Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	22 March 2022
Centre ID:	OSV-0003172
Fieldwork ID:	MON-0027738

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

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 (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
Tuesday 22 March 2022	09:35hrs to 20:10hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

The residents living in this centre received a service tailored to their individual needs and preferences. There was evidence of good oversight and systems in place to ensure a safe, consistent and person-centred service was provided. Staff had developed warm and supportive relationships with residents and encouraged their independence. However, there was one resident whose assessed needs could not be met in this centre. Although this longstanding issue was acknowledged by the provider, there was no plan in place for this resident to move to a more suitable home.

This was an announced inspection. On arrival of the inspector met with the person in charge who introduced the residents, showed the inspector the centre and described the services provided. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection.

As the inspector arrived, one resident was leaving the house to attend their day service. The inspector was introduced to them and had a brief conversation. This resident had been prepared for the inspector's arrival and appeared happy with their planned activities for the day. On entering the house the inspector met with four residents who were also beginning their chosen daily routines. These residents did not communicate verbally with the inspector. They appeared at ease in the centre and with the staff support being provided to them. It was clear that staff knew the residents well and were able to respond to and communicate effectively with them. The inspector had the opportunity to meet with the sixth resident of the centre later in the inspection.

The centre was a bungalow located on a campus run by the provider on the outskirts of Limerick city. On the day of inspection it was observed to be clean, bright and decorated in a homely manner. The outside area to the front of the house was well maintained and was decorated with ornaments, pot plants and flowers. The inspector learned during the inspection that the centre had won a number of competitions run by the provider for their outdoor decorations. The centre was registered to accommodate six adults. Each resident had their own bedroom. Two of the bedrooms were accessible to wheelchair users and were fitted with equipment to aid transfers as needed. Bedrooms were decorated in line with residents' tastes and interests. Those who wanted one had a television in their bedroom. There were photographs of the residents and people who were important to them on display throughout the house. Each resident had a social role in the centre and these were displayed in the kitchen area. These roles were also referenced in residents' files and often tied in with their personal development goals. These will be discussed later in this report in the 'Quality and safety' section. Accessible information, art supplies, jigsaws and other preferred activities were available throughout the centre.

When walking through the centre, the inspector observed some areas that required maintenance. These included floors, doors and kitchen units that were damaged, walls that needed to be repainted, and some window blinds and a chair that needed to be repaired or replaced. Management advised that maintenance works were planned. Recent maintenance work was evident with a new floor installed in the shower room. Management informed the inspector than a renovation was also planned to the bathroom in the centre. Input had been sought from an occupational therapist to source the most suitable bath for this resident group. As part of the renovation, the flooring and units would also be replaced. A door leading from the kitchen to the utility room was observed to be held open by a doorstop. As a result, if required, it would not be an effective containment measure in the event of a fire. The doorstop was removed immediately by the person in charge.

Three staff were rostered to work in the centre during the day. Day service staff also worked in the centre during the week. The person in charge explained that one additional staff member was rostered to work specifically with one resident for four hours from 8pm every night. One staff member worked in the centre overnight, and remained awake. The inspector was informed that if assistance was required overnight, there were additional staff on duty to support all of the centres located on the campus. In addition to the direct support staff, there was also one full-time domestic staff member who worked in the centre five days a week. This staff member was working on the day of this inspection and was observed cleaning the centre.

It was clear that residents received an individualised service in the centre, specific to their assessed needs and preferences. One resident was enjoying a lie in when the inspector arrived. Management told the inspector that as well as really enjoying extra time in bed in the morning, facilitating this choice also reduced the likelihood of this resident engaging in some behaviours that could pose a risk to their overall health and wellbeing. Later in the inspection, this resident was supported by staff in a respectful and unhurried way to get up and shower. They then spent some time in their preferred area of the house and participated in activities they enjoyed. Residents attended day services on a sessional basis. During this inspection, staff from the day service called the centre to advise that one resident wished to come home. This request was accommodated. As a result this resident was able to participate in day service programs with others while also having the opportunity to spend time in a quieter environment when they needed to.

