



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 B
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	13 April 2023
Centre ID:	OSV-0003925
Fieldwork ID:	MON-0030615

About the designated centre

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

The centre provides residential accommodation for six adults with an intellectual disability. The centre is located in a campus-based setting providing various facilities for people with intellectual disabilities in addition to residential accommodation. Accommodation is in a single storey attached house. The house has one sitting room, a kitchen-dining room, six bedrooms, wheelchair accessible sanitary facilities, office and storage facilities. The designated centre is staffed with a team of nurses, care staff and a service manager by day with waking staff in the designated centre by night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 13 April 2023	10:00hrs to 16:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with all of the residents during the inspection. They were 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. The inspector was given four completed questionnaires to review.

On arrival the inspector was introduced to one resident who was sitting in a lobby area near the entrance. The resident was engaged in some art activities at the time. They responded with a greeting to the inspector when introduced by the person in charge. The inspector met this resident a number of times during the day. They were observed to support staff with some household activities and declined the offer to join peers who were going shopping and had plans to have some refreshments in the community.

The resident was encouraged by staff later in the afternoon to demonstrate to the inspector how they completed a number of different activities while using their electronic tablet device. The resident was supported by the staff to complete these activities. Minimal assistance was provided with hand over hand direction at times by the staff member who was also the resident's keyworker. The resident was delighted when they successfully completed the activities and responded with broad smiles to positive reactions from all present.

The inspector was introduced to two residents while they were relaxing in their bedrooms on their comfort chairs. Both residents used non-verbal methods of communication to express their responses to staff. The inspector observed the staff to be very familiar with what the residents' preferences and interests were. For example, one resident was watching a preferred programme with animals and was observed to smile when staff explained how much the resident enjoyed these programmes. The inspector observed another resident being offered a variety of choices during the inspection, such as clothing and engaging in activities. The resident was able to express their preference with a gesture and smiled when staff verbally confirmed the choice made. The resident also enjoyed musical films and the inspector could hear the resident responding to the songs at different times during the day. On one occasion a staff member sang along with a particular song that was playing at the time. The inspector observed the resident to be delighted with this interaction.

Due to the assessed needs of one resident in the designated centre they were supported by a dedicated staff during the day. The resident was introduced to the

inspector at the beginning of the inspection as they prepared to go out for a walk with staff support. The inspector observed this resident to be very active throughout the day and liked to participate in activities outside the designated centre. They went out for a number of walks around the campus during the day as per their wishes. In addition, they went into the nearby town to purchase an item with staff in the morning and enjoyed refreshments in a café afterwards.

On the day of the inspection there were no dedicated activation staff available to support the residents. The staff on duty were observed to support the residents complex medical needs while ensuring all were supported to participate in preferred activities within the designated centre, on the campus or out in the community. The staff team were observed to work together throughout the day to ensure the residents assessed needs were supported. For example, the household staff member was observed to seek assistance from one resident with the sorting of their own laundry which the resident appeared to enjoy participating in. The inspector also observed all staff ensuring residents were supported to have their meals and snacks in an un-rushed manner. Staff spoke of individual preferences and were familiar with individual feeding and eating plans.

Staff were observed to be familiar with the individual preferences and assessed needs of each of the residents. Three of the residents required support with activities of daily living (ADL's). However, staff also supported all residents to maximise their independence where possible. For example, staff explained how one resident enjoyed video calls with their family representatives on their tablet device. They explained this contact had developed during the pandemic but was now a regular activity for the resident to maintain contact with their family representatives. The resident needed assistance to commence the call but could then continue to engage privately with the call without any further staff support. Another resident was supported to engage in regular phone calls in the privacy of their bedroom with their family representatives.

The person in charge explained that there were plans to replace some damaged flooring and upgrade the kitchen units during the walk about of the designated centre. There was a relaxed atmosphere throughout the house. It was decorated throughout reflecting the interests and preferences of the residents. For example, the social roles each of the residents had were identified on a display in the hallway. Details of activities attended in the community recently included musicals with more events planned for the coming months. However, there were a number of issues relating to the premises that were identified during the inspection. These will be further discussed in the quality and safety section of this report.

Staff explained to the inspector the positive impact the use of sensory gloves for one resident had on their daily interactions with staff. The resident could independently take off these gloves that had different textures on them. Staff explained these gloves were offered to the resident frequently as they provided comfort to the person who had a vision impairment. In addition, staff offered the gloves to the person at times when interactions with staff were required such as during intimate care. Previously, clinical holds had been used to ensure the safety of the resident and staff. Clinical holds were no longer required for this resident when providing

support with their care needs. The person in charge explained, it was a staff member who was redeployed to the designated centre during the pandemic had researched the use and benefits of the sensory gloves. The inspector observed the resident to be wearing the gloves when they met and the resident appeared to be relaxed and responded to the familiar staff member during the interaction.

