



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 F
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	12 September 2022
Centre ID:	OSV-0003929
Fieldwork ID:	MON-0028896

About the designated centre

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

The designated centre is located on a campus setting on the outskirts of a large city. The residential service is full-time. The service supports residents with moderate / severe intellectual disability, who can present with behaviours that challenge. Accommodation is in two single-storey houses. Six residents live in one house and four in the second house. Each house has an entrance hall, two sitting rooms, kitchen and a dining room, personalised bedrooms, sanitary facilities and laundry facilities. Each house has staff toilets and a staff office. There are garden areas to the front and rear. Residents attend campus based day services for activity, development, training and skills. The staff team is nurse led and also comprises qualified care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
--	----

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
Monday 12 September 2022	09:45hrs to 21:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents living in this centre were seen to be offered a service that was tailored to their needs and preferences. On the day of this inspection, residents were seen to be well cared for in this centre by the dedicated staff team, and there were local management systems in place that ensured, that on the whole, a safe and effective service was being provided. For some residents, ongoing compatibility issues were continuing to have an impact but these were mitigated somewhat by control measures that had been put in place. This will be discussed in further detail in the next section of this report.

The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them. Some residents had been supported by staff and family members to complete satisfaction questionnaires prior to the inspection and these were provided to the inspector on the day of the inspection and indicated that overall residents were happy in their homes and satisfied with the care that was provided to them.

The centre comprised large bungalows that could accommodate six residents each located on the grounds of a campus setting. There were two vacancies at the time of this inspection. Four residents lived in one house, and six in the other. Each bungalow was seen to be accessible to the residents that lived in them in line with their mobility needs. Residents had access to pleasant enclosed garden and patio areas that were seen to be very well maintained by the staff in the centre. Residents had access to a number of communal areas to relax in or carry out activities.

Residents' bedrooms were personalised and although the houses that comprised this centre were laid out in a somewhat clinical manner, the inspector saw that efforts had been made to ensure that both premises that made up this centre were homely and inviting and nicely decorated. This was more evident in one premises than the other due to the differing needs of residents, but it was evident that there had been recent efforts to improve this. For example, the person in charge showed the inspector changes that had been made since the previous inspection to remove furnishings that might be considered institutional in nature and some areas had recently been painted. One bedroom was noted to have a strong odour present, and the root cause of this had not been identified at the time of the inspection, although efforts had been made to determine this. Some soft furnishing in place for the safety and comfort of a resident in this room required replacing and this had been actioned by the person in charge. Another bedroom was viewed to be small with one high window only that faced directly onto the nearby wall of an adjoining property and limited the natural light in this room. Also, the inspector noted a clear viewing panel in a door at the end of a hallway that looked directly into another apartment that was not part of this designated centre.

There were numerous photographs displayed in the houses of residents enjoying both external activities and activities in the centre. Some institutional type practices

were observed in both premises. The kitchens in both premises were seen to be kept locked for a large part or all of the day, with residents requiring staff support to access kitchen facilities. This meant that residents had to seek staff support to access snacks and drinks throughout the day. A hatch between the dining room and kitchen of one house was in use and staff cited safety reasons for this. One premises in particular was seen to have a number of restrictions in place to ensure the safety of the residents living there. This will be discussed further in the section of this report that deals with quality and safety.

On this inspection, the inspector met briefly with a number of the residents of this centre and some of the staff members that supported them. Some residents chose not to interact with the inspector and this wish was respected. One resident was out of the centre on the day of this inspection, as per their planned routine, and the inspector did not meet with this resident. Communication between the inspector, residents, staff and management took place in adherence with public health guidance and the inspector wore PPE (personal protective equipment) as appropriate. Residents living in this centre communicated in a variety of ways. A resident met with the inspector and told the inspector about their daily life in the centre and that they were happy living in the centre and the staff supporting them were very nice to them. They told the inspector about how they spent their day and how they enjoyed independently accessing the facilities on the campus. A resident had recently celebrated their birthday in the centre in a meaningful way. Another resident showed the inspector the room they liked to relax in and their collection of dvds, and spoke about some of the activities they enjoyed.