It was identified in the May 2021 Health Information and Quality Authority (HIQA) inspection of this centre that one resident required a different living environment to meet their assessed needs. Recommendations had been made to this effect in 2019. At the time of this inspection, this resident continued to live in the centre. This longstanding situation will be discussed further later in this report.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability'

section of this report. The centre's risk register was reviewed and while comprehensive, revision was necessary to ensure that the risk assessments were accurate and reflective of the risks present centre. The inspector also looked at a sample of residents' individual files. These included residents' personal development plans, healthcare and other support plans and their written agreements regarding the terms for living in the centre. The inspector also reviewed the fire safety and infection prevention and control systems implemented in the centre. The findings regarding these regulations will be outlined in the 'Quality and Safety' section of this report.

As this was an announced inspection, resident questionnaires were sent by HIQA to the provider in advance. These had not been completed. The person in charge showed the inspector questionnaires that had been completed as part of the provider's annual review in November 2021. One had been completed on behalf of each resident by staff working in the centre. Overall the feedback documented was positive. There was reference to questionnaires completed by relatives of four residents in the centre's annual review. If it was stated that all had indicated very high levels of satisfaction with the service provided.

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

Capacity and capability

Overall, good management practices were observed. There was evidence of learning from incidents and implementing changes in response to any identified issues. Although oversight of the care and support provided in the centre was strong in many areas, improvement was required in others. These areas included fire precautions and ensuring a consistent staff team was provided to one resident at times they received one-to-one support. It was also identified that the provider had failed to address one longstanding issue regarding one resident's residential placement.

There was a clearly defined management structure in the centre which identified the lines of authority and accountability for all areas of service provision. Staff reported to the person in charge who in turn reported to the person participating in management, who reported to the service manager. The inspector met with all three of these management staff during this inspection. Staff meetings were held regularly in the centre and records indicated that a variety of topics were addressed. These meetings and scheduled one-to one supervision sessions ensured that effective arrangements were in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents, as is required by the regulations.

The person in charge had the necessary skills and qualifications and was very knowledgeable about the residents and the day-to-day management of the centre. They also fulfilled this role for another designated centre in the local area. They demonstrated a positive relationship with each of the residents and clearly considered them in every aspect of the running of the centre. They were both proactive and responsive in addressing issues as they arose. This approach was evident throughout the inspection and when reviewing documentation in the centre.

The provider had completed an annual review and unannounced visits every six months to review the quality and safety of care provided in the centre, as required by the regulations. There was evidence that many of the actions generated from these comprehensive reports had been progressed or completed. For example, at the time of the annual review in November 2021 the person in charge had no supernumerary hours to complete administrative tasks. This had since been addressed by the provider. This report also made reference to the need for the centre to have a vehicle that was accessible to all of the residents. The person in charge advised the inspector that although a wheelchair accessible vehicle was not permanently available, it was allocated to the centre at weekends and others were available on request during the week. A vehicle suitable for all of the residents was used on the day of this inspection.

As outlined in the opening section of this report, it was a finding of the last HIQA inspection of this centre that one resident required a different living environment to meet their assessed needs. In the compliance plan submitted following that inspection, the provider had committed to addressing this matter by the end of 2022. The annual review made reference to this longstanding issue and it was an action that a review be completed of this resident's needs assessment. Although this was completed, there was still no clear, time-bound plan for this resident to move to a centre more appropriate to their assessed needs.

The inspector met with a number of staff in the course of this inspection. All had a good knowledge of the residents, their preferences and their assessed needs. All interactions observed were kind, respectful and unhurried. The inspector reviewed a sample of staffing rosters for the centre and found that the number of staff on duty was in line with the planned roster and residents' assessed needs. However it was noted that a large number of staff fulfilled the nightly, four-hour shift where one-to-one support was provided to one resident. In the two weeks reviewed by the inspector, 11 different staff members had completed this shift. This arrangement did not ensure a continuity of care and support for this resident, as is required by the regulations. It was also not in line with this resident's assessed needs which documented the importance of familiar staff to their wellbeing.