However, not all restrictive practices actively in use at the time of this inspection within the designated centre had been identified. The inspector observed a locked half door in the kitchen. The rationale provided to the inspector was to support the safety of two of the residents who had been identified as being at risk of choking. The inspector was informed another resident could independently access the kitchen and open this door themselves if required. However, the restriction had not been reviewed by the provider's restrictive practice committee. This will be further discussed in the quality and safety section of this report.

The inspector was informed of the benefit of the use of complimentary therapies for a number of residents in the designated centre. Staff spoken too explained the particular treatment plans that had been developed by a staff member trained in complimentary therapies employed by the provider. A resident had a regime which included the use of essential oils that supported enhanced sleeping. Another resident was being supported with a regime when they experienced heightened anxiety. Staff spoke of the benefits to these residents when the treatment plans were used.

The inspector observed many interactions between the staff team and the residents throughout the inspection that were respectful. For example, staff were observed to converse and complete activities while in seated positions to enable effective communication with the residents. All staff had completed Human rights training and residents were supported during regular resident meetings to express any concerns they had. Residents also attended advocacy meetings within the designated centre. Easy –to –read formats of the United Nations convention on Human rights were also available for residents to discuss and access with staff support. In addition, documents including personal plans, goals and communication passports were all available in resident's bedrooms in easy-to-read format.

Staff outlined a number of goals that were progressing with the assistance of family representatives and community input. This included the supply and installation of a wheel chair swing on the campus. Residents liked to use a similar piece of equipment in another community location and staff had identified the benefit for the residents in this designated centre and others located on the campus. The installation of the equipment was expected to be completed in the weeks after this inspection and residents were looking forward to being able to easily access the swing frequently on the campus.

The completed questionnaires contained positive comments relating to the facilities, staff and supports provided to the residents. All were completed by a friend or family representative of the residents. The availability and access to some activities such as swimming and reflexology were identified as interests that some residents would like to part take in more often. One questionnaire also referred to the

satisfactory outcome of a complaint made regarding a proposed change to the living arrangements for their relative.

Prior to the pandemic, there was one shared bedroom in this designated centre. To ensure the safety of residents and reduce the risk of infection during the pandemic all residents were provided with single occupancy rooms. The provider changed the purpose of the sun room to a bedroom for one resident. The Health Information and Quality Authority (HIQA) was informed of this change of purpose. This arrangement was still in place at the time of this inspection. The provider had sought to reduce the capacity of the designated centre to five residents as part of the de-congregation plan for the campus. One resident had been identified as possibly moving to another designated centre on the campus. However, their family representatives did not wish for this to take place. They felt the alternative designated centre would not be beneficial to the resident's well being. However, the inspector was not assured the voice of the resident was considered in this decision. This will be further discussed in the quality and safety section of this report.

In summary, residents were being supported by a core group of dedicated staff to ensure a good quality of life with ongoing contact with family representatives and the wider community. The provider had identified an area of concern relating to the access for residents to community activities in the evenings and at weekends due to the availability of staffing resources. This was under ongoing review with the provider providing relief staff where possible for pre-planned activities. However, further improvements were required to ensure all restrictive practices within the designated centre are identified and reviewed in-line with the provider's policy. In addition, the floor plans required further review. The inspector noted a door in the laundry room was not present as reflected on the floor plans submitted with the application to renew the registration of this designated centre. The rights of residents to be involved in decision making regarding their care and supports also required further review.

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. This designated centre had previously been inspected in February 2022. The provider had outlined actions taken to address issues identified during that inspection. Most of the actions from the previous inspection in February 2022 had been addressed. However, it was identified during this

inspection, not all restrictive practices had been identified and reported as required by the regulations. This was also a finding of the previous inspection in February 2022.

As previously mentioned in this report the inspector was informed that the use of a locked half door in the kitchen was in place to reduce the risk of choking for two residents residing in the designated centre. The provider had submitted an updated compliance plan response in January 2023 for the previous inspection findings of February 2022. In relation to regulation 31: Notifications, the provider outlined that an annual review of all restrictive practices had taken place on 8 July 2022. This had been completed by the restrictive practice committee and the multi-disciplinary team (MDT). The actions outlined in the response included that all restrictions were reviewed and included on the restrictive practice register for the centre and documented for each resident. Additional restrictive practices were logged on the service register following the review. However, it was not evident during this inspection that all restrictions had been identified, documented and reported as outlined in the provider's response and in-line with regulatory requirements.

