



# 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 N
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	13 May 2021
Centre ID:	OSV-0003172
Fieldwork ID:	MON-0031385

## 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 N is a bungalow located in a campus setting on the outskirts of a city that can provide full time residential care for six 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, a utility room, a dining room, two sitting rooms, bathrooms and a staff office. Residents are supported by the person in charge, nurses and care staff.

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

Number of residents on the date of inspection:	6
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## How we inspect

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 13 May 2021	10:00hrs to 16:10hrs	Conor Dennehy	Lead
Thursday 13 May 2021	10:00hrs to 16:10hrs	Aoife Healy	Support

## What residents told us and what inspectors observed

From what inspectors observed and read in documentation available on the day of inspection, residents were being supported in a person-centred way during the ongoing COVID-19 pandemic. Residents were observed to be treated in a respectful manner. Residents were also supported to remain active during the day.

This inspection occurred during the COVID-19 pandemic, with inspectors adhering to national and local guidelines. Social distancing was maintained when communicating with residents and staff, in so far as possible, while personal protective equipment (PPE) was used and the inspectors' movement throughout the designated centre were restricted. To support this inspectors were based in a separate building on the campus, away from this designated centre, for the majority of the inspection. This time was spent reviewing documents relating to the designated centre and speaking with the person in charge.

The designated centre was visited during the course of the inspection. On arriving at to the centre, inspectors observed that the outside of the centre was well decorated with potted plants, ornaments and a garden bench to the front of the building. To the rear of the centre was a garden area which residents could avail of. This contributed to the centre being presented in a homely way. Inside of the centre, inspectors observed that it was brightly decorated and well furnished, with numerous drawings and pictures on display. Residents' bedrooms were decorated individually, with items personal to each resident forming part of the decor.

While present in the centre, inspectors met two residents. One of these residents was present on arrival and was watching a movie. This resident appeared content and was later seen to receive some personal care from a staff member, which was done in a respectful manner. A second resident returned to the centre while inspectors were present. Staff members on duty interacted with this resident in a positive and warm manner. For example, the person in charge was overheard pleasantly asking the resident if they wanted some tea.

This resident did not engage with inspectors verbally, but they had their own preferred means of communication which staff present were aware of. For example, one staff member knew that a particular hand motion of this resident meant they wanted to go for a drive. In addition, the resident brought one of the inspectors to the front door of the centre and staff members indicated that this meant the resident wanted this inspector to leave. Inspectors left the centre shortly after.

Four other residents who also resided in this centre were attending a day services hub located on the same campus and operated by the same provider. This day services hub served to keep residents engaged in activities during the day and it was noted that other activities which residents engaged in during the COVID-19 pandemic included painting and beauty therapies. Residents had also been supported to maintain contact with their families during the ongoing pandemic, with

inspectors reading records of telephone calls between residents and families throughout 2021 along with records of family members' visits to the centre in line with relevant national guidance.

Family members of residents living in this centre had also provided feedback on the services provided through the provider's annual review process for the centre. When reviewing the most recent annual review for the centre it was noted that family members had complimented the person in charge and staff on the supports their relatives had received during the COVID-19 pandemic. Inspectors observed that the provider had systems in place to facilitate family members and residents in making complaints if they wished, with the providers complaints procedure observed to be on display in the designated centre.

While present in the centre, inspectors also observed that a charter of rights for residents was on display. This was presented in a colourful and visual way, while an advocacy board was also present in the centre. It noted that some staff working in the centre had recently completed human rights training. Inspectors were provided with information showing that residents meetings, facilitated by staff, took place within the designated centre, which provided residents with information on the running of this designated centre. Records of such meetings were kept and it was observed that during the most recent meeting, residents were informed in advance about this HIQA inspection taking place. It was also noted that each meeting was concluded with a fun activity, such as watching a movie.

