays. One resident spoke with inspectors about having a cup of tea with their friend in a cafe regularly and another resident spoke about how much they enjoy going for a meal or having a takeaway. They also spoke about their family and showed the inspector photos on a cushion in their room.

Social stories and information in an easy-to-read format were available for residents on areas such as fire safety, residents' rights, finances, complaints, the availability of independent advocacy services, and infection prevention and control. There was also a weekly menu in place completed by one resident. All residents told the inspector who they would go to if they were not happy with any element of their care and support.

Overall, the inspector found that the provider was recognising areas where further improvements were required and putting actions plans in place. They were aware that improvements were required in relation to fire containment and reviews of this were planned after the inspection. Residents were busy doing things they enjoyed and were keeping in touch with their family and friends.

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 the quality and safety of the service being delivered

Capacity and capability

Overall, this inspection found that following the registration of this premises as a designated centre, residents had been in receipt of good quality care and support. This had resulted in improved outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe

service.

There were systems to ensure that staff were recruited and trained to ensure they were aware of and competent to, carry out their roles and responsibilities in supporting residents in the centre. Residents in this centre were supported by a core team of consistent staff members. Residents were complimentary towards the staff team. Staff were described as encouraging, helpful, welcoming, professional, kind and supportive. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required.

In addition, staff took the opportunity to talk with the inspector about residents' strengths and talents. They spoke about how important it was to them to ensure that residents lived in a comfortable home where they were happy, safe and engaging in activities they enjoyed. A new person in charge had commenced in the centre since it had been registered and they were found to be familiar with residents' care and support needs and motivated to ensure they were happy and felt safe living in the centre. They were available to residents and staff both in person or on the phone during the week, and there was an on call manager available in their absence. They were supported in their role by a team leader and a person participating in the management of the centre.

Regulation 15: Staffing

The provider had ensured there was a consistent staff team in place to deliver person-centred, effective and safe care and support to residents. The inspector found that there were at all times sufficient numbers of staff present with the necessary experience to meet the needs of the residents who live in this centre. Residents reported to the inspector that the staff team are kind and respectful and that they knew them all. The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

The person in charge reviewed the effectiveness of the staffing arrangements on an ongoing basis. Where staff were unavailable in either a planned or unplanned capacity due to leave or illness then the provider had a small team of consistent relief staff available that were used to fill gaps on the roster. The core staff team was supplemented by the use of day service staff during the day who provided bespoke activities for residents as required.

The inspector reviewed the centre roster and found that it was for the most part well maintained and provided an overview of the staffing arrangements for three week cycles at a time. The roster required one amendment however, which was the addition of the hours 07:00 to 08:30 worked in the morning of a sleepover shift. The

person in charge began the process of roster review on the day of inspection. The person in charge roster was also available to the staff team so that they knew where the person in charge was based on any given day and in addition, an on-call roster was available. These ensured that the staff team could access support as required out of hours and at weekends.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The person in charge was supported in their role by both a team leader and a member of the provider's management team who held the role of person participating in management of the centre. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with the inspector were aware of their roles and responsibilities.

The quality of care and experience of the residents was being monitored on an ongoing basis. The person in charge had systems in place to complete audits and reviews, and to ensure the actions from these reviews were followed up on and completed. The person in charge and the team leader met on a regular basis and reviewed actions and audits that were delegated to staff members for completion. In addition there was a system of daily and weekly checks and audits and the person in charge utilised the provider's checklist systems to set, track and monitor identified actions.

The provider had systems in place to complete annual and six-monthly reviews for all of their designated centres. As this centre had not yet been registered for six months, none of these had as yet been completed. However, representatives of the provider's management team completed regular unannounced visits to the centre and completed reviews that pertained to selected Regulations as part of their oversight mechanisms.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider ensured that all residents in this centre had contracts in place with the registered provider that detailed the service to be provided and the fees or costs to be charged. As a result of the change in their home having become a newly designated centre their contracts had been reviewed and no changes were found to

have been required.