There was an actual and planned rota in place which reflected changes being made due to unexpected or unplanned events. In addition, staffing levels had been maintained during periods when an outbreak of COVID-19 had affected the designated centre in recent months. The time table of scheduled activities for residents was flexible to meet the changing needs of residents. The inspector acknowledges that the core staff team were supporting residents to engage in some preferred activities during the inspection. However, as per the provider's own annual report which was completed in November 2022; there was an ongoing concern regarding the availability of sufficient resources being available on the evenings and at weekends to support the residents all of whom required one to one support while engaging in community activities.

The inspector was informed of the reason why there was no activation staff on duty on the day of the inspection. The statement of purpose outlines that while residents do not engage in an education, training or employment programme they are supported to engage in an activation programme. The inspector was informed that the provider was actively seeking to recruit staff to fill a current vacancy for an activation staff and had identified regular relief staff to fill another ongoing vacancy at the time of this inspection.

The person in charge worked full time and had a remit over a total of two designated centres. They allocated their time between both designated centres and were supported by senior staff members in each house. They delegated duties to these staff including scheduled audits. The person in charge was familiar with the assessed needs of the residents. The provider had allocated protected time for the person in charge to complete their administrative duties. This included completing the supervision of staff members. However, at times of unplanned and planned leave if additional resources were not available the person in charge provided front line support to the staff team. This impacted on their ability to complete all of their responsibilities as the person in charge. They were being effectively supported in

their role by the person participating in management.

The provider had ensured that an annual review and provider-led internal six monthly audits had been completed as required by the regulations. These were detailed audits which identified a number of actions to be completed. Details including the dates the actions were completed were clearly documented. However, two actions were identified in both the August 2022 and March 2023 internal six monthly audits. This related to the tracking of resident's goals on a monthly basis and access for residents to avail of social opportunities in the community. These were subject to ongoing review by the person in charge at the time of this inspection.

During the walk about of the designated centre the inspector observed a door frame in the middle of the laundry room. Upon review of the floor plans submitted with the application to renew the registration of this designated centre the inspector noted a door was included in the floor plans which was reflective of the location of the door frame. The inspector was informed that a door had not been present in that location for an extended period of time. There were two other doors which provided access and exit from the room. These two doors were reflected accurately on the floor plans. However, the inspector advised that the floor plans submitted were not reflective of the actual designated centre as outlined in Schedule 1 of 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. The floor plans were required to be updated and resubmitted following the inspection to ensure they accurately reflected the actual layout of each room in the designated centre as per Schedule 1 of the regulations.

Judgment: Substantially 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 available to support the needs of the residents. There was an actual and planned rota, which demonstrated the ongoing changes required to provide a person centred service to all residents. The provider had ensured dedicated staff supports were in place during the day for one resident as per their assessed needs

However, the provider's ongoing review of the staff skill mix and resources was required to ensure the changing assessed needs of residents were continued to be supported. There were staff vacancies at the time of this inspection.

In addition, access for residents to social and community activities in the evenings and at weekends had been identified as an area of concern. The provider was actively engaged in a recruitment process to fill a staff vacancy within the designated centre at the time of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence of ongoing review of staff training requirements for 2023. The person in charge had completed staff supervisions during 2022 and the supervision of staff for 2023 was underway. However, at the time of this inspection only training in infection prevention and control (IPC) and medication management had been completed by all staff required to complete the mandatory training in these areas. Gaps were identified in training in fire safety, safeguarding and managing behaviours that challenge for a small number of the core staff group.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider has ensured a directory of residents was maintained in the designated centre. In addition, this had been subject to review by the provider's internal auditors in August 2022 and March 2023 with actions completed which included updating the information when residents were not present overnight in the designated centre.

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 was evidence of governance, leadership and management arrangements in the designated centre to ensure the provision of quality care and safe service to residents. The provider was actively reviewing the staffing resources required within the designated centre and recruitment of new staff.

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.

The inspector was aware that the provider was actively reviewing nationwide their active documentation including contracts of care that contained references to a previous entity by which the provider was formerly known.

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 during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was informed of all adverse events in a timely manner as required by the regulations.

However, not all restrictive practices that were being used in the designated centre had been reported in the quarterly reports submitted to the Chief Inspector.

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. Residents were aware of the process to make a complaint and had access to information regarding complaints within the designated centre in easy-to-read format. The inspector reviewed the complaints log. One complaint had been made since the previous inspection. Senior management and the staff team ensured the issue raised was dealt with directly. Clear communication and clarification relating to the complaint was provided to the complainant. The complaint was closed out to the satisfaction of the complainant.