It was seen that a person-centred planning process was followed in this designated centre. This helped ensure that information which was important to residents was highlighted so that goals for residents to achieve could be identified. Inspectors reviewed a sample of person-centred planning documents and it was seen that the goals identified for resident were intended to get them engage in more external activities away from the centre as COVID-19 restrictions eased such as overnight stays in hotels. Such documents were contained within residents' individual personal plans and it was also seen that residents had easy-to-read version of these which were very visual in nature containing photos of residents, their families and things they liked to do.

In summary, there were strong indications that residents were being supported in a respectful and person-centred way, in a homely environment. Residents were being facilitated to maintain contact with families, and engage in activities either within the designated centre or through a day services hub.

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

The structure and supports which the provider had put in place for this designated centre ensured that, overall, residents were well supported and good level of compliance was maintained in the centre

This designated centre is currently registered until September 2022 with no restrictive conditions attached to its registration. Prior to this inspection, the centre was last inspected by HIQA in January 2019. During that inspection an overall good level of compliance had been found across all the regulations that were reviewed. The purpose of this inspection was to assess levels of compliance with the regulations since the previous inspection.

As required by the regulations the provider had appointed a person in charge for the designated centre. This person met the requirements of the regulations and had the necessary skills, experience and qualifications to perform the role. All information requested by inspectors was made available by the person in charge, who demonstrated a good knowledge of the residents living in this centre. At the time of the current inspection the person in charge was responsible for a total of two designated centres, but informed inspectors that they were mainly based in the designated centre being inspected. There were no indications that this remit was negatively impacting the running of this centre.

The person in charge oversaw the staff team that was in place to support residents. Staff members on duty were seen to interact appropriately with residents during this inspection and records reviewed indicated that staff were provided with relevant training to ensure that they had the necessary skills and knowledge to support residents. There were indications that staff knew the residents well and, from rosters reviewed, residents had been provided with a consistency of staff support. Such a consistency is important to ensure a continuity of care and to maintain professional relationships with risk assessments carried out for residents of this centre specifically highlighting the importance of staffing consistency.

Staff team meetings were also taking place in this centre. This was one of the monitoring systems in operations for this centre. Other such systems included the provider carrying out their own unannounced visits to the centre. Such visits are required by the regulations and are intended to make a provider assess the quality and safety of care and support provided to residents in a designated centre. Since the previous HIQA inspection, four such visits had been carried out by the provider with written reports maintained of each visit.

Where areas for improvement were identified by the provider, action plans were put in place to ensure that such areas were addressed. From reports read by inspectors, information within these reports indicated that, overall, good compliance levels had been maintained since HIQA's inspection in 2019. Similar compliance levels were also found during this HIQA inspection and overall this provided assurances that the provider was operating a good quality of service that was focused on residents' support.

### Regulation 14: Persons in charge

A suitable person in charge was in place for this designated centre. The person in charge was responsible for two designated centres but there were no indications that this remit was negatively impacting the running of this centre.

Judgment: Compliant

### Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents. This included the provision of nursing staff and a consistency of staff support.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was provided to staff members in areas such as fire safety, manual handling and human rights.

Judgment: Compliant

### Regulation 23: Governance and management

The provider was carrying out key regulatory requirements such as provider unannounced visits and annual reviews for the centre. The systems and structures in place for the centre helped ensure a good level of compliance.

Judgment: Compliant

### Regulation 34: Complaints procedure

Processes were in place for complaints to be recorded along with any actions taken in response and whether residents were satisfied with the outcome of any complaint raised. Complaints were discussed at residents' meetings and information on the



complaints process was on display in the designated centre.

Judgment: Compliant

## Quality and safety

Overall, from the information reviewed and observations made during the inspection, residents were found to be supported while measures were in place to ensure their safety while in designated centre. However, it was noted that an alternative living environment had been recommended for one resident.