Although some of the residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service, in response to enquiries about living in the centre, some residents did provide some positive feedback. Staff supporting residents spoke about them in a respectful manner and advocated for residents during the inspection. The inspector saw that for the most part, residents appeared contented and relaxed in the centre and were comfortable in the presence of the staff supporting them. Staff spoke about the visiting arrangements in the centre and how residents were supported to meet family members and friends if desired. The inspector observed some residents eating meals during the day and spoke to a resident who confirmed that they were offered choices in relation to their meals.

Residents had access to transport to facilitate community access and medical appointments and on the day of the inspection some residents were seen to spend time outside of the centre. Residents were seen to be nicely presented when leaving the centre and some residents were observed being supported by staff to attend to their personal grooming, such as having their nails done. Residents were seen to be comfortable to move about their own home. In one house, where some residents required assistance mobilising, the inspector observed that there were very regular supports offered to ensure that residents had an opportunity to move around the centre and enjoy spending time in different areas of the centre throughout the day. Two residents in this house spent the day of the inspection visiting an equine therapy centre and a local castle, in line with their preferred interests. During the inspection residents were seen relaxing watching tv, carrying out daily activities on

campus or in the community, enjoying mealtimes and taking part in planned activities such as hand and foot massage and personal grooming activities. One resident showed the inspector a folder detailing some of their preferences that staff had recently assisted them in putting together.

In the other house, the inspector noted that while some residents spent a significant amount of time accessing activities outside of the centre, as per their planned daily routines, other residents appeared to spend significant amounts of time in certain areas of the house and were not always offered meaningful opportunities to engage in stimulating activities. It was difficult to ascertain if this was the choice of these residents but they were observed to interact positively with staff on duty and overall appeared to be content at the time of the inspection. Throughout the day, staff and management in the centre were seen to regularly interact meaningfully with residents in both parts of this centre. The person in charge spoke with the inspector about an increased focus on accessing community based activities and from what the inspector observed it was clear that this would be a positive enhancement to the service provided to some residents. Certain restrictions in place in this location also meant that residents did not always have access to some areas of their home due to the impact of another residents behaviour.

Overall, this inspection found that while some non compliance with the regulations identified in previous inspections remained in this centre, improvements were occurring and efforts were being made to ensure that all residents were being afforded safe and person centred services that met their assessed needs. However, although improvements were occurring, some issues continued to impact on residents. 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.

Capacity and capability

This inspection found that there was a committed management team in place in this centre and that the management and staff team in place in the centre were very familiar with the residents and their support needs. There was a clear management structure present and overall this centre was found to be providing a responsive service to the residents living there. Some non compliance with the regulations remained and this was impacting on residents.

This announced inspection was carried out to assess compliance with the regulations to inform a registration decision. The provider had submitted an application to renew the registration of this centre prior to the inspection taking place and had submitted requested documentation such as the most recent annual review of the centre. The annual review had been completed in the year prior to this inspection. The inspector reviewed this document and saw that it indicated that the quality of

service in this centre was significantly impacted by resident compatibility issues and that it also had identified numerous issues within this centre that indicated that this centre was not in compliance with a number of regulations at the time of that review. It was seen that, since then, the person in charge, who had newly commenced this role at the time of that review, had made significant efforts to bring the centre back into compliance with the regulations, and that this was having a positive impact on the residents living in the centre.