Staff training records were reviewed and indicated that all members of the staff team had completed the training identified as mandatory in the regulations. There was also evidence of additional training completed by the staff team, including an online course in human rights. No complaints had been made recently in the centre. The required templates were available, if required. Information regarding the

complaints officer and the complaints processes were available, including in an accessible format developed for residents.

The inspector reviewed a sample of the written agreements in place regarding the terms on which residents stayed in the designated centre. These had been recently reviewed and were signed. On review of these it was noted that the agreements stated that no nursing care was provided in the centre. This was not reflective of the residents' assessed needs or the staffing provided in the centre. Management advised that they would review the contracts to ensure their accuracy.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. Some revision was required to this document to ensure that the total staffing complement and organisational structure were accurate and to remove a reference to another centre run by the provider. The emergency procedures outlined also required additional detail and clarity was required regarding whether the centre accepted emergency admissions. The person in charge committed to addressing these matters.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing was provided in the centre in line with the staffing levels as outlined in a statement of purpose. The number, qualifications and skill-mix of the staff team was appropriate to the number and assessed needs of the residents in the designated centre. However it was identified that one resident was supported by a number of

different staff each week. This was not in line with their assessed needs. Staff personnel files were not reviewed as part of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had recently attended the training sessions identified as mandatory in the regulations. There were effective systems in place to ensure staff were appropriately supervised.

Judgment: Compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly-defined management structure in place. The provider had resourced the centre to ensure the delivery of care and support in line with the statement of purpose. There was evidence of strong oversight systems which ensured that the service provided was safe and effectively monitored. There were regular staff meetings and supervision sessions held. However the centre was not appropriate to one resident's needs and there was no plan in place to address this longstanding issue.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Written agreements in place required review to ensure that they accurately reflected the staffing and therefore the costs associated with living in the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review to accurately reflect the staffing levels and organisation structure in place in the centre, to remove reference to another designated centre, and to clarify the emergency procedures in place and whether emergency admissions were accepted.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There had been no recent complaints in the centre. Information regarding the complaints procedures were available, including a document with accessible information developed for residents.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided was maintained to a good standard. A review of documentation and the inspector's observations indicated that residents' rights were promoted in the centre and they received a person-centred service that supported them to be involved in activities they enjoyed. Residents' participation in the running of the centre and community involvement were encouraged. Residents were safe. However, as mentioned previously in this report one resident who was assessed as requiring an alternative residential placement in 2019 was still living in the centre with no plan in place for them to move elsewhere.

The inspector reviewed a sample of the residents' comprehensive assessments and personal plans and found that they provided clear guidance to staff members on the supports to be provided to residents. Appropriate healthcare was provided to residents in line with their assessed needs. There was evidence of regular appointments with medical practitioners including specialist consultants as required. Other allied health professionals were also involved in residents' supports. For example, following a recent concern while eating, one resident had been reviewed by a speech and language therapist. An annual review of each resident's personal

plan had been completed by a team of multidisciplinary professionals, as is required by the regulations.

Residents who required them had behaviour support plans. A log was maintained of any restrictive practices in use in the centre. These had been recently reviewed. It was noted that a less restrictive measure had been successfully introduced for one resident. In the course of the inspection it was identified that the use of a sensor mat had not been identified as a restrictive practice. It had therefore not been subject to the provider's own policy and procedures regarding restrictive practices or reported to HIQA, as is required by the regulations. The person in charge committed to addressing this.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. When required safeguarding plans had been developed, shared with the staff team and implemented. Each resident had a personal and intimate care plan which identified the level of support required for different tasks. Over the course of the inspection, staff engagement and interactions with the residents were observed to be person-centred, positive and respectful.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. It was noted that where residents' personal development goals had been achieved, they were supported to further expand on this or a related goal. For example, one resident had achieved their goal to go away for a night. Since then they had planned and gone on a day trip and at the time of this inspection were planning a second night away. At times personal development plans were linked to a resident's social role in the centre. The centre's gardener was involved in maintenance of the garden area and was accompanied by staff to buy decorations for the outside area. As well as writing progress notes on residents' goals, photographs were also taken. This was a meaningful way for residents to see and mark their progress.

