



# 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 E
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	20 January 2022
Centre ID:	OSV-0003928
Fieldwork ID:	MON-0031365

## About the designated centre

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

The designated centre is a single storey house located on a campus setting adjacent to a small town and minutes drive from a large city. The house, in which six residents lived, had two sitting rooms, a kitchen, six single occupancy bedrooms, wheelchair accessible sanitary facilities, laundry facilities, office and storage facilities. There was a garden to the rear of the property and day services were also facilitated within the campus. Adult residents resided in the house full-time. At the time of inspection all residents were of the same gender. The service was nurse led and the staff team comprised of nurses, care assistants and household staff.

**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 20 January 2022	09:00hrs to 16:30hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet and interact with six residents who lived in the designated centre. On arrival to the designated centre, the inspector was welcomed and greeted by one resident and a staff member. For the purposes of infection prevention control, the inspector was located in the main sitting room while reviewing documentation. This room was well ventilated and all interactions with residents and staff were for durations of under 15 minutes and subject to social distancing. The inspector and staff all used filtering face pieces (FFP2) masks. The inspector observed staff and resident interactions, activities and mealtimes during the course of the day. Staff support to residents was also observed at different time periods and all staff members interacted with the inspector, responding to queries and requests for information.

The inspector had the opportunity to interact with a number of residents. Two residents were sitting in the kitchen. One resident had finished their breakfast and was planning a walk on the campus grounds with staff support. This resident was very excited to be going for an outdoor picnic with drinks and food prepared in the kitchen. Another resident was supported to dress in advance of attending their day service on site. In the visitors room, one resident was watching television and taking an interest in sensory equipment. One resident was living in a small apartment attached to the designated centre. This resident indicated that they enjoyed the peace in their own space. This resident acknowledged that they had recently lost a member of their family and pointed to family photographs that they had in their living area. This resident said that they enjoyed their own television. Other residents had very brief interactions with the inspector and did not use words to communicate. Two residents took an interest in the documents that the inspector was reviewing and at times came and sat in the sitting room in the inspectors presence. Residents appeared content and some briefly acknowledged the inspector before returning to an activity they were completing. All residents had an individual mobile phone which many had used during lockdown to maintain contact with families and relatives. Staff continued to support residents to communicate through charging phones, purchasing credit and drawing residents attention to updates on social media. Residents had resumed trips home to their families as well as family members visiting the designated centre. Such visits were subject to risk assessment and infection prevention measures.

Residents indicated that they were involved in food choices and in the purchasing of food locally. One resident said that their preference was in online clothes shopping and this activity had increased for residents over the course of the pandemic. These activities were discussed regularly at residents meetings. The conclusion of residents meetings were marked with special significance, for example, coffee and chocolate cake.

Although a number of residents did not use words to communicate, it was evident that staff members could interpret what residents were saying as well their needs to

be addressed. The inspector observed a number of interactions between residents and staff members and found them all to be positive and respectful in nature. It was evident that residents appeared relaxed and comfortable in the presence of staff in the designated centre. During the inspection, it was evident that some of the residents were aware that they should not shake the inspector's hand due to COVID-19. These residents smiled or waved instead, while maintaining a social distance. Some residents also accessed the rear garden area and took an interest in some of the garden furnishings and ornaments.

The inspector observed that the designated centre was homely, bright, very clean and well maintained. Residents has been supported to personalise their bedrooms and living areas. The inspector found that each resident's well being was maintained to a good standard.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The inspector reviewed the capacity and capability of the services provided to residents and found that improvements had taken place since the previous inspection in June 2020. Overall, the inspector found the designated centre was providing a service that was safe for residents. Staff and resident interactions were observed to be warm, respectful and meaningful. The opportunity for residents to attend day services and activation had been greatly impacted by the pandemic, however, the registered provider had supported measures to provide activities within the designated centre. There was also the planned recruitment of a team member to fill an existing vacancy.

Residents living in the designated centre were supported by a clinical nurse manager, staff nurses, care assistants and household staff. The inspector discussed the staffing levels in the designated centre with the person in charge. The inspector also reviewed the actual and planned rosters for the designated centre. On review, the staffing levels on the rosters reflected those documented in the designated centre's statement of purpose. One staff nurse vacancy in the designated centre was directly impacting on the availability of day services to residents. Recruitment campaigns had been lengthy and innovative. The response was limited, but senior managers acknowledged a commitment to fill the role as soon as possible.

The inspector reviewed the staff training records matrix held in the designated centre in relation to 17 staff members. Staff members had participated in a number of mandatory trainings including fire safety, managing behaviour that is challenging, the safeguarding of vulnerable adults and manual handling. It was noted that a number of mandatory trainings had been delayed due to COVID-19, however the

person in charge had ensured that staff members had access to appropriate online trainings until face to face training could recommence. Any gaps in training were supported by confirmatory dates for the next available training. As a response to COVID-19, the person in charge had also ensured that staff members had access to appropriate trainings such as infection control, hand hygiene and the appropriate use of personal protective equipment (PPE). Medication management training for nursing staff was scheduled for the current month.

