



# 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 I
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	19 April 2023
Centre ID:	OSV-0003933
Fieldwork ID:	MON-0030618

## About the designated centre

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

The designated centre provides residential services to up to 18 adults with varying degrees of intellectual disability. The designated centre is comprised of three bungalows in a campus style setting. Residents are supported by staff nurses, care staff and household staff. Staffing supports are provided on a 24/7 basis. The oversight of the centre is maintained by an appointed person in charge. The specific care and support needs in the centre is intended to meet for the assessed needs of each individual and in accordance with each individuals personal plan. Each house of the centre comprises of living/dining room, kitchen, utility room, quiet room, six individual bedrooms, two bath/shower rooms with toilet, sluice room, laundry room and staff office.

The provider had added another bungalow to the foot print of this designated centre as an interim measure to facilitate planned upgrade works to the existing three bungalows in this designated centre. While this is a six bedded bungalow, no more than 18 residents will be supported in the designated centre at any time. Familiar core staff from each house will continue to support the residents during their planned temporary relocation.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	13
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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
Wednesday 19 April 2023	10:10hrs to 16:30hrs	Elaine McKeown	Lead
Wednesday 19 April 2023	10:10hrs to 16:30hrs	Lucia Power	Support

## What residents told us and what inspectors observed

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. At the time of this inspection this designated centre was comprised of four houses. The residents, family representatives and staff team were informed in advance of the planned inspection. The inspectors were given seven completed questionnaires to review.

The inspectors visited all four houses and met with all of the residents during the inspection. They were introduced at times during the day that fitted in with individual daily routines. On arrival to the first house, the inspectors were introduced to three residents and the staff members that were present by the person in charge. Staff explained that two residents had a planned day trip to a seaside location and one of these residents expressed their delight to the inspectors. They spoke about their plans for lunch and what peers were going with them from another house. The inspectors were introduced to two other residents a short while later once they had completed their morning routine. All of the residents were smiling, appeared relaxed in the company of the staff present and had been supported with their personal care. All of the residents were wearing bright spring coloured clothing with some wearing accessories in-line with their expressed wishes.

One inspector visited the second house before the residents there left for a planned short break. There were five residents living in this house which was homely and bright. It was decorated with personal possessions and items of interest to the residents. The excitement was palpable to the inspector who also observed very good engagement from the staff supporting the residents. The inspector was informed one resident was due to take up baking classes in a local community education facility and was known as the baker in their home. Other residents were supported to attend other community activities regularly with peers from other houses in the designated centre with whom they were friends.

The other inspector visited the third house later in the morning when two of the residents had returned from their morning activities. Staff encouraged one resident to explain to the inspector what activities they had participated in earlier in the morning, this included music. The resident also smiled when talking about what was their favourite food. Staff outlined how the resident enjoyed horse riding and helping with jobs in the stable yard. The inspector was shown a photograph of the resident smiling with one of the horses. The resident showed the inspector the area that they liked to go to relax when in the designated centre. This space was brightly painted with lots of sunshine streaming in at the time. It was decorated with personal items including important photographs. The resident was observed to be relaxed while sitting on the couch in this space on a few occasions when the inspector was in this house.

The other resident communicated without words. The staff present were observed

to include the resident in the conversation while explaining the planned activities for the day which involved swimming later in the afternoon. The resident was also planning a visit to a large tourist town using the computer with a staff member. They were observed to assist with developing an easy-to-read plan of the day trip. The third resident met the inspector at the end of the inspection as they had been engaged in a number of activities throughout the day which included swimming with their peers in the afternoon. The resident was being supported to enjoy a preferred drink at the time they were introduced to the inspector. Staff explained that the three residents currently living in this house enjoyed being out and about, engaging in community and social activities.

The inspectors observed all of the occupied houses to be decorated with personal items reflective of the individuals living in the homes. The inspectors were aware that the provider was actively progressing with planned upgrade works. There was a schedule in place for these works to be completed with the least interruption to the residents. This required residents, one house at a time, to move to the fourth house in this designated centre for approximately 10 days while the planned works were completed which included the replacement of flooring and fire doors. These works were scheduled to begin in the weeks after this inspection.

The fourth house was also located on the same campus. One inspector completed a walk about of this house which was vacant at the time of this inspection. However, the provider has capacity to accommodate six residents in this building. The building is quite old and in the long term would not be suitable as a home for residents. The provider added this unit to the footprint of the centre so as to accommodate residents as works were being carried out in their homes. Issues identified with the premises will be further discussed in the quality and safety section of this report.