Previous inspections of this centre had identified that a resident placement was having a significant impact on all residents living in one part of this centre, with an additional condition of registration attached to this centre relating to that. At the time that this inspection took place, this transition had not yet occurred. However, the inspector saw that control measures had been put in place within the previous six months that had significantly reduced the impact of this on residents. For example, there had been a significant reduction in the number and severity of adverse incidents that were occurring in the centre. The inspector also saw that there were ongoing efforts being made by the management team to address this issue and to provide a service that would meet the assessed needs of all residents. Further detail was provided to the inspector following the inspection about the ongoing plans to transfer a resident living in this centre to a placement that would be more appropriate to their assessed needs. At the time of this report, these were at an advanced stage in that a suitable community-based premises had been identified and funding was in place. Also, in the weeks following this inspection, the inspector was informed that another resident also transferred from this part of the centre. Both of these transitions were anticipated to have a significant positive impact on both the residents themselves, and the other residents living in the centre.

The person in charge was present on the day of this inspection and was found to be suitably experienced and qualified for the role, with a good understanding of their regulatory responsibilities. This individual was very knowledgeable about the residents that lived there and was found to be very focused on ensuring that an appropriate person centred service was provided to residents. The inspector saw that there was a strong positive rapport between this person and the residents living in the centre. The person in charge was allocated supernumerary hours dedicated to administrative duties in the centre. At the time of this inspection, the person in charge was not always able to avail of these supernumerary hours due to staffing issues, such as during an outbreak of COVID-19. However, both the person in charge and the management team supervising them spoke about the plans that were in place to ensure that these supernumerary hours were protected going forward. The inspector saw that while this was not having a direct impact on the residents at the time of this inspection, some documentation in place did require updating and review and that this protected time was important to ensure full oversight of this centre was maintained going forward.

Another individual, a person participating in management was also present on the day of this inspection and was found to be knowledgeable in their role and attended the feedback meeting at the end of the inspection. The service manager also met with the inspector and spoke at length about the plans that were in place that would

ensure the provider would meet the condition of registration that was in place for this centre. The inspector also had an opportunity to speak briefly with the a clinical nurse manager 1 (CNM1) in this centre, who was due to depart their role in the weeks following the inspection. Reporting structures were clear and there were organisational supports such as audit systems in place that supported the person in charge and the staff working in the centre, and provided oversight at a provider level. Staff members spoke positively about the management team in place and the support that they provided to the staff team. It was seen that formal staff supervisions were not occurring in line with the providers own policy. The person in charge had put in place a schedule for completing these going forward.

Staffing levels in this centre were seen at the time of the inspection to be appropriate to the needs of the residents. The management team told the inspector that efforts were made to ensure that the staff team present in this centre remained as consistent as possible, in order to better support the specific identified needs of the residents living there. The staff team comprised of nurses, including student nurses, care assistants and household staff. Since the previous inspection of the centre, a clinical nurse specialist supporting behaviours of concern had been appointed within the organisation and was available to the residents of this centre. Also, the inspector was told that residents also had access to a clinical nurse specialist in dementia if required. Household staff were employed in each house to attend to specific cleaning duties and this meant that these important duties were being carried out without impacting on the service provided to residents.

Overall staff training records viewed indicated that staff in this centre were appropriately trained. Staff had completed training in areas such as hand hygiene and the donning and doffing of PPE (personal protective equipment). Studio 3 training was provided to staff to assist them to manage behaviours of concern. Some refresher training was overdue in this area. Given the ongoing compatibility issues within this centre, this training was important to ensure that residents were appropriately supported at all times and to reduce the impact of behaviours of concern on other residents in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had recently submitted an appropriate application to renew the registration of this designated centre within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured a suitable person in charge was in place. The person in charge had the required skills, experience and qualifications and was aware of their regulatory responsibilities. This person demonstrated a good understanding of the residents and their needs. The person in charge was responsible for this centre only at the time of the inspection.

