



# 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 S
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	14 August 2023
Centre ID:	OSV-0007925
Fieldwork ID:	MON-0031836

## About the designated centre

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

St. Vincent's Residential Services Group S is a detached bungalow located on the outskirts of a city that can provide full time residential care for four residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include a kitchen/dining room, a utility room, two sitting rooms, bathrooms and a garage. Residents are supported by the person in charge, nurses, social care workers, care staff and household staff.

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

Number of residents on the date of inspection:	3
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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
Monday 14 August 2023	14:30hrs to 20:35hrs	Kerrie O'Halloran	Lead

## What residents told us and what inspectors observed

From conversations with staff, meeting with residents, observations while in the centre, and information viewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

On arrival to the designated centre the inspector met with the person in charge and clinical nurse manager, along with a resident who was visiting the designated centre as part of their transition plan to move into the centre in the coming weeks. This resident was beginning to spend some time in the centre during the day time. The resident appeared very happy and comfortable in the centre and staff were seen to communicate effectively with the resident during their visit. Later in the afternoon the resident was collected from the centre and returned to their current home. The inspector viewed the resident's transition plan which clearly identified a timeframe for the resident to transition into the centre. The other residents of the centre all appeared very happy and comfortable in the presence of this resident. The person in charge discussed the proposed maintenance works which were in place for the resident's new bedroom with the inspector. These included painting and decorating the room to the preferences of the resident, and installing new insulation.

While completing a walk-through of the premises with the clinical nurse manager, the inspector met another resident of the centre. This resident showed the inspector their room and clothes, and communicated through gestures that they would like a cup of coffee. The clinical nurse manager told the inspector that the resident had been out that morning to visit a friend, a former resident of the centre. The resident appeared very happy to have visited their friend in their new home. Later in the afternoon two other residents returned to the centre after enjoying a morning in the community. The staff members were familiar with the residents and their assessed needs and preferences. All residents were seen to be very comfortable in the presence of other residents and staff. Staff interactions were observed to be gentle, unhurried and respectful.

Residents bedrooms were personalised, homely and in good decorative order. Residents who had a preference to watch television on their own could do so in the day room or their bedroom. A large communal sitting room was also available. The kitchen and dining room had a lowered counter top making it accessible for all residents and an engaging environment for staff and residents. Residents were observed to have unrestricted access to all areas of the centre. Residents had the use of a transport vehicle that was located at the centre. The residents were seen to have an active lifestyle in the community and were involved in the local church and walking groups.

The residents were supported by staff to complete the Health Information and Quality Authority (HIQA) pre-inspection questionnaires, all of which were viewed by the inspector. These questionnaires covered topics like residents' bedrooms, food,

visitors, rights, activities, staff, and complaints. It was noted in these that residents participated in a number of activities including going to the cinema, walks in the local community, restaurants, gardening, attending day service, horticulture, visiting friends, and shopping. The inspector observed these activities recorded in individualised community activity schedules for each resident. The residents' questionnaires contained positive responses to all topics.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. The designated centre was well run and sufficiently resourced to meet the assessed needs of the residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good care and support where choice was offered and resident's rights were respected.

The next two sections of the report present the finding of the 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

The inspector found that the focus of support provided to residents was person-centred, and was delivered in a homely environment. The person in charge was currently covering a period of planned absence and had a remit over two designated centres. There were suitable arrangements in place for the oversight and management of both centres. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as infection control audits, medication management audits, and weekly/monthly oversight audits which measured performance in key areas and ensured relevant issues were escalated appropriately.

The provider had ensured the completion of an annual review of the centre, and six-monthly unannounced visits that assessed the standard of the care and support being delivered. These visits found good levels of compliance with the regulations and standards, and where issues were found an action plan was completed in a timely manner. All actions were seen to be completed on the day of the inspection. A statement of purpose had been prepared and this document provided all the information set out in Schedule 1 of the regulations. However, some minor aspects of this required review in relation to clearly identifying the current person in charge. This was completed on the day of the inspection and viewed by the inspector.