The provider had already completed the upgrade of the kitchen in one of the houses at the time of this inspection. This was found to be of a high standard, with ease of access for residents who used a wheelchair to mobilise. There was a section of the kitchen units which also facilitated these residents to participate in food preparation and cooking activities with ease. The provider had plans to upgrade the remaining two kitchens in the other houses to a similar standard and finish in –line with the assessed needs of the residents living in each house.

The person in charge and other staff on duty during the inspection outlined individual routines and preferences that they supported residents with. For example, one resident had a set routine for particular days each week which were reflective of their personal beliefs and faith. Staff were aware of this and ensured the resident's schedule of activities did not interrupt their preferred routine. Another resident had regularly received a parcel from a family representative for many years. The arrival of this parcel was a great source of joy for the resident. Other family representatives and the staff team had ensured this tradition was continued on for the resident.

The inspectors were also informed staff members facilitated residents to attend community activities by changing their rostered times. This included residents participating in the local community five kilometre walk/run. In addition, staff supported residents to engage in social and community activities with their peers

from the other houses in this designated centre. This included overnight breaks and attending concerts. This enabled staffing resources to be utilised efficiently and effectively to ensure the assessed needs of all residents were supported both in the designated centre and out in the community.

Inspectors were also informed one of the residents was actively participating in developing their own digital life story. This was part of a pilot programme. One of the inspectors was able to look at some of this story on the resident's electronic tablet. Staff explained the history around the resident's life which included people of importance and activities they enjoyed. The resident was scheduled to present their life story at an event in a local hotel in the weeks after this inspection. In addition, staff explained that the provider had been nominated in upcoming healthcare awards. This was in recognition for the links with the community education and training board and the integration of residents into the community.

Following a review of the meeting notes of some residents meetings in this designated centre by the inspectors, it was evident that residents were consulted in the running of their home. In addition, they were also updated on matters relating to the provider. The notes reviewed covered aspects such as advocacy, charter of rights, anti-bullying, abuse, health and safety and other matters of relevance to the core group. The notes were written in a person centred manner and easy to read. It was also observed by the inspectors that good practice in relation to resident's rights was implemented by all staff present on the day of inspection. In addition, all staff had completed on-line training in human rights.

The provider has put in place a staff resource to look at quality of life indicators, this looked at all activities that the residents liked to do. It also noted the social roles that were important to the individual resident and examples were seen such as, sister, aunt, baker, animal lover. The quality of life audit also reviewed if the choice and goals were in line with the resident's personal plan. From review of a number of audits it could be seen that there was an increase in community activities for residents over a period of time and these activities included such things as concerts, day trips, holidays, education and everyday activities such as having tea out and shopping. It was very evident on the day of inspection that residents experienced and lived a good life.

Inspectors were aware that the residents in this designated centre had experienced the death of a number of peers in the previous 12 months. Staff outlined the supports that had been provided to the residents to spend time with their peers where possible and attend services in-line with their expressed wishes. Family representatives of those who had died had also been mindful of the loss experienced by the residents living in the designated centre. In addition, the staff team had ensured residents were supported with counselling if required. The provider had also ensured the well being of the staff team during these difficult periods.

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 also ensured residents and the staff team

had been supported to develop meaningful person centred goals which were subject to ongoing review. The provider was actively progressing with plans to ensure the houses were upgraded to meet the assessed needs of the residents living in the designated centre. However, assurances were requested by the inspectors to ensure compliance with fire precautions and the privacy and dignity of residents were maintained at all times for the residents using the fourth house while planned works were being completed on their homes. In addition, one fire door was unable to fully open in another house in the designated centre at the time of this inspection.

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 inspectors 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 July 2020 and a focused infection prevention and control inspection was completed in February 2022. Actions from both of these inspections had been addressed in a timely manner as outlined in the compliance plan response submitted to the Health Information and Quality Authority (HIQA).

The person in charge worked full time and had a remit over this designated centre. They had commenced this role in this designated centre during 2022. 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. There was a detailed schedule of audits being completed in the designated centre. Actions identified were documented as being completed or updated if still in progress. The person in charge also worked on the frontline in each of the houses with the staff team. They were supported by a clinical nurse manager (CNM). They delegated duties to the CNM including scheduled audits. In addition, the person in charge and staff team were being effectively supported in their role by the person participating in management.

There was an actual and planned rota in place which reflected changes being made due to unexpected or unplanned events. Staff resources were managed to provide support to residents at times that suited individual routines and activities. Activation staff were also available to provide support to the residents to engage in regular activities in the day service and in the community. Regular relief staff were in place to ensure the continuity of service provision for the residents. In addition, staff also supported residents to avail of short breaks in community locations. There was also

dedicated household staff working in the designated centre each week.

