



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	St Rita's Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	04 October 2021
Centre ID:	OSV-0003915
Fieldwork ID:	MON-0034413

About the designated centre

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

St Rita's Residential Service can support five male and female adults, with intellectual disability and or autism as well as additional physical and or sensory disability. Residents supported at the service range in age from 18 years upwards. The centre comprises of a purpose built house in a rural town. Residents are supported by a staff team that includes the person in charge, social care workers and social care assistants. Staff are based in the centre when residents are present, including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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
Monday 4 October 2021	11:30hrs to 17:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

The inspector met with residents who lived in the centre. Although none of the residents could communicate verbally with the inspector, all residents were observed to be at ease and comfortable in the company of staff. Residents appeared relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Some of the activities that residents enjoyed included outings to local places of interest, board games and home visits to families which were arranged in line with public health guidance.

The centre is in a rural town and close to amenities such as public transport, shops, restaurants, hotel and a church. The centre was purpose built and was configured and laid out to best suit each individual's assessed needs. There was a vehicle available so that residents can go out for drives and to access the local amenities.

The centre was clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access and television available for residents. There was adequate communal and private space, a well equipped kitchen and sufficient bathrooms. Residents had their own bedrooms and those that the inspector saw were comfortably decorated, suitably furnished and personalised.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

Throughout the inspection it was very clear that the person in charge and staff prioritised the well being and quality of life of residents. However, at weekends staffing arrangements were not always sufficient to ensure that all residents could take part in activities of their choice and the personal planning process had not explored the introduction of new experiences for residents.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

Overall, the provider's management arrangements ensured that a good quality and

safe service was provided for people who lived in this centre, and that residents' received a good quality of care. There were structures in place to ensure that suitable care was delivered to residents. However, the provider was required to review weekend staffing arrangements to establish if staffing levels were sufficient to support residents, particularly in relation to their social and leisure activities.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Unannounced audits were being carried out twice each year on behalf of the provider. Action plans had been developed based on the findings of these audits.

There was a suitably qualified and experienced person in charge who knew the residents and their support needs. It was clear that residents knew, and got on well with, the person in charge. The person in charge also worked closely with the wider management team. The arrangements to support staff were effective. There were clear arrangements in place to support staff during the absence of the person in charge when a senior manager was on call.

The centre was suitably resourced to ensure the delivery of safe care and support to residents. These resources included ongoing maintenance and upgrade of the centre, the provision of transport vehicles and arrangements to ensure that staff were appropriately trained.

Staffing arrangements in the centre required review to establish if the current staffing levels were adequate. During the inspection, it was observed that residents were well supported by staff during the daytime which enabled them to take part in activities that they enjoyed. However, rosters indicated that there were reduced staffing levels at weekends and in the evenings. This presented a risk that residents might not be able to take part in activities and interests that they enjoyed if there were not sufficient staff to support them at these times. It also presented a risk that residents may not be able to go out individually at weekends if there were not sufficient staff to support their assessed support needs. For example, a resident who enjoyed swimming had not been to the swimming pool for a long time.

Staff had received training relevant to their roles, such as training in medication management and epilepsy care in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Staff had also attended additional training in various aspects of infection control in response to the COVID-19 pandemic. A small number of staff had not attended some required refresher training but this had been identified and was scheduled to take place in the near future.

Records viewed during the inspection, such as staff training records, personal plans, healthcare plans, and COVID-19 and infection control systems, were informative and up to date. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19

entering the centre and for the management of the infection should it occur.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Planned staffing rosters had been developed by the person in charge. Overall, there were adequate staff allocated to support residents on weekdays. However, weekend staffing arrangements required review to establish if they were sufficient to ensure that residents could take part in activities of their choice on Saturdays and Sundays.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There were no active complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe. There was a good level of compliance with regulations relating to the quality and safety of the service, although improvements to personal goal planning was required.

There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19. A cleaning plan had been developed in the centre, although improvement to this system was required. The centre appeared visually clean throughout.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby neighbourhood. The centre also had its own dedicated vehicle, which could be used for outings or any activities that residents chose.

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs. However, personal goal planning in the centre had not been carried out for some residents in the past year. Staff explained that this was due to the reduced access to some activities and facilities during times of lockdown, and also the restrictions on visits that had been implemented as an infection control protocol. In addition, the personal planning process for some residents had not explored the introduction of new experiences for residents.

The centre was a large purpose built, detached house close to a rural town. Overall, the centre suited the needs of the residents and was being well maintained. Communal rooms were decorated with pictures and photos, and the kitchen was well equipped and bright. All residents had their own bedrooms and the rooms that the inspector saw were comfortable and personalised. There were adequate bathrooms in the centre to meet the needs of residents and these were suitably equipped. The centre had been freshly painted. However, the floor covering in some bathrooms was in poor condition and required upgrade. There was also evidence of dampness on walls in parts of the building. The provider had recognised this, and investigation by experts had, and continued to, take place to identify and resolve this issue. In the interim, the damp areas were being frequently cleaned to reduce the impact of residents.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Residents' healthcare needs had been comprehensively assessed, plans of care had been developed to guide the delivery of care by staff. Residents' nutritional needs were well met. Suitable foods were provided to suit residents' needs and preferences. Nutritional assessments had been carried out as required, residents' weights were being monitored, and support from dieticians and speech and language therapists was available as required.

The provider also had systems in place to ensure that residents were safe from the risk of fire. These included up-to-date fire training for staff, and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. During the last inspection of the centre, fire evacuation drills had required improvement and this had been addressed. Records indicated that fire evacuation practices were being carried out routinely and these were being completed in a timely manner. Staff were confident that they could evacuate residents effectively and safely if required.

Regulation 17: Premises

The design and layout of the centre met the aims of the service and suited the number and needs of residents. Overall, the centre was well maintained, clean, comfortable and suitably decorated. However, remedial work was required to address some areas of dampness in the centre although the provider was in the process of addressing this matter. Improvement was also required to floor covering in bathrooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose their own food. Suitable foods were provided to suit residents' preferences and needs.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable measures in place to control the risk of COVID-19 infection in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. However, personal goal planning in the centre had not been carried out for all residents in the past year. In addition, the personal planning process for some residents had not explored the introduction of new experiences for residents.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for St Rita's Residential Service OSV-0003915

Inspection ID: MON-0034413

Date of inspection: 04/10/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A full review of the roster and staffing resources will take place to ensure sufficient opportunities for activity across the entire week, in line with the individual needs of service users	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Remedial work has started to address dampness within the premises. The provider will replace floor covering where it is worn or damaged.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The person in charge will review person-centred plans to ensure the suitable goal planning processes are in place that provide service users with opportunities for new experiences and with opportunities that are achievable during Covid restrictions	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	21/12/2021
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	21/12/2021
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	15/01/2022

	annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
--	--	--	--	--