The inspector reviewed the staffing arrangements and found that they ensured that residents were supported by staff with the appropriate skills and experience. There was a regular, familiar staff team in place that ensured continuity of care for residents. There was a planned and actual roster maintained that accurately reflected staffing arrangements in the centre. Staff spoken with had an excellent knowledge of the care and support needs of the residents and were very person-

centred in their approach.

The inspector reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. Staff were in receipt of regular supervision to support them to carry out their roles and responsibilities to the best of their abilities. The frequency of this supervision was in line with the provider's policy.

During the course of the inspection, the inspector viewed a record of incidents in the centre and it was seen that the person in charge had notified the Chief Inspector of Social Services (the chief inspector) of all notifiable incidents that occurred in the designated centre, as is required by the regulations.

There had not been any complaints received since the previous inspection of this centre completed on behalf of the chief inspector. Residents regularly discussed complaints at monthly residents' meetings. An easy-to-read complaints procedure was available for all residents. The complaints management flowchart was on display.

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

As required by the regulations the provider had submitted an appropriate application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the

person in charge. From a review of the rosters, the inspector saw that these were an accurate reflection of the staffing arrangements in place for the centre.

The inspector observed that there were adequate staffing levels in place in order to meet the needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training when required. Arrangements were in place for staff to take part in formal supervision.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

### Regulation 23: Governance and management

There was evidence of good oversight and systems were in place to ensure a safe, consistent and person-centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge and the clinical nurse manager carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. The provider had



ensured the unannounced visits to the centre were completed, as required by the regulations. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. Some minor aspects of this required review in relation to clearly identifying the current person in charge. This was completed on the day of the inspection and viewed by the inspector.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge insured that the chief inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flow chart was on display. Residents were supported to make complaints if desired, actions and complainant's satisfaction with the outcome were recorded. An appeals process was also available to residents.

Judgment: Compliant

## Quality and safety

The inspector found that overall a good standard of care and support was provided to residents, the centre was sufficiently resourced, and the rights of residents were respected. The findings on the day of inspection were based on observations and conversations with staff and residents, documentary evidence provided by the registered provider, and general observations as residents went about their daily routine with staff supports.

The centre was observed to be very clean and homely. Staff had well-maintained cleaning rosters in place, which included high touch areas. Staff had undertaken training in infection prevention and control, as well as hand hygiene. Each resident had a risk assessment in place regarding an outbreak of an infectious disease. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 or any other infectious disease. This provided detailed guidance on how to manage laundry and staffing arrangements. However, this plan required review. The centre had two communal bathrooms. This arrangement and how to effectively manage it in the event of an outbreak was not reflected in the guidance available. It had also been identified that one resident may not self-isolate in their bedroom and may wish to use one of the communal areas such as the day room or sitting room. The plan in place did not identify specific arrangements for residents who may not isolate.

Information was available to residents in an easy-to-read format. The residents' guide was made available to all residents, including the resident due to transition into the centre in the coming weeks. Residents also had in place an easy-to-read guide regarding their personal goals set for the year.

The inspector reviewed a sample of the residents' personal plans. All plans were subject to regular review. A multidisciplinary review took place annually, as well as a person-centred planning meeting which family members were invited to take part in. All residents had goals and outcomes recorded. These goals were seen to be individualised to the interests of each resident, for example, one resident had a keen interest in animals, they had adopted a monkey in a wildlife park and had planned overnight trips to visit it. The person-centred planning process was seen to be personalised to individuals social and personal care needs.

Since the previous inspection, one resident had transitioned to their new home outside of this designated centre. This transition had been a successful move for the resident and others, as previous safeguarding issues were now resolved. The transition date was clearly noted in the centre's directory of residents. The provider had identified another resident to transition into the centre. As mentioned previously the inspector had the opportunity to meet this resident and review their transition plan and personal plan. This transfer was seen to be planned, safe, discussed and agreed with the resident. Information and supports required by the resident were in place while visiting the centre. Staff were seen to be very knowledgeable of the transition plan in place and the needs of the resident, and were observed communicating effectively with the resident.

Safe and suitable practices were in place for the ordering, prescribing, administration and disposal of medicines in the centre. The inspector reviewed a

sample of the contents within the medicine store in the centre. Medicines were stored securely in an individual locked cabinet in a locked medication room. Stock records were maintained of all medicines received into the centre. Appropriate facilities were provided for medicines which needed to be refrigerated.

