



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

Issued by the Chief Inspector

Name of designated centre:	St Francis Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	13 July 2021
Centre ID:	OSV-0001774
Fieldwork ID:	MON-0032960

About the designated centre

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

St Francis Residential Service is a designated centre which supports residents with a low to moderate intellectual disability. The centre can also support residents with mental health needs and residents who require some medical interventions. A social care model of care is provided in the centre and residents are supported by both social care workers and social care attendants. Additional staffing is deployed during the week day evenings to facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours.

The centre is a large sized two storey building which is located with walking distance of a large town. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

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 - 2015 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 13 July 2021	10:30hrs to 16:30hrs	Jackie Warren	Lead
Tuesday 13 July 2021	10:30hrs to 16:30hrs	Úna McDermott	Support

What residents told us and what inspectors observed

The care and support of residents at the designated centre was found to be of good quality and of a high standard. On the day of inspection, there were three residents at the centre. They had an outing planned for the day but when requested two residents said that they would be happy to speak with inspectors before leaving for their trip. These conversations took place in an open plan kitchen/living area of the house where inspectors could ensure social distancing in compliance with COVID-19 guidelines.

Residents said they liked living in their home. They told inspectors about an annual house party which they hoped would proceed this year. Residents explained that family and friends are invited and they told inspectors about the red carpet that they use to welcome guests. They also spoke about day-to-day life in the centre, for example, the menu that is planned on a weekly basis and displayed on the notice board, and their favourite foods to eat. Resident were observed to be involved in household chores such as tidying up the kitchen and checking if there was enough water for the flowers on the table. Residents also spoke about organising the laundry and explained the routine to the inspector. Inspectors observed that staff members were close by and available to provide support if required throughout our conversations.

After this discussion, residents agreed to show two of the bedrooms in the designated centre to the inspectors. These were found to be spacious and decorated to each individuals' style. One had an en-suite bathroom while the other resident used a shared bathroom close by. One room had distinctive wall paper and the resident told the inspector that the design was personally selected while smiling happily. Both bedrooms had personal possessions displayed which included family pictures. Residents also took time to talk about their hobbies to the inspectors for example, collecting items of interest.

Overall, the centre was spacious in design with two individual sitting areas available for residents' use and was nicely decorated. The main sitting room had a new television and staff explained that it was very useful during the COVID-19 restrictions as it could be used by the residents to keep in contact with their family members using video calls.

There was a paved area to the rear of the house, with a garden and a space to sit outside if residents choose to do so. There was also a garden at the front of the house and while on inspection, the front door was observed to be open with residents going to the front area garden and returning into the house by choice.

While in the company of residents, the inspectors observed that residents were well supported, that attention was given in an individual way and that there were adequate numbers of staff in the centre to provide assistance if required.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this. Some minor improvement was required to the annual review and staff training.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Unannounced audits were being carried out twice each year on behalf of the provider. Audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of medication management, finances and infection control. Records showed a high level of compliance in these audits and that most audit findings had been addressed, while some were in the process of being completed.

A review of the quality and safety of care and support of residents was being carried out annually. There was evidence that consultation with residents and or their representatives was taking place in various formats throughout the year and feedback from relatives indicated a high level of satisfaction with the service. However, while ways of consultation with residents were explained in the annual review, the outcomes of this consultation with residents was not stated.

There was a suitably qualified and experienced person in charge who knew the residents and their support needs. The person in charge was not based in the centre full time, but called daily to meet with residents and staff. It was clear that residents knew, and got on well with, the person in charge. The person in charge also worked closely with her line manager and attended monthly meetings with other persons in charge and senior managers. She found these meetings beneficial for sharing information and learning.

Arrangements were in place to support staff during the absence of the person in charge. A senior manager was always on call to support staff at weekends and at night and contact details were available to staff.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included, appropriately trained staff, suitable and well maintained premises and a transport vehicle for residents' use.

There was evidence that staff were suitably skilled to support residents care needs and to keep residents safe. Overall, staff were suitably trained to support residents' assessed needs. Staff had received training relevant to their roles, such as training in medication management, diabetes care and first aid. All staff had attended mandatory training in fire safety and safeguarding, while most staff had received

up-to-date training in managing behaviour that is challenging. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. Some training had not been completed within the required time frames due to impact of COVID-19 restrictions. However, this had been identified by the person in charge and this training was scheduled to take place within the coming weeks. The person in charge had recently carried out a training needs analysis which had identified and planned staff training for the coming six months, and the required training had been identified in this report. The person in charge also held staff meetings approximately once a month at which information was shared and the welfare and progress of all residents was discussed and planned.