Judgment: Compliant

Regulation 15: Staffing

This centre was staffed by a suitably skilled, consistent staff team. Continuity of care was provided. Staffing levels were appropriate to meet the needs of the residents and an appropriate skill mix of staff was present in the centre. Nursing care was available to residents of this centre as part of the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Overall staff training records viewed indicated that staff in this centre were appropriately trained. There was training provided to staff to assist them to manage behaviours of concern. Some refresher training was overdue in this area. Also formal staff supervision was not always occurring in line with the providers own policy. The person in charge had in place a schedule to complete this and committed to ensuring that this was carried out on the day of the inspection and staff spoken to confirmed that the person in charge and wider management team were regularly available to them and addressed concerns in a timely manner.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the designated centre. This required some minor amendments to ensure that it included all the details of residents of the centre as set out in Schedule 3 of the regulations. The person in charge completed this on the day of the inspection and

the inspector had sight of this updated documentation prior to leaving the centre.
Judgment: Compliant
Regulation 22: Insurance
Evidence of appropriate insurance cover had been submitted as part of the application for the renewal of registration of this centre.
Judgment: Compliant
Regulation 23: Governance and management
The most recent annual review had identified that full oversight of this centre had not always been maintained since the previous inspection. The provider had responded to this and at the time of this inspection there was a strong committed governance team in place in this centre. Some areas of non compliance remained since the previous inspection. The planned transition of a resident had not yet occurred. This was an issue that had been identified over a number of years and this continued to have a significant impact on some residents in the centre. There was evidence that this impact had been reduced due to control measures put in place and information received during the inspection and in the weeks following the inspection indicated that the provider had a robust plan in place to transition this resident.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
A statement of purpose was in place that contained all of the required information such as the organisational structure for the centre, the arrangements made for dealing with complaints and the arrangements for residents to attend religious services.
Judgment: Compliant
Regulation 34: Complaints procedure

Residents and their family members were supported to make complaints. The complaints procedure was available in an accessible format to residents and was displayed prominently in the centre. Complaints were recorded in the complaints log and two recent complaints had been recorded as resolved. Staff spoken to demonstrated a good awareness of how to manage complaints and how to support residents to make complaints.

Judgment: Compliant

Quality and safety

Overall, the wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. The provider and the person in charge had made efforts to ensure that safe and good quality supports were provided to the ten residents that lived in this centre. However, the continued placement issue discussed in the previous section of this report was continuing to impact on the lived experiences of some residents in their homes.

As discussed in a previous inspection report for this centre, one resident had for a number of years expressed a wish to move out of the centre and live in their own home. The provider had submitted a compliance plan following that inspection detailing that an apartment would be provided for this resident. Subsequently these plans were unable to proceed and the provider had requested additional time be afforded to meet the condition of registration and as discussed above plans to achieve this were in progress. The inspector did not meet this resident on the day of this inspection but management and staff indicated that the resident was still seeking to transfer from this centre. As discussed in the previous section, from speaking to management and staff and viewing documentation in the centre it was evident that the person in charge had put in place plans to mitigate against the negative effects of this delay but that there continued to be a considerable impact on residents in one part of this centre due to the delay.

A number of staff were spoken to during the course of this inspection. Staff spoke very positively about recent changes that had happened in the centre that had significantly impacted in a positive manner on residents quality of life. Staff were knowledgeable about residents care and support needs and all staff spoken to were clear in their commitment to ongoing improvements for residents. Staff in one unit spoke about the positive impact the planned transition of some residents would have on those residents and the changes this would bring about for the remaining residents in the centre. Staff in the other unit spoke about how happy the residents living there were and indicated that a resident who required ongoing mental health supports was currently doing very well. One resident with late stage dementia was observed to be cared for in a very caring and respectful manner in their home and this residents future care was under active review, with consideration being given to plans in place to support this resident in their home as their needs were predicted to

change.

A sample of personal plans were viewed. It was seen that residents had taken part in planned meetings to review their person centred plans. Residents were involved in this process. One resident had taken part in a mock planning meeting designed to encourage their participation in the process. Goals were in place for residents including plans to take a break away and a goal for a resident to be involved in a remembrance garden for a deceased relative.