The inspector reviewed the management of residents' finances in this centre and looked at a sample of the documentation in place around this. Residents had their own bank accounts and bank cards. They were supported to manage their money by staff and management of the centre. Financial assessments were in place for residents. There were clear systems in place to support residents to access their money as desired and there were robust monitoring arrangements in place to safeguard residents' money. From meeting with the residents and viewing their bedrooms in the centre, there was evidence that residents were supported to have control over their personal possessions, and had adequate space to store their personal belongings. Residents' rooms were decorated in line with their personal preferences and some residents had items such as televisions, photographs, and a range of other personal possessions on display and stored in their bedrooms. One resident preferred some of their clothing items to be hung up on display in their bedroom and this was respected by the staff. Each resident had an inventory list of all their personal possessions which was reviewed on an annual basis.

Residents had access to opportunities and facilities for recreation while in the centre. Some residents attended day services in the winter months, if desired in line with their wishes and interests. They also had opportunities to participate in a variety of activities in the local community based on their interests, preferences and personal goals. The inspector observed on the day of inspection the individual day programmes each resident accessed in line with their wishes. Residents were supported to maintain contact with friends and family representatives.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. Fire drills were being carried out regularly, including to reflect times when staffing levels would be at their lowest. The fire evacuation procedures were on display in the centre and records indicated that staff had undergone relevant fire safety training. Each resident had a personal emergency evacuation plan (PEEP). There was also an overall centre evacuation plan in place also to guide staff.

## Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, was provided with support to manage their financial affairs.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational and education opportunities in accordance with their assessed needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the premises were clean, warm and homely, and were designed and laid out to meet the needs of the residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents were provided with a choice of food in line with any dietary or preferred meal choices. The designated centre had adequate facilities to store food hygienically and the inspector observed that all food was stored correctly and labelled when opened. The residents were supported to prepare meals where required in line with their wishes.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a residents' guide, which was available to the residents and contained the required information as set out by the regulations. Easy to read versions of information was made available to residents in a format that would be easy to understand. This included information about complaints and goal setting.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that planned supports were in place for a resident who will be transferring to the centre in the coming weeks. There was evidence of a transition plan and consultation with the resident about the transfer to the centre. All relevant information regarding the resident was available to staff. Staff had good knowledge about the resident's needs and supports they required.

Judgment: Compliant

### Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events, and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents was discussed at team meetings and informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre-specific risk register and individual risk assessments. The individual risk assessments were up-to-date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

### Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for all areas, including high touch areas. Good practices were in place for infection prevention and control, including laundry management and a colour-coded cleaning system. There was evidence of contingency planning in place for the outbreak of an infectious disease including COVID-19. However, there were no guidelines available on how to manage the possibility, as identified, of one resident refusing to isolate in their bedroom, or use of the shared bathroom facilities in the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. Suitable fire equipment was in place

and was seen to be serviced regularly. There was a clear procedure in place for the evacuation of the residents. Fire drills were completed regularly with all residents and reflected minimum staffing levels.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines. Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Medicine and administration records were completed in line with requirements. Medicines were securely stored in a locked press.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessments which identified residents' health, social and personal needs were in place and regularly reviewed. These assessments informed the residents' personal plans which guided the staff team in supporting residents' identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents. For example, on return from a community outing one resident requested to relax in their bedroom. This was facilitated.

Judgment: Compliant

### Regulation 9: Residents' rights

Choice was offered in this centre. The residents were supported to make decisions about their lives in a way that maximised their autonomy. Residents had access to advocacy services if required, and were listened to with care and respect by staff. The residents views were taken into account in all decisions and in the running of the centre. The residents were involved in regular house meetings. The residents had access to meaningful day services programmes and to regular community access.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for St. Vincent's Residential Services Group S OSV-0007925

Inspection ID: MON-0031836

Date of inspection: 14/08/2023

## 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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Contingency plan updated to reflect that individualised support plans in place for each resident specifying the guidance on how to support each resident if they refused to isolate and in relation to bathroom facilities.	

## 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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	21/08/2023