An annual review and unannounced six monthly visits had been completed by the registered provider to ensure oversight of the designated centre. A number of areas requiring improvement from the previous inspection of the designated centre had been actioned and addressed. An order for a shed to improve overall storage in the designated centre was confirmed to be on order. The registered provider had previously committed to speech and language as well as psychology supports to residents living in the designated centre, to define additional care needs. These inputs and interventions were documented clearly in the respective residents care planning documentation.

The registered provider had ensured the appointment of a person in charge who held the necessary skills and qualifications to carry out the role. At the time of the inspection, the person in charge was carrying out the role for a total of two designated centres. Through discussions with the person in charge, it was evident that they had good knowledge of the support needs of residents living in the designated centre. Clear lines of authority and accountability were evident in the designated centre with delegated responsibility from the person in charge to the clinical nurse manager. Staff were aware of the person in charges location through the use of a unit diary. The person in charge and the clinical nurse manager conducted staff appraisals and performance reviews. The person in charge reported directly to a person participating in management. Night staff also reported to the same manager to ensure there was no gaps in governance. Reporting structures were as reflected in the registered providers statement of purpose.

The registered providers statement of purpose had been subject to recent review. Minor amendments were made on the day of inspection and reviewed by the inspector prior to completing the inspection. The registered provider had a current certificate of registration clearly displayed in the designated centre. The directory of residents for the six residents living in the designated centre was up-to-date. There were no recorded complaints on record since the previous inspection. All mandatory notifications had been made by the person in charge to the office of the Chief Inspector as required by regulation.

## Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider ensured that the qualification and skill-mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised. Staff had undertaken specific training based on the assessed needs of residents.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of residential services.

Judgment: Compliant

### Regulation 23: Governance and management

The registered providers had management systems in place to ensure the service provided was safe.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose that was



available to residents and their families.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed and the complainants satisfaction with the outcome of complaints made were noted.

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of the care and supports provided to residents living in the designated centre and found that some improvements had been made since the previous inspection. Minor / further improvements were required and the registered provider had plans in place to address these issues which had been identified. Overall, residents were in receipt of a good quality service with a good level of compliance to regulatory requirements.

The premises of the designated centre was a bungalow located on a campus that residents regarded as their home and the general environs as their community. There was a garden area at the rear of the centre and photographs reflected that this was an area that residents enjoyed. The inspector viewed a number of residents' bedrooms and saw that they had been decorated with residents' personal items. The rooms were clean, warm and had sufficient space to store residents personal items. A number of areas were due to be painted, however, this had been delayed due to COVID-19. This painting was part of planned maintenance. The painting needs were minor and areas to be made good had been subject to normal wear and tear. The side of one bedroom wardrobe was noted to be loose while external garden furniture was starting to deteriorate and needed replacement. A

new shed to improve storage space was on order.

Residents living in the designated centre had been subject to a comprehensive assessment of their health, personal and social care needs. Following the assessment, plans had been developed to ensure supports were provided in line with the needs of residents. There was evidence in photographs and activity log trackers that residents were availing of community trips to achieve both defined goals as well as fulfill a defined social role. Residents enjoyed trips to restaurants and bars, concerts and visits home to family. Residents were also supported to attend graves of loved ones. Staff supported residents to maintain communication through cards, phones and virtual forums. The residents guide for the designated centre was up-to-date and residents' meetings recorded monthly. Recent records reflected discussion on complaints, residents charter of rights, social roles, booster vaccines, menu choices and the registered providers recent name change. Residents also were supported to discuss advocacy, hand hygiene and infection prevention measures. Deceased family members were also remembered at these meetings. One resident represented the designated centre at a general advocacy forum facilitated by the registered provider. Meetings concluded with coffee and chocolate cake where records reflected that residents had enjoyed the meeting.

There was evidence of multi-disciplinary review of residents care plans. There were regular updates to reflect residents' changing needs and circumstances. Outstanding clinical assessments and input from psychology services and speech and language services had been addressed since the last inspection. It was evident that residents were in receipt of clinical services as they were required. Residents had not been in receipt of a general annual health check since the commencement of the pandemic in March 2020. This medical service was based on the campus and the person in charge undertook to address this matter.

A safeguarding folder in the designated centre included records of safeguarding plans in place for residents living in the service. It was evident that these plans were subject to review by the person in charge and the designated safeguarding officer. An assessment of residents' capacity to manage their finances had also been completed. It was evident that supports had been put in place to ensure residents retained control over the finances in line with their assessed needs. All finances were subject to regular audit and countersigned by two staff members.