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 small number of actions to be completed. Details including the dates the actions were completed were clearly documented.

The complaints log for the designated centre for 2021 and 2022 was reviewed. A number of complaints were made by family representatives on behalf of their relative. One related to the public health restrictions in place at the time which was adversely impacting on the quality of the visit with their relative as it was a window visit. Staff responded with supporting a garden visit on the next occasion which went well. All complaints were closed out to the satisfaction of the complainants' in-line with the provider's policy.

#### 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.

Judgment: 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.

There was evidence of efficient and effective use of available resources within the designated centre. Staff moved between the three houses to support residents to engage in activities. The provider had also ensured dedicated staff supports were in

place during the evenings and at weekends for one resident as per their assessed needs.

Regular relief staff were supporting residents in one house where there was a vacancy at the time of this inspection. In addition, the provider ensured there was ongoing review of the required staffing resources to meet the assessed needs of the residents in this designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

There was evidence of ongoing review of staff training requirements for 2023. The person in charge had commenced staff supervisions staff for 2023. All staff had completed training in fire safety, human rights and safeguarding. Staff had also completed refresher training in infection prevention and control (IPC). The provider had facilitated on-line training to the staff team relating to understanding and responding to behaviours. An in-person course was also scheduled to take place in the weeks following this inspection.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had ensured a directory of residents was maintained 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. Actions identified following the internal provider led audits and annual report were completed where possible in a timely manner or the progress being made was regularly documented/updated.

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 person in charge had ensured written reports as required by the regulations were submitted to the Chief Inspector.

In addition, learning and recommendations that were identified following a recent incident within the designated centre were observed to be adhered to consistently. Staff were fully aware of the precautions required to ensure the ongoing safety of a particular resident when being supported with hot drinks.

Judgment: 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. All complaints were closed out to the satisfaction of the complainants' in-line with the provider's policy.

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, not all fire doors were observed to be able to fully open on the day of the inspection. In addition, the inspectors sought assurance from the provider and a person competent in fire safety regarding the building which was being planned to provide temporary accommodation to residents while upgrade works were being completed in their homes.

The inspectors acknowledge that the fourth building was vacant at the time of this inspection. However, as previously mentioned assurance was sought from the provider as a result of a number of issues identified with the premises, to ensure the ongoing safety and privacy of residents while they re-located to the building. The compartmentalisation of the the building from a fire safety perspective was not evident in all areas. The presence of a link corridor with access to a day service was adjacent to doors opening out from bedrooms in the building. While the doors had a thumb lock on the internal aspect, inspectors were not assured in relation to the possible access from the link corridor into the bedrooms. During the feedback meeting at the end of the inspection the provider was informed that the following assurances were required to be submitted to the Chief Inspector.

- Assurance from a fire competent person that the current structure is safe and residents can evacuate as per assessed needs
- Assurance in relation to privacy
- Assurance in relation to potential risk as some doors open out to a day service.

There were systems in place to ensure the safety of residents from the risk of harm from fire. These included daily, weekly fire safety checks and fire safety audits.

Regular checking of fire safety equipment was also completed. Each resident had their own personal emergency evacuation plans (PEEPs) in place which were subject to regular review. All residents had participated in regular fire drills, including a minimal staffing drill. However, not all fire doors were able to fully open unobstructed on the day of the inspection. A fire door which had an extension side panel to aid the movement of larger equipment such as a bed or large wheelchair could not be extended fully into the open position. The presence of a handrail on the wall to support the mobility of a resident prevented the extension panel from fully opening. The inspectors were informed that the facilities manager had been informed of this issue on the day of the inspection.

The inspectors reviewed a small number of personal plans for residents. The information was up-to-date and reflective of the current assessed needs of the residents. Residents were also provided with an easy-to-read format of their personal plan and goals. From a review of the files it was noted that the provider had a one page summary with the resident in the middle and supports that were required for them to have a good life. For example, it identified health, nutrition, communication, specific needs and activities relevant to the resident. Each section of this map had the supports that were required to realise an outcome for the resident. There was very good social stories and information of relevance to support each resident. Plans were seen to be consultative and inclusive. Documented progress and follow through on the goals for residents was also evident.