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. However, further review of residents rights was required to ensure the voice of the resident was being considered in decision making relating to their care and the supports being provided to them.

Residents were provided with ongoing support from a core a staff team including nursing and social care to ensure all their medical and healthcare needs were addressed. Residents living in this designated centre had complex medical needs requiring ongoing input from allied health care professionals.

Residents were supported with regular input as required from members of the MDT which included the clinical nurse specialist in behaviour support. The behaviour support plan for one resident had been subject to recent review. The updated plan

had been documented as being read by the core staff team and was effectively supporting the resident at the time of this inspection.

There was evidence of residents collaborating and being informed with easy-to-read documentation relating to their care and supports. In addition, residents' personal goals and person centred information was available in each of the residents' bedrooms. Each resident was supported by a key worker and all personal plans were subject to regular review. In addition, information was available and easily accessible for staff regarding specific individual supports for residents. These included effective and preferred communication methods, sleep routines and feeding regimes. Staff spoken too outlined the effectiveness of complimentary therapies for residents. In addition, residents were supported to maximise their independence which included managing their finances. For example, one resident regularly used their personal bank card to pay of services such as attending their hairdressers in the local community. The person in charge outlined how the staff had ensured the community services attended by the residents consistently met the specific needs of each resident.

Staff also spoke of supports provided to residents to attend community courses such as music. In addition, staff outlined the individual support provided to one resident in –line with their expressed wishes following a bereavement of a close family representative. The resident expressed what their preference was stating they wanted to go to a particular location that was important to them. Family representatives understood the importance of that location and supported the decision made by the resident. Staff facilitated the resident to visit that location as per their expressed wishes at a time that suited the resident.

However, the inspector was not assured another resident was adequately consulted in the decision making regarding the provision of supports for them. The provider had sought to move the resident to another designated centre on the campus where they would be provided with their own bedroom in conjunction with other facilities. The inspector was informed that this transfer was on hold due to reservations by family representatives regarding the suitability of the other designated centre to meet the assessed needs of the resident. On review of documentation provided to the inspector it was not evident the resident was actively involved in the decision making process. At the time of this inspection this resident's bedroom was located in an area that was previously the communal sun room. The provider had changed the purpose of the sun room to a bedroom to ensure the safety of all of the residents in the designated centre during the pandemic. This resulted in all residents having their own bedrooms with the elimination of shared bedrooms in the designated centre.

However, this resulted in a loss of a communal space for all of the residents in the designated centre. While residents did have another communal space to access in the designated centre there was no longer a choice available as had been the situation prior to the pandemic. The provider was actively seeking to resolve this issue and reduce the capacity of the designated centre to five residents, However, at the time of this inspection no alternative suitable designated centre had been

identified to support one of the residents currently living in this designated centre.

During the inspection, the inspector was informed that residents and the staff team were being supported by the provider's assisted decision making co-ordinator in relation to making informed decisions. In addition, residents were being supported to attend advocacy meetings and residents meetings frequently. Following a review of a number of recent notes of residents meetings it was evident the residents themselves were seeking to have increased access to social activities in the community. The inspector was informed by the service manager during the inspection that relief staff were made available where possible where activities are pre-planned to try to facilitate such requests. In addition, the person in charge outlined how one resident was actively participating in the ongoing Irish Longitudinal Study on Ageing (TILDA) project.

As previously mentioned in this report a number of issues were identified while the inspector conducted the walk about of the premises. There were maintenance issues that had been identified and were in progress at the time of this inspection. Temporary measures were in place while awaiting repair or upgrade works to ensure the ongoing safety of residents. These included securing damaged flooring in the sitting room while replacement flooring was awaited. Surfaces on damaged kitchens presses had been covered to ensure effective cleaning could be completed while awaiting replacement kitchen units. This assisted with effective infection and prevention control (IPC) measures.

However, an electrical socket was observed in a bathroom. The socket was contained within a broken outer casing unit which exposed the socket to possible moisture when the room was in use. The location and requirement for an electrical socket in the bathroom was unknown by staff at the time of this inspection.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. This included the use of mobile phones and electronic tablet devices. The staff team had ensured ongoing and effective communication was maintained with family representatives. In addition, staff outlined how communication with some family representatives had increased during the pandemic restrictions which had a positive outcome for residents and had continued since the removal of the public health restrictions.

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 in –line with expressed wishes of the resident and /or the family representatives.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured residents were supported to retain control of their personal property and possessions. In addition, residents were supported to manage their financial affairs in-line with their expressed wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Some residents were also supported by family representatives to socialise in the community. Daily routines were flexible to support residents in –line with their assessed and changing needs. Progress was evident that residents were being supported to identify goals that were reflective of personal interests.