Since the last inspection of the designated centre, improvements had been made to residents' behaviour support plans. It was noted that residents had now received psychology, occupational therapy and speech and language input. Plan had been updated and residents had been in receipt of additional applications on their electronic tablets to aid communication. Records reflected that all restrictive practices were subject to full multidisciplinary review in July 2021, at meetings chaired by the registered providers quality and risk officer. Restrictions were for the shortest duration possible.

The registered provider had a current and up-to-date risk register in place. This register contained the assessment of all regulatory risks and had been frequently

updated to reflect the risk of infection and the Covid-19 pandemic.

The houses had a fire alarm and detection system in place and all fire exits and fire escape routes were clearly labelled and illuminated with running man signs. All systems and equipment had been examined and certified by a fire competent contractor in the current year. Staff conducted fire safety checks on a daily basis to ensure that all fire exits were kept clear, fire doors were in good working order and fire extinguishers and fire blankets were in place. Fire drill records demonstrated the safe monthly evacuation of residents within acceptable time frames and at times of minimum staffing levels. Each resident had a current personal emergency evacuation plan in place.

The registered provider had implemented a range of measures in response to COVID-19, to ensure that residents were safe and protected against potential sources of infection. It had been noted that due to the size and layout of the designated centre, and the number of residents and staff members, that it was difficult to effectively maintain physical distancing. In response to this, staff members wore disposable FFP2 face masks at all times. Visiting restrictions had been put in place, and were now relaxed in line with public health guidance at the time of the inspection. Alcohol hand gel was readily available in a number of areas in the designated centre. These stations were observed to be clean. The registered provider had current health protection and surveillance centre guidance available to staff members. All staff were observed to adhere to frequent hand hygiene. Regular temperature checks were recorded for residents, staff and visitors, in line with the registered providers policy. A recent assessment of preparedness to combat COVID-19 had been completed by the person in charge. The possibility of infection was risk assessed both generally and specifically to each resident. Frequently touched areas were subject to cleaning four times a day in a 24 hour period. The standard of cleanliness evident reflected the records maintained. Three areas were noted that impacted the registered providers compliance with Regulation 27. These were - the integrity of some surfaces that required painting and repair, the general cleanliness of the vehicle that residents and staff used and the fall off in staff hand hygiene audits. The inspector did note that these areas had not compromised the overall safety afforded to residents, where it was evident that staff were working diligently to prevent the spread of infection.

Residents indicated that they had a choice of foods available to them. Food available on the day of inspection was observed to be wholesome, nutritious and well presented. Staff offered residents support but encouraged independent feeding. Residents were observed from a respectful distance and mealtimes were observed as social and relaxed. Residents were facilitated to eat when they were ready.

## Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

### Regulation 11: Visits

The registered provider ensured that each resident could receive visitors in line with current public health guidelines.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that each resident used and retained control of their own clothes, as well as having adequate space to store personal property.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation.

Judgment: Compliant

### Regulation 17: Premises

The designated centre while meeting the current assessed needs of residents, required some repairs. Some areas reflected wear and tear that required repair to make the surfaces good again.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and that all food was properly prepared, cooked and

served.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
The registered provider had in place a residents' guide that was provided to all residents.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The registered provider had a current risk register in place and risk control measures were proportionate to the risks identified.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The registered provider ensured that residents were protected from the risk of healthcare associated infections and that the designated centre complied with current COVID-19 guidelines. Some additional improvements were required in relation to the condition of surfaces, hand hygiene audits and the cleanliness of the residents vehicle.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
The registered provider ensured that there was an effective system in place for the management of fire and safety.
Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.

Judgment: Compliant

## Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan, however residents had not been subject to a general health assessment and annual check up since the pandemic had commenced.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The registered provider ensured that all restrictive practices were applied in the least restrictive manner.

Judgment: Compliant

## Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and the skills needed for self-care and protection.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider ensured that resident's privacy and dignity was respected.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
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 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for St Vincent's Residential Services Group E OSV-0003928

Inspection ID: MON-0031365

Date of inspection: 20/01/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The provider will ensure all paint works will be scheduled and completed in the Centre. The side of the wardrobe has been repaired since inspection. The Person in Charge and Clinical Nurse Manager 1 has met with the maintenance manager and scheduled any works that are required in the Centre.</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 Person in Charge and Liaison nurse for infection control have reviewed the frequency of hand hygiene audits, same will be completed weekly. All findings and recommendations from audit will be used for shared learning and improvement in practices where indicated in the center. This is completed since inspection.            The person in charge had linked with all staff since inspection regarding the cleaning of the centers vehicle. The vehicle will be cleaned following each use inside and same will be logged in the specific infection control cleaning log. New mats for the floors will be purchased. The person in charge will ensure valeting as required.            The Service manager and Person in charge have linked with provider’s maintenance manager, all repair works and paint works required in the center will be completed.</p>	

Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: All annual physical assessments will be scheduled by the Person in Charge for each resident and completed by the GP.	

## 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 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	31/05/2022
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	31/05/2022
Regulation 06(1)	The registered	Substantially	Yellow	15/05/2022

	provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Compliant		
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