Records viewed during the inspection, such as staff training records, personal plans, healthcare plans, COVID-19 and infection control systems, and audits were comprehensive, informative and up to date. There was an informative statement of purpose which gave a clear description of the service and met the requirements of the regulations. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by inspectors were up to date and informative. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services. A review of incident records showed that been low levels of notifiable events had occurred in the centre, although any required notifications had been suitably submitted.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre daily and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had access to appropriate training, including mandatory training, as part of a continuous training and development programme, although some training had not been completed within the required time frames due to impact of COVID-19 restrictions. However, this had been identified by the person in charge and this training was scheduled to take place within the coming weeks.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, minor improvement was required to the annual review:

- while the annual review report on the service clearly confirmed how consultation with residents was being achieved, it did not state the views and opinions of residents arising from this consultation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector and these had been submitted as required.

Judgment: Compliant

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Quality and safety

This centre was found to provide a good quality, safe, and reliable service for residents. The individual needs were found to be at the centre of the care provided.

Residents were supported to communicate their wishes to others and each person had an easy-to-read communication profile in their file. One resident had a communication passport which documented likes and dislikes, along with a sheet which explained how the resident communicated non-verbally with others. Staff were aware of each person's communication needs and provided supports as required. Residents had access to mobile telephones, internet and a video call facilities so that they could keep in contact with family and friends.

Information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. In addition, the provider had developed a guide to the service which was also supplied to residents in an easy-to-read format.

The centre was located in a residential area which was close to a busy town with a variety of amenities. The centre comprised a two-storey house which was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The house was decorated to a good standard, however, some of the shared spaces required fresh paint. The person in charge had already identified that this was required but this work had been delayed due to COVID-19 restrictions and was now planned to take place in the near future. There was a well equipped kitchen, adequate communal and private space and a well maintained, secure garden at the rear of the house. Residents' bedrooms were personalised with personal items such as pictures, family photos, and colour schemes and bedding of their own choosing. There were suitable facilities available for residents if they wished to do their own laundry.

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Residents' nutritional needs, were being assessed, their weights were being monitored and plans of care had been developed as required based on these assessments and monitoring. Suitable foods were provided to suit any special dietary needs of residents. Staff were also keeping records of the

meals that residents were taking.

On the day of inspection, inspectors found that the registered provider had ensured that procedures were in place to protect residents from an outbreak or spread of infection. An outbreak management plan was in place and was up to date. This included options for isolation of residents if required. A COVID-19 response plan was in place for staff and all staff training in infection prevention and control was up to date. A daily cleaning schedule was available in the designated centre and a weekly audit was carried out to ensure high standards were maintained.

Following risk assessment, residents in this centre were encouraged to take responsibility for their medications. Inspectors found that the person in charge had good oversight of this process. Each resident had a self administration of medication support plan available, they had secure storage for their medicines and recording sheets were accessible and up to date. If PRN medications were required, a protocol was in place to support this.

A review of residents' files found that there was a rights checklist available for each resident. These were reviewed on an annual basis as noted in the annual review. Residents told inspectors that they had meetings with staff to plan menus and to schedule activities. They also showed that they had choice and control over the decoration of their bedrooms. A family advocate was in place to support a resident with decisions about care and support if required. Residents had attended a rights based training course and similar training was planned for staff.

Where residents required positive behaviour support there was a personal risk management plan in place. If restrictive practices were required, there was good oversight in place and an up-to-date log of practices used. The registered provider had a system in place to review incidents so that changes could be made to support residents if required. A behaviour support specialist was available to support residents. Most staff had training in positive behaviour support and others were due to attend training in the coming weeks. The systems and plans in place were effective as there had been very few incidents of concern in the centre.

Regulation 10: Communication

Staff were aware of the communication support needs of residents and an easy-to-read communication profile was available in each individual's file.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in preparing, and were involved in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

There was an informative guide for residents that met the requirements of the regulations. This was made available to residents in a suitable format that was easy for them to understand. Other relevant information was also made available to residents in easy-to-read formats.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that procedures were in place to prevent and control the spread of infection in the designated centre. This included specific guidance in relation to COVID-19.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents in this designated centre take responsibility for their own medications. There was a policy in place to support safe oversight of this process

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had the ability to support and promote positive behaviour. Some staff were found to require training in positive behaviour support and this was scheduled for the near future.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that processes were in place to respect the individuality and dignity of each resident.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Francis Residential Service OSV-0001774

Inspection ID: MON-0032960

Date of inspection: 13/07/2021

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>PIC had identified the need for refresher training for staff within the service. They have worked alongside the Training Department to secure dates for the relevant training. All staff will have the necessary training completed by the 17th of the September.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Annual Report has been amended to reflect the views and opinions of the residents after initial consultation. This Annual Report will be circulated again to all concerned. Going forward the Annual Report will reflect the continued consultation with residents highlighting their views; opinions and wishes are clearly captured in the report.</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	17/09/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	10/08/2021