Contact with friends and family was important to the residents in the centre and this was supported by the staff team. Relatives were welcome in the centre and staff also supported residents to visit their family homes. It was evident that the staff team had put a lot of effort into maintaining and further developing residents' relationships during the COVID-19 pandemic. In some cases contact had been made with relatives that residents had lost touch with. These relationships continued to thrive with regular visits taking place. As well as visits, relationships were maintained with regular phone calls, photographs shared using smart phones, and cards sent on special occasions.

A staff member had been identified to support and promote advocacy in the centre. Resident meetings were held regularly, as were separate advocacy meetings. A review of these meeting minutes demonstrated how staff kept residents informed of any upcoming events, changes or news regarding the centre. These meetings were also used to support residents' understanding of their rights, to plan activities and meals, and to participate in other day-to-day activities.

Main meals were not prepared in the centre. Instead these were sent from a central kitchen on the campus. Food for smaller meals and snacks was available in the centre. Some residents of the centre received nutrition and hydration through the use of feeding tubes. Staff spoken with were very familiar with the processes and procedures in place in the centre for the care and management of this equipment and the products used. There were systems and records in place to ensure these processes were followed.

As stated in the opening section of the report, there were areas requiring maintenance in the centre. Senior management advised the inspector that there was a schedule of works planned across the campus which would involve painting and the replacement of flooring and doors.

The residents in the centre enjoyed participating in a variety of community based activities. Staff maintained records of these activities and how much residents enjoyed them. There was also a book with photographs of residents participating in both centre-based and community activities. Activities included going out for meals, having beauty treatments, visiting and staying with family, going shopping and walks in local areas. The person in charge informed the inspector that the staff team were flexible and had adjusted their working hours at times to support residents to attend evening activities. Since the COVID-19 pandemic, residents' attendance at day service was more tailored to their preferences and this was reported to be of benefit to them.

It was an action in the report completed following the most recent unannounced six-monthly visit to the centre that residents be supported to spend more time in their local community in line with the easing of national restrictions. This had also been highlighted at a staff meeting. There was evidence that this was taking place for the majority of residents. At the time of this inspection one resident had not resumed participating in a number of community based activities. For example, rather than returning to the barber, they continued to have their hair cut in the centre. The person in charge explained that this was due to their medical needs and vulnerabilities. No risk assessment had been completed to support this management decision.

When reviewing the risk register it was noted that the scoring of some risk assessments required review. In some cases the ratings had been calculated incorrectly and in others the ratings assigned were not reflective of the risk posed by identified hazards in the centre. For example, the impact of the risks associated with medication errors and the transportation of oxygen in a vehicle had been assessed as negligible. A review of the risk register was scheduled for the month following the inspection.

Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Staff were completing regular visual checks regarding fire safety, which included fire doors and escape routes. Although some matters had been identified, and as a result addressed, as a result of these checks, others identified during this inspection were not. When walking through the centre, it was observed that many fire doors were damaged and that the storage of some

items in one resident's bedroom would impede their access to the emergency exit. The use of a door stop had also been observed in the kitchen. Management advised that it was scheduled to replace all of the doors in the centre. The person in charge immediately moved the items blocking the fire exit and removed the doorstop. It was also noted that although oxygen was available in the centre, there were no signs in place to indicate where it was stored.

Residents all had personal emergency evacuation plans (PEEPs) in place, and these had been reviewed recently. It was noted on these documents that two residents required support from two staff, and the other four residents required one-to-one staff support, to safely evacuate from the centre. The inspector reviewed the records of evacuation drills completed monthly in the centre. The record regarding the most recent night-time drill had not been completed in full. While it was documented that 10 staff had come from across the campus to assist with evacuating the residents, the evacuation time and other key information was not recorded. While the other records demonstrated prompt evacuation times, it was noted that to evacuate all residents of the centre staff were required to re-enter the building. This may not be possible in the event of a real fire. Therefore the evacuation procedures required review to ensure that arrangements were in place to bring all persons in the centre to safe locations if required.