Residents of this centre had access to various campus based activities, including day services and a swimming pool. A staff member told the inspector that most residents would go out on a planned activity about once per week since the lifting of public health restrictions and acknowledged that some residents would probably prefer if this happened more frequently. Bus drives were a common activity but residents did not always get off the bus when out for a drive. The person in charge presented as committed to ensuring that residents were offered a wider variety of community based activities more frequently. For example, they told the inspector that one resident had recently began entering coffee shops following medical appointments as opposed to going for a takeaway or drive-thru as had previously been the practice.

There were a number of restrictions in place in the centre, including restrictions on residents freely accessing all areas of their home. For example, residents did not have free access to the kitchens in their homes. Also some residents were restricted from certain areas at certain times due to some safeguarding protocols in place. There was a restrictive practice log in place in the centre and overall these restrictions were seen to be in place to protect residents. The documentation around these restrictions required some updating. The person in charge spoke about efforts to reduce the level of restrictions in place for residents and there was evidence that this was ongoing in that some restrictions were being reduced or eliminated. For example, a previous inspection had identified practices such as seclusion had occurred in this centre and this was now no longer the case. Also, some residents used clothing that was considered a restriction due to certain behaviours. Trials had been carried out to assess if these measures were required and subsequently the use of this restriction was significantly reduced for one resident. Staff also spoke about the efforts being made to reduce restrictive practices in the centre and the positive impact this was having on some residents. Some restrictions were in place to protect residents due to specific risks another residents behaviour could pose to them. In the event of a successful transition of a resident from this centre it was anticipated that these restrictions would be removed.

Infection control procedures in place in this centre to protect residents and staff were found to be in line with national guidance during the COVID-19 pandemic. These had been examined in detail during the previous inspection of this centre, which took place during an outbreak of COVID-19 in the centre. On the day of this inspection both premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available throughout both parts of the centre. Household staff were available on a daily basis to ensure that there was a regular cleaning schedule taking place and this was reflected in the overall cleanliness of the centre.

Staff were observed carrying out high contact cleaning. The person in charge and staff had a strong awareness of infection control measures to take to protect the residents, staff and visitors to the centre, including appropriate use of PPE. The staff spoken to took their responsibilities in this regard seriously and demonstrated this throughout the time the inspector spent at the centre. Staff had undertaken training on infection control measures including training about hand hygiene and the appropriate donning and doffing of PPE. The person in charge confirmed that there was a weekly schedule in place for Legionnaires flushing in two empty bedrooms in one house.

Regulation 13: General welfare and development

While residents of this centre did have opportunities to make choices about certain things in their lives, some residents were not being offered regular opportunities to access ordinary places and actively participate in the wider community. On the day of the inspection it was observed that some residents appeared to spend significant amounts of time in certain areas of their homes and were not always offered meaningful opportunities to engage in stimulating activities. The person in charge spoke about how they had implemented some changes in this area and planned to make further improvements in this area.

Judgment: Not compliant

Regulation 17: Premises

Overall, both premises in this centre were seen to be well maintained. The centre was accessible to residents and residents had access to suitable equipment as required. Some maintenance matters required attention. For example there was an odour in one bedroom with no identified cause and the soft furnishing/padding on wall of this bedroom required replacing. A couch in a small sitting room was seen to be worn. Some presses in kitchens and utility rooms were cracked and rust was observed on some handles and some radiators were observed to have rust present which could prevent effective cleaning. Repair was required to the door frame in a toilet room & in the same room a wall panel was held in place by tape. Some of these issues had been identified and actioned by the person in charge prior to the inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had in place a residents' guide that contained the required information.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The planned transition of one resident had not occurred in line with their assessed needs and their own wishes. In the weeks following this inspection the provider informed the inspector that an appropriate premises had been identified for this individual and that funding had been secured to ensure that this transition could take place. There was some evidence of transition planning in place relating to another resident who was due to transfer from the centre was in place.

Judgment: Not compliant

Regulation 26: Risk management procedures

A risk register was in place in the centre and the inspector had an opportunity to view this. Individual risk assessments were in place for residents and a sample of these were viewed by the inspector. Overall, risk in the centre had been reviewed as appropriate. Incidents A risk assessment regarding evacuation of a resident required review-this has been addressed under Regulation 29. Incidents in the centre were recorded and records viewed indicated that adverse incidents had reduced significantly in recent times and that where incidents did occur, there was learning from these.