The provider had identified an area of concern relating to residents accessing community and social activities in the evenings and at weekends. While the provider endeavoured to provide additional resources for activities during these periods, all required to be pre-planned in advance to ensure resources were available. This will be actioned under regulation 15: Staffing

Judgment: Compliant

Regulation 17: Premises

The premises provided for residents to live in was seen to be clean, homely and well furnished. There was evidence of progression with issues identified by the provider and person in charge relating to general wear and tear. Temporary measures were in place while waiting for the replacement of flooring. The designated centre had

been recently painted and other maintenance issues were awaiting completion, this included the replacement of a bath for which grant aid had been approved and upgrading of the kitchen presses.

However, the inspector observed an electrical socket in a bathroom. The socket was encased in an electrical box but the cover was broken. This resulted in the socket being exposed to possible moisture. The requirement for an electrical socket in the bathroom was unknown at the time of this inspection.

In addition, the ongoing use of the sun room as a bedroom for one resident required further review this will be actioned under regulation 9 : Residents rights.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

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. Some minor changes were made at the time of the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections. This included ongoing oversight by the person in charge, regular audits, an updated contingency plan reflective of actions required to support the residents to remain safe in this designated centre. There were effective controls in place to reduce IPC risks including legionella disease and methicillin-resistant staphylococcus aureus.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. The person in charge had ensured regular audits relating to fire safety as per the provider's policy had been completed. An audit of the fire register in April 2023 had identified four actions, all of which within the remit of the person in charge were progressed and completed in a timely manner. Staff had participated in regular fire drills. Learning had been shared among the staff team and actions identified, including an exit door not opening fully had been addressed in a timely manner to ensure the safety of residents.

The inspector was aware that the provider was actively reviewing nationwide their active documentation including templates contained within in the fire safety policy 2021.

Judgment: 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. All residents were provided with an easy-to-read format of their personal plan and personal goals. Staff had identified personal goals which included social inclusion.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident. The staff skill mix ensured the complex medical and healthcare needs for each resident were effectively supported both by day and night. Residents were supported to access allied healthcare professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were aware of a resident's behaviour support plan, which had been subject to recent review and included input from the CNS in behaviour support. In addition, there had been a reduction in the requirement of the use of clinical holds for another resident with the introduction of sensory gloves which had a positive impact for the resident and their ongoing interactions with the staff team.

However, not all restrictive practices had been identified within the designated centre. This will be actioned under regulation 31: Notifications

Judgment: Compliant

Regulation 8: Protection

At the time of this inspection there was an open safeguarding plan in place for two residents. The provider had ensured dedicated staffing was being provided to support the assessed needs of one resident relating to the safeguarding of other residents. This was subject to regular review and was effectively supporting all of the residents at the time of this inspection. In addition, information was available in easy-to-read format and discussed at resident meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured residents were supported to engage in meaningful activities either within the designated centre or out in the community.

While residents privacy and dignity were respected within the designated centre, one resident's bedroom remained in the space that had previously been the sun room. In addition, further review was required to ensure all residents were supported to exercise choice and control in their lives. This included decisions relating to where they lived.

Judgment: Not 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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially 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 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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	Not compliant

Compliance Plan for St. Vincent's Residential Services Group B OSV-0003925

Inspection ID: MON-0030615

Date of inspection: 13/04/2023

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The Provider has submitted updated floor plans to the authority which accurately reflect the actual layout of each room in the designated centre.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing in place as per Statement of Purpose. Residents continue to be supported to avail of social and community activities in the evenings and weekends.</p>	
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: The required mandatory training for staff has been scheduled and plan in place for same</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>All restrictive practices scheduled for annual review on 31/05/2023 and will be reported in the quarterly reported submitted to the Chief Inspector.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Electrician reviewed the socket in bathroom and same now securely encased in an electrical box.</p> <p>Admissions, discharges and transfer meetings held monthly to review the living arrangements, where required, for residents including residents whose bedroom was previously a sunroom.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Admissions, discharges and transfer meetings held monthly to review the living arrangements, where required, for residents including residents whose bedroom was previously a sunroom.</p> <p>Transforming Lives Project Leader has been requested to complete quality of life audits for all residents in the designated centre including their opportunities to exercise choice and control in their lives.</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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	05/05/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of	Substantially Compliant	Yellow	05/05/2023

	the designated centre.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	29/09/2023
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 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.	Not Compliant	Orange	31/05/2023
Regulation 09(2)(a)	The registered provider shall ensure that each	Not Compliant	Orange	29/09/2023

	resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	14/07/2023