The inspector reviewed the systems in place regarding the prevention and control of healthcare associated infections, including COVID-19. A self-assessment regarding planning and infection prevention and control (IPC) assurance had been recently reviewed by the provider. A daily IPC audit was also completed in the centre. As outlined previously, the centre was observed to be clean on the day of inspection. However some damaged surfaces were observed throughout the centre. These included a bed frame, a chair, some kitchen units, and fittings in the bathroom that was to be renovated. As a result it would not be possible to effectively clean these surfaces. Cleaning schedules were in place and there was one full-time staff assigned to the centre with responsibility for these duties.

Two rooms in the centre rooms were assigned for the storage of cleaning equipment and laundry. Although small in size, the laundry room was well organised. A system was in place to ensure there was no mixing of clean items and those that needed to be washed. A smaller room, accessed from the laundry, was used to store cleaning equipment and supplies. Again, although small it was observed to be well organised, clean and tidy with a clear system in place for the use of specific cleaning equipment in designated rooms so as to prevent cross contamination between different areas.

Due to the assessed needs of this group of residents, a variety of medical devices & equipment were stored in the centre. There was cleaning guidance available, specific to each item, and records that showed that they were cleaned as necessary. Although informed by management that they were regularly cleaned, there were no such records relating to residents' wheelchairs.

A folder of documentation was available regarding the systems and procedures in place regarding COVID-19. This included the most recent guidance from the government and the provider. It also contained accessible information for residents.

A contingency plan was also in place however this was not specific to this centre and the residents' assessed needs. It also required review to reflect the change in the availability of isolation hubs. Residents had been required to isolate due to health concerns since the last inspection of this centre. One resident had isolated in the centre, while another had moved to an isolation hub run by the provider. The inspector was informed that residents had coped well with the changes required to their usual routines and that both occasions had provided learning opportunities for the staff teams involved.

Regulation 11: Visits

Residents were supported to receive visitors in the centre in line with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to opportunities and facilities for occupation and recreation while in the centre. They attended day services in line with their wishes and interests. They also had opportunities to participate in a variety of community based activities in line with their interests, preferences and personal goals.

Judgment: Compliant

Regulation 17: Premises

The premises were clean, accessible and decorated in a homely manner. Parts of the centre were in need of maintenance such as painting, addressing damaged doors, floors and other surfaces including upholstery. A renovation was planned to provide an accessible bath and address damaged fittings in the bathroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The food provided in the centre was nutritious. Residents were offered and supported to make choices at meal times. Staff were well informed about the specific care needs of those in the centre who used feeding tubes for nutrition and

fluids. There were sufficient staff working in the centre to ensure residents who required it, received support at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The guide prepared for residents met the requirements of this regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register required review to ensure that risks were accurately described and the risk ratings were reflective of the risk posed by the hazards identified in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare associated infections including COVID-19. Good practices in line with national guidelines and provider's policies were observed on the day of inspection. The COVID-19 contingency plan in place required review to ensure that it was specific to this centre and this group of residents. Although the centre was observed to be clean, there were some damaged surfaces, for example on floors and in the bathroom. As a result it would not be possible to effectively clean this surface.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems in place in this designated centre included a fire alarm, emergency lighting and fire fighting equipment. Training records reviewed indicated that all staff had received fire safety training. Fire drills were taking place regularly but not all records were completed in full. It was indicated that staff were required to re-enter the building to fully evacuate the centre. The evacuation procedures

required review to ensure that arrangements were in place to bring all persons in the centre to safe locations if required. Although staff were regularly completing fire safety checks, these were not always effective as damaged doors and blocked exits had not been identified. Staff practices regarding keeping doors open prevented some doors from closing if required to act as a containment measure in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment regarding their health, personal and social care needs. Assessments for one resident stated that their current residential environment was unsuitable for their needs. This had been identified in 2019 and in many more recent assessments. At the time of this inspection they continued to live in this centre.