All residents in the designated centre had individual personal plans in place. These are a key requirement of the regulations and are intended to provide guidance for staff in meeting the assessed health, personal and social needs of residents. From reviewing a sample of these plans inspectors observed that the plans contained key information relating to residents identified needs and desired goals, and were informed by a clear assessment process. When a particular need was identified for a resident, a specific plan of care, detailing the supports required, was put in place to address that particular need. For example, for residents with assessed health needs, regular monitoring of their health was carried out, in line with a specific plan. It was also seen that residents' individual personal plans were subject to regular review and were also reviewed by a multidisciplinary team

The personal plans reviewed by the inspectors met the requirements of the regulations but it is also a regulatory requirement that suitable arrangements are in place to meet residents' assessed needs. When reviewing one resident's personal plan it was noted that clear recommendations had been made by relevant assessments by health and social care professionals that this resident required a different living environment to better meet their needs. This resident remained in the current designated centre at the time of this inspection, with efforts being made to support their needs within the current environment. However, the recommendations to secure a different living environment for the resident, which had first been made in 2019, had not been progressed at the time of this inspection, despite efforts by the provider to address this. As such suitable arrangements were not in place in the current centre to meet all of this resident's assessed needs.

While this was identified as an area for improvement, it was observed that measures were put in place by the provider to safeguard all residents from any potential abuse. For example, where any incidents did occur appropriate action was taken by the provider, with measures put in place to prevent such incidents occurring again. To protect residents' dignity and bodily integrity, it was seen that their individual personal plans contained guidance for staff in how to support residents with intimate personal care. Training records reviewed also indicated that all staff members had been provided with relevant safeguarding training. Such training is important to ensure that staff can identify any possible abuse and take appropriate action in

response.

Records also indicated that staff had been provided with training in infection prevent and control. Measures were in place to ensure that residents were protected from COVID-19. These included regular cleaning of frequently touched surfaces and temperature checks of staff. During the inspection staff members on duty were observed to use PPE correctly while one staff member was observed to be carrying out cleaning. As part of its systems in place to respond to COVID-19 isolation facilities were available on the campus where this centre was based. It was noted that since the outset of COVID-19 there had been no confirmed resident case of COVID-19 in this centre.

The risks related to COVID-19 had been assessed by the provider. This was reflected in risk assessments that were in place for this centre generally and individual residents. It was seen that such risk assessment were regular reviewed and outlined the control measures to reduce the potential impact from COVID-19 as well as other identified risks. A system for recording any adverse incidents and near-misses occurring in the centre was also in use. An inspector reviewed such records and noted that such incidents were reviewed with appropriate action taken in response where necessary.

### Regulation 13: General welfare and development

Residents were supported to maintain contact with their families. Activities such as arts and crafts were provided for residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

A risk management process was in place within this centre, with identified risks assessed and regularly reviewed. Incidents occurring in this centre were recorded, reviewed and followed up where necessary.

Judgment: Compliant

### Regulation 27: Protection against infection

Measures were place to protect residents from any infectious disease,including COVID-19. Measures included relevant policies and procedures, regular cleaning and

staff training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Clear recommendations had been made going back to 2019 that one resident required a different living environment to better meet their needs.

Judgment: Not compliant

### Regulation 6: Health care

Guidance on how to support residents with their assessed health needs were contained in residents' individual personal plans and the provider regularly monitored residents' health.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse with relevant training provided to staff. Residents had intimate personal care plans provided for.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner and given information on the running of the designated centre through weekly resident meetings.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Vincent's Residential Services Group N OSV-0003172

Inspection ID: MON-0031385

Date of inspection: 13/05/2021

## 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 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The recommendations for one individual with regard to alternate placement has been raised at the Admissions, Discharge and Transfer team meeting of the provider at the time of recommendation.</p> <p>The service manager will raise this request again at the Admissions, Discharge and Transfer meeting on Tuesday the 8th of June 2021 and agreed actions and update on same will be brought to the resident and the PIC/PPIM of the center by the service manager. The residents name will be prioritized for decongregation team meetings also for transfer from the current center.</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 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	31/12/2022