The change that had occurred in the centre from having been part of a larger centre to the smaller designated centre had been openly discussed with the residents in advance. Residents told the inspector they had been told about changes to the role of person in charge and possibly to the staff team in advance and they were happy with what had occurred. Residents told the inspector that they had spoken to each other about who they would like to live with and that the experience had been positive for them.

Judgment: Compliant

Regulation 3: Statement of purpose

This is an important governance document that accurately describes the centre's aims and objectives and outlines the service to be provided. The provider had ensured that the statement of purpose for this centre contained all information as required by the Regulation and clearly described the model of care and support delivered to the residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place that was effective and available in an accessible format for residents and for their representatives to use. There was a nominated complaints officer and systems to log and show follow ups on complaints made. Residents were encouraged to express any concerns they may have safely and there were reassurances provided by the person in charge and staff team that raising an issue of concern was positive. Residents told the inspector that they knew who to talk to if they had a concern or worry and could outline the process for the inspector. The provider reports that they see the making of suggestions, complaints and compliments as valuable sources of information and outlined that they use this information to make improvements in the service they provide.

The inspector reviewed the complaints register for the centre and found that to date no complaints had been received for this centre since it was first registered. The inspector reviewed a compliment received and this reflected increased independence and confidence of residents since the centre reconfigured.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The provider had further plans to increase residents' opportunities to engage in activities in their local community and to support them in exploring options for their home or changing housing requirements.

The centre was warm, clean and homely and the residents reported that they found it comfortable and they liked living here. While some improvements were found to be required in infection prevention and control practices and in fire safety overall, residents, visitors and staff were protected by the risk management policies, procedures, and practices in the centre.

From speaking with residents and staff, and a review of a sample of residents' assessments and daily records the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside their home. They were attending activities, day services, going to work, using local services, and taking part of local groups and societies. In addition, residents had meaningful goals documented in their personal plans that they had an active part in developing.

Regulation 13: General welfare and development

Residents in this centre had lived together for a number of years. They told the inspector that their friendships were important to them. The residents spoke about their wishes to, in some cases continue to live together, or in other cases to possibly move to living on their own but remaining close friends with their peers. These were options that the residents had spoken to the provider about and the residents felt they were supported in making decisions and in exploring housing options.

Residents told the inspector about jobs that they had and roles they held in their community. They explained to the inspector how they were supported to travel to work and for leisure and had been supported in learning how to use public transport. Since this premises was registered residents now held their own front door keys and directed their day as independently as possible. The provider and person in charge had created a culture that promoted residents in effectively exercising their rights and in feeling valued.

Judgment: Compliant

Regulation 17: Premises

This centre comprises a three storey end-of-terrace house in a residential area close to a nearby town. It has communal areas on the ground floor comprising a living room, kitchen-dining room and a shared WC. Externally to the rear of the house was a garden designed and laid out to meet all possible resident needs. On the first floor were two residents' bedrooms with a shared bathroom and on the second floor one further resident bedroom, bathroom and a staff bedroom with an en-suite bathroom.

The design and layout of the premises was in line with the statement of purpose with adequate communal and private space. Residents present in the house showed the inspector their home and pointed out pieces of furniture and items that were personal to them and were important. One resident who has a job in a local charity shop showed the inspector some impressive furniture finds that they had bought for their home. The centre was warm and clean and presented as a comfortable and personalised home.

At the time of the inspection due to the presence of COVID-19 in the house one of the shared bathrooms was identified for use by a single resident only however, residents explained that they understood the need to share the other bathroom not on the same floor as their bedroom was only a temporary arrangement.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide had been reviewed as part of the registration of this centre. It was reviewed and found to contain all information as required by the Regulation. The person in charge and provider were also working on the production of a version of this guide that may be more accessible. Currently it was also available in a format that reflected key points of information and supported by photographs and symbols.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each individual's needs and the need to promote their safety, while promoting their independence and autonomy. The inspector reviewed

samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. The inspector found that there was positive risk taking also in evidence that supported the rights of residents, such as going out into the community without staff support or staying in the house on their own.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. For example, the risk of contamination from soiled linen arose due to the location of the washing machine in the kitchen, this had been assessed and the machine trialled in new locations in order to minimise risk while also ensuring residents can still freely access the machine.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were for the most part protected by the infection prevention and control policy, procedures and practices in the centre. As mentioned previously there was a positive case of COVID-19 in the centre on the day of inspection. Contingency plans and risk assessments were developed in relation to risks relating to infection and COVID-19. Following consultation with the residents it had been agreed that the individual who was positive with COVID-19 could move through their home however, they wore a face mask and maintained social distance. A control measure was put in place to protect residents at times when mask wearing was not possible such as, mealtimes. The inspector observed that when the residents were enjoying a cup of tea which necessitated the removal of masks that the need to stagger times or maintain distance was not adhered to. This posed a risk to the other residents.

Staff had completed a number of infection prevention and control related trainings. The physical environment in the home was clean and there were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. The provider demonstrated evidence of learning shared across all of it's centres in revising the cleaning schedules following inspection findings in other areas. The provider had implemented a flat mop system since the last inspection and there were suitable arrangements for the storage of buckets and cleaning equipment.

Minor improvement was required relating to waste management as the inspector found that in the communal WC on the ground floor the bin was not closed nor pedal operated and this was of concern as it was used by all residents, staff and visitors to the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was suitable fire equipment in place and systems to ensure it was serviced as required. There were adequate means of escape including sufficient emergency lighting which was being regularly serviced. There was a procedure for the safe evacuation of residents and staff, which was prominently displayed.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. Fire drills were occurring regularly in the centre and being completed at different times. Review was required however, to ensure that a drill in line with the provider's policy took place when the minimum number of staff and maximum number of residents were present. In addition, given that residents were also assessed to be in the house without staff support a drill reflecting this scenario should also be completed. Drill records also required review, as there were no times recorded indicating how long drills took other than on one document reviewed by the inspector.

Staff had completed fire safety awareness training, and dates are identified for refresher training for those who required it. Minor improvement was required to ensure fire could be contained in the premises effectively, in particular as the house was laid out over three floors so maintaining an evacuation route was of utmost importance. The residents expressed a wish for their living room door to remain open for ventilation and they did not like keeping the windows open as this was too cold. As a result they moved an armchair to a position in front of the living room door to prop it open. This remained the case throughout the inspection. This issue had been self-identified by the provider who had discussed it and were in the process of reviewing possible solutions. The inspector was for the moment in advance of actions assured by the procedures to move the chair in the evening and the checks that the door was closed prior to leaving the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through residents' meetings and discussions with staff and their keyworkers. Over the course of the inspection the residents showed the inspector where items such as cleaning equipment was kept and explained how they took part in the cleaning and care of their home. Residents were able to speak to the inspector about why they had moved the chair in the living room to keep the door open and were clearly involved in making

decisions that were important to them in arranging their home to meet their needs.

They had access to information on how to access advocacy services and could freely access information in relation to their rights, safeguarding, and accessing housing, or financial or advocacy supports. There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as fire safety.

Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

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 15: Staffing	Substantially 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverchapel OSV-0008305

Inspection ID: MON-0038403

Date of inspection: 03/05/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The morning hours of a sleepover, 07:00-08:30, are now included on the roster for all sleepover shifts.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The bin in the communal WC on the ground floor has been replaced by a foot pedal bin which closes automatically once the pedal is released.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill has occurred which included a minimum number of staff and maximum number of residents and without staff intervention as individuals were not aware that staff were present and observing. This drill reflected a scenario when individuals are home alone. The PIC has completed a full review of all fire drill records. This was also discussed at the team meeting on 08.05.23 and all staff were given guidance on how to complete the drill record with an emphasis placed on the importance of recording times.</p>	

Mag locks have been approved for the living room door. Mag locks close automatically once the fire alarm has been triggered. These have been ordered and will be fitted on 09.06.23.

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	31/05/2023
Regulation 27	The registered provider shall 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.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(3)(a)	The registered provider shall	Substantially Compliant	Yellow	09/06/2023

	make adequate arrangements for detecting, containing and extinguishing fires.			
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	31/05/2023