Judgment: Not compliant

Regulation 6: Health care

Appropriate healthcare was provided to residents in line with their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one had a recently reviewed behaviour support plan. All staff had completed training in the management of behaviour that is challenging including de-escalation and intervention techniques. The restrictive procedures in place in the centre had been reviewed recently. One restrictive practice in the centre had not been recognised as such and had therefore not been subjected to the provider's own polices.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding plans in the centre at the time of this inspection. Learning from previous incidents had informed residents' support plans. All staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that respected the residents' individual needs.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially 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-0027738

Date of inspection: 22/03/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge and Service manager will ensure that the supports allocated to support one individual for four hours at night will be familiar staff known to the resident. While a number of individuals cover this staffing need they will all be trained staff and time given to ensure introduction and understanding of the individuals support needs so as to ensure satisfaction of the resident.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The assessed needs of one resident and recommendations of the multidisciplinary team for that resident have been raised at the providers Admission Discharge and Transfer team meeting. The Service Manager of the provider will raise the case at the next scheduled Admission Discharge and Transfer meeting in June. The Service Manger will also prioritise the case with the Providers newly appointed housing officer to assist the process of seeking appropriate housing for the resident in the local community. The PIC has linked with the Transforming Lives Project Leader and a robust Transition Plan is in place for the resident to successfully transition to Community living.	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
The Service Manager and Person in Charge with the providers Quality and Risk officer will review the contract of care to ensure staffing resources and cost associated with residing in the center are accurately reflected.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Person in Charge and the Person Participating in Management have since inspection reviewed the Statement of Purpose and made the necessary changes. Same submitted to the authority.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Maintenance works required in this center has been scheduled. The Person in Charge and the provider's maintenance manager have discussed and documented all works required. Plan in place for completion of same.
There is a plan in place for fitting of new kitchen, floor maintenance and painting.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Person in Charge and the person participating in Management have scheduled a review of the risk register. The Providers Health and Safety officer will support this review. The Person in Charge has also attended training since inspection on the identification and assessment of risk. The Person in Charge has scheduled a training date

for all staff team on Risk Assessment and completion of same, the provider's health and safety officer will facilitate this training.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Person in Charge, The Person Participating in Management and the providers Link nurse in Infection Control will meet to review the Covid Contingency plan for the center and its individual residents. The Person in Charge has contacted the maintenance manager and all surfaces, damaged areas and fittings will be addressed to support a homely environment and the cleaning of same. The process of procurement and tendering for replacement of Fire doors has commenced and a plan to change the doors in the Centre is in place.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge will arrange a meeting with staff team and the provider's maintenance manager who is the providers trained fire manager. A full evacuation will be implemented and all necessary recordings and observations will be documented and learning and improvements taken from same. The practice of obstructed doors, doors being kept open ceased immediately at day of inspection. The provider has funding for the replacement of damaged doors across all centers of the organization. This center is included in the plan for replacement of damaged doors. The process for procurement and tendering for replacement of Fire doors has commenced and a plan to change the Fire doors to change the doors in the Centre is in place.	
Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The assessed needs of one resident and recommendations of the multidisciplinary team for that resident have been raised at the providers Admission Discharge and Transfer team meeting. The Service Manager of the provider will raise the case at the next scheduled Admission Discharge and Transfer meeting in June. The Service Manger will also prioritise the case with the Providers newly appointed housing officer to assist the process of seeking appropriate housing for the resident in the local community.

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge since inspection has included the one named restriction on the risk register. The Person in Charge has contacted the chairperson of the restrictive practice committee to highlight this and for shared learning. The Person in Charge and the Person Participating in Management have reviewed all restrictive practices to ensure all are recorded as such. The Person in Charge has also discussed this omission at staff team meeting with all staff team.	

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	13/05/2022
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	30/09/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	31/07/2023

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	29/05/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	08/04/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	30/09/2023

	healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	08/04/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	08/04/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	23/03/2022
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	Not Compliant	Orange	31/07/2023

	accordance with paragraph (1).			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	29/05/2022