Judgment: Compliant

Regulation 27: Protection against infection

Dedicated household staff supported the staff team to attend to the cleaning and management of laundry in this centre. Daily IPC checklists were being completed although some gaps were noted. A weekly log had been put in place following a hygiene audit to document the cleaning and decontaminating of medical equipment and resident equipment. Hand hygiene audits had been completed in the month prior to the inspection. Mattress audits were in place. Staff had received appropriate training in areas such as hand hygiene and PPE.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there were effective fire safety management systems in place within the designated centre. However, some of the documentation relating to evacuation required review. One resident was noted to have refused to evacuate on one occasion in the months previous to the inspection. The documentation around this did not evidence that learning had taken place and a risk assessment in place had not been updated. The risk assessment in place also indicated that a referral should be made the director of logistics should a resident refuse to evacuate and this had not been completed. It was seen that this resident did subsequently take part in successful fire evacuations. Also one fire door was not closing fully on the day of the inspection meaning that this could prevent effective containment of fire and smoke should a fire occur. This had not been identified in previous weekly checks of the fire doors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A resident had not transitioned from the centre as per the previous compliance plan submitted to the chief inspector. While significant efforts had been made to reduce the impact of this on this resident and other residents of the centre, this centre was not meeting the assessed needs of this resident at the time of this inspection.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Some restrictions were present in both areas of this centre, including restrictions that prevented residents from accessing all areas of their homes. While some documentation was in place around these restriction, not all documentation was complete. For example, the person in charge showed the inspector evidence that these restrictive practices had been reviewed in March 2022 but the documentation around this review was not available. It was evident that the person in charge and the staff team were actively working towards reducing restrictions for residents and were very aware of impact of these restrictions on residents. Comprehensive positive behaviour support plans were in place.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place in this centre to protect residents from abuse. Staff had received training in the safeguarding of vulnerable adults and staff spoken to were aware of their responsibilities in relation to the reporting of safeguarding concerns. Some safeguarding plans were in place to protect residents, in particular from instances of peer-to-peer abuse. There had been a significant reduction in these types of incidents in the centre in the months prior to the inspection attributed to the improved management of behaviours of concern and learning following review of incidents.

Judgment: Compliant

Regulation 9: Residents' rights

Some good practice was observed in relation to residents rights. For example, efforts were made to ensure that residents were actively involved in decisions about their care and support and residents did have choice in their day-to-day lives. However, the registered provider had not ensured that privacy and dignity was promoted for residents at all times. For example, a clear viewing pane was noted in a door that faced into another designated centre. Also it was observed that one resident exited a bathroom prior to being fully clothed when there was potential for other residents and visitors to the centre to observe this.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group F OSV-0003929

Inspection ID: MON-0028896

Date of inspection: 12/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will meet with the training coordinator and schedule all training and refresher training for all staff in the designate team.</p> <p>The person in Charge and the Clinical Nurse Manager 1 have since inspection completed a schedule to meet with all staff team for formal supervision meetings.</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 provider has confirmed to the authority that a house in the community to meet the assessed needs of the resident is now in place. The providers Director of Property and Estates is currently managing the necessary additions to this house, fire doors, fire alarm.</p> <p>The provider has confirmed the funding for staffing required to meet the assessed needs of the residents is approved.</p> <p>The resident is being supported by the staff team, multi-disciplinary team and the transforming lives coordinator with a plan for transition to this house. The resident will be totally involved in décor and the choosing of furnishings for the house.</p> <p>The provider is preparing the application for registration to the authority and will submit same when works are completed and house ready for inspection.</p>	

Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The Person in Charge and the Person Participating in management will facilitate a meeting of the team in both houses of the designate center with the Transforming Lives Coordinator, The New Directions Project Worker, and Day Service Clinical Nurse Manager.</p> <p>The purpose of the meeting will be to ensure teams supporting each resident will identify meaningful activities within the community for each resident. A robust plan will be in place for each resident and staff identified to take responsibility for carrying out the plan with the resident.</p> <p>“In House” activities will also continue to be reviewed to ensure that for each individual these will be meaningful and enjoyable for each resident.</p> <p>Following the initial meeting of the above, continued review will be in place whereby the team in the designate center will document the involvement and satisfaction of each resident for review by the PIC, PPIM , Transforming Lives Coordinator and New Directions Project Lead.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Person in Charge has discussed issues for attention in the designate centre with the providers Maintenance Manager and a schedule to complete all works required is in place.</p> <p>The Person in charge will arrange replacement of furnishings that are in poor repair and the provider will ensure funding in place for same.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p>	

The provider has confirmed to the authority that a house in the community to meet the assessed needs of the resident is now in place. The providers Director of Property and Estates is currently managing the necessary additions to this house, fire doors, fire alarm.

The provider has confirmed the funding for staffing required to meet the assessed needs of the residents is approved.

The resident is being supported by the staff team, multi-disciplinary team and the transforming lives coordinator with a plan for transition to this house. The resident will be totally involved in décor and the choosing of furnishings for the house.

The provider is preparing the application for registration to the authority and will submit same when works are completed and house ready for inspection.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The Person in Charge and the Health and Safety Officer will review all fire evacuation plans for residents in the event of a fire or alarm. The Person in Charge and the Health and safety officer will also review risk assessments relating to fire and particularly for the individual who refused to evacuate. The referral to the Director of Logistics relating to one individual will be followed up on by the Health and Safety officer.
 The PIC and PPIM have linked with the maintenance manager regarding the fire door highlighted in this report and same will be addressed and corrective action as required carried out.

Regulation 5: Individual assessment and personal plan	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 The provider has confirmed to the authority that a house in the community to meet the assessed needs of the resident is now in place. The providers Director of Property and Estates is currently managing the necessary additions to this house, fire doors, fire alarm.

The provider has confirmed the funding for staffing required to meet the assessed needs of the residents is approved.

The resident is being supported by the staff team, multi-disciplinary team and the transforming lives coordinator with a plan for transition to this house. The resident will be totally involved in décor and the choosing of furnishings for the house.

The provider is preparing the application for registration to the authority and will submit

same when works are completed and house ready for inspection.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Person in Charge will follow up regarding the documentation reflecting reflective practices review and ensure same is available in the designate center.

The Person in Charge and the Person in Charge will continue to aim for the removal of restrictions in the center. As per report one resident has transferred from the designate center and another scheduled to transfer in the coming months. Restrictions in place will be reviewed as these transfers may facilitate the further removal of restriction.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The Person in Charge has linked with the provider's maintenance manager, the clear panel on the door to a separate designate center will be addressed.

The person in charge has liked with the key worker of each resident and regarding updating each person's assessed need and plan around same in the residents care plan and ensuring where any resident requires additional support around maintaining their dignity and privacy this will be identified and supported.

The Person participating in management will arrange a visit if the Providers Human Rights Officer to the designate centre to meet with residents and staff about each person's rights and supporting same.

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	30/11/2022
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	05/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Substantially Compliant	Yellow	05/11/2022

	supervised.			
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	31/12/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	07/04/2023
Regulation 25(4)(c)	The person in charge shall ensure that the discharge of a resident from the designated centre is in accordance with the resident's needs as assessed in accordance with Regulation 5(1) and the resident's personal plans.	Not Compliant	Orange	07/04/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(3)(d)	The registered provider shall make adequate	Substantially Compliant	Yellow	05/11/2022

	arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	07/04/2023
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	07/04/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	07/04/2023
Regulation 07(4)	The registered provider shall ensure that, where	Substantially Compliant	Yellow	01/12/2022

	restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	25/11/2022