Residents health care needs were supported by the core staff team which included nursing and social care staff. The health care needs of each resident was consistently well documented with evidence of oversight by the person in charge. Care plans were co-ordinated and updated as required. Information was documented in a manner that would be accessible to new or agency staff. This was verified by a staff member who had only started in the previous months and they spoke about this as a good practice for new staff. There was good evidence of follow up from allied health care professionals and residents has access to bowel and breast screening. In addition, residents had been consulted regarding their participation in the national health screening process. Where the consent of the resident to participate in a screening process was not given alternative ongoing monitoring was in place.

It was also noted that where one of the residents had a diagnosis of dementia the care plan had in place supports to be provided to the person but also to ensure that their needs were met in their current home. The wishes of the resident would be to the forefront along with providing supports so the person remained involved in community activities.

Throughout the inspection, inspectors observed residents being supported to make personal decisions in their daily lives. This included engaging in activities within the designated centre, such as table top activities, within the day service or out in the community. The houses appeared busy and full of activity but in an un-rushed manner. Residents were supported to have a valued role in the designated centre, this included spending time with friends and peers. For example, one resident had recently commenced a prayer group on the campus and planned to have another

meeting in the weeks after this inspection. They had invited friends from the community to attend and staff had supported them to give out the invitations.

Residents were supported to be informed of their rights. This was discussed regularly at residents meetings but this was also evident from speaking with residents and reviewing their personal plans, health care supports, and the ongoing support being provided to residents to live a meaningful life.

### Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

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.

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. 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.

In addition, residents had been supported to engage in more community activities following ongoing review and audits of residents' quality of life.

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 in the three houses where residents were residing at the time of this inspection.

However, assurance was required from the provider to ensure the facilities being provided in the vacant building were compliant with the regulations in advance of residents temporarily moving in. This included

- Assurance from a fire competent person that the current structure is safe and residents can evacuate as per assessed needs
- Assurance in relation to privacy
- Assurance in relation to potential risk as some doors open out to a day service.

Judgment: Not 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.

In addition, with the installation of upgraded kitchens, the provider plans to support the cooking of all meals in each of the houses.

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 26: Risk management procedures

The provider had a risk register in place. There was no significant risks noted as all risks were rated low to medium for centre based risks. These risks were reviewed and updated on a regular basis. There was individual risk assessments for each resident specific to their needs so that they could supported as per their assessed needs. These risk assessments were updated and reviewed regularly and in line with changing needs.

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 other infectious agents which required specific cleaning protocols. All staff were aware of control measures in place. In addition, the household staff outlined the responsibility under taken by them to ensure protocols were consistently adhered to in relation to IPC.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured 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. Residents had PEEPs in place which were subject to regular review. Staff had participated in regular fire drills.

However, not all fire doors present were able to open fully without obstruction. The inspectors acknowledge that the provider was actively progressing with the upgrading and replacement of fire doors in three of the houses in the months following this inspection.

Judgment: Substantially 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 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

The person in charge had ensured all staff were provided with suitable training to meet the assessed needs of the residents living in this designated centre. Restrictive practices within the designated centre were subject to regular reviews.

Judgment: Compliant

### Regulation 8: Protection

At the time of this inspection there was an no open safeguarding plans in place in the designated centre. All staff had attended training in safeguarding and ensure residents were protected from all forms of abuse.

The inspectors were aware in the cycle of the registration the provider had reported a safeguarding issue to the chief inspector. The provider had followed up with their own processes and put systems in place to mitigate such incidents in the future. An inspector also spoke with management and they highlighted the learning and the

outcomes from same. As a result there was a focus on further training awareness and education. From speaking with staff it was also evident that they were aware of safeguarding and their role if any issues should arise.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensure residents dignity and privacy was respected in the three houses in which the residents resided at the time of this inspection. Residents were supported to exercise choice and control in their daily lives. This included one resident being supported to move into a larger bedroom in one of the houses which was vacant at the time of this inspection.

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>	
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	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	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	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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	Compliant
Regulation 6: Health care	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 I OSV-0003933

Inspection ID: MON-0030618

Date of inspection: 19/04/2023

## 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
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider is in receipt of assurance from a fire competent person that the current structure is safe and residents can evacuate as per assessed needs, same forwarded to the authority. Prior to the vacant building being utilised the resident's PEEPs will be updated and a fire drill carried out immediately after occupation.</p> <p>Additional signage has been put in place to ensure that privacy is maintained for all residents and a Standard Operating Procedure is now in place in relation to the doors that open out to an area that is not part of the designated centre.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire doors now open fully without obstruction. Required works for upgrading of all fire doors in the three houses scheduled for by the provider.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	08/05/2023
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	08/05/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	18/08/2023