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 E
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	15 June 2023
Centre ID:	OSV-0003928
Fieldwork ID:	MON-0031359

About the designated centre

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

The designated centre is a single storey house located on a campus setting adjacent to a small town and a short drive from a large city. The house, in which six residents lived, had two sitting rooms, a kitchen, five single occupancy bedrooms, wheelchair accessible sanitary facilities, laundry facilities, office and storage facilities. There was a garden to the rear of the property and day services were also facilitated within the campus. There was also, a self–contained apartment supporting one resident who had their own tea room, sitting room and bedroom with secure garden area to the rear. Adult residents resided in the house full-time. The service provided was a medical model of care and the staff team comprised of nurses, care assistants and household staff which supported residents by day and night.

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
Thursday 15 June 2023	10:15hrs to 16:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with all of the six residents during the inspection. They were introduced at times during the day that fitted in with their individual daily routines.

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection. The inspector was given four completed questionnaires to review. Overall, positive comments were contained within the documents. There was satisfaction with the services and activities provided both within the designated centre and in the community. These included attending cookery classes in the local community centre. The availability in recent months of a second transport vehicle had a positive impact for all of the residents to engage in frequent social outings.

On arrival the inspector was introduced to one resident in the sitting room. They were observed to use a wheelchair independently to mobilise around the designated centre. Staff were observed to remind the resident to concentrate on their movements to avoid banging into items of furniture. The resident was happy to show the inspector their bedroom which had photographs of important persons in their life on the walls. Staff were observed to assist the resident to inform the inspector about their interests and preferred programmes that they liked to watch on their television. The resident was observed during the day to respond with laughter and positive responses to interactions with staff.

One of the residents had already left the designated centre before the inspector arrived to attend their day services and another resident was spending time with a family representative in the community. During the inspection the inspector was introduced to these residents when they returned at different times to the designated centre.

The inspector was informed and observed throughout the inspection the importance of familiar staff to support the residents living in this designated centre. The inspector was introduced to another resident after they had been supported by staff to have their preferred hot drink at the start of their morning routine. The resident was heard to communicate using terms known to staff when requesting their drink. On review of this resident's communication passport the words used by the resident to communicate their needs were clearly outlined to support staff to effectively communicate consistently with the resident. In addition, the resident was also being supported to engage in meaningful activities more frequently which was having a positive impact on their quality of life. This will be further discussed in the quality and safety section of this report.

The inspector was informed one resident had left to attend a scheduled healthcare appointment and another had a hair appointment in the community. The inspector

met these residents a number of times during the day when they chose to spend time in the communal area where the inspector was reviewing some documentation. The inspector was introduced to another resident in their apartment in the afternoon. They were encouraged by staff to show the inspector their fish tank and explain how they looked after their three goldfish. The resident was watching a preferred programme on their television at the time and indicated to staff they wished to go for a walk. The staff member present immediately accompanied the resident to go out for a walk on the campus.

In the early afternoon, a resident returned to the designated centre with a family representative. They had enjoyed lunch together and the resident was introduced to the inspector as they spent some time in the sitting room relaxing after their social outing. Staff outlined how this resident was supported by the staff team to engage in regular social activities in locations that were not busy. This information was also shared with the resident's family representatives who visited weekly. The family representatives and the resident frequently enjoyed time together in some of these locations and staff informed the inspector that this supported more meaningful engagement for the resident.

The inspector observed many interactions between the staff team and the residents throughout the inspection that were respectful. For example, engaging with the resident on their return from the hairdresser's about their experience. On the day of the inspection there was a dedicated household staff and activation staff working alongside the core staff team. All staff were observed to converse and complete activities in a respectful and professional manner while effectively communicating with the residents. For example during meal times, which were observed to be un-rushed and reflective of expressed wishes of residents' such as preferred seating arrangements.

Staff spoken too outlined the effectiveness of complimentary therapies for one of the resident's in this designated centre. The particular treatment plan had been developed by a staff member trained in complimentary therapies employed by the provider. The resident had a regime which included the use of a particular essential oil for a 20 minute period via an aroma stream that supported relaxation in conjunction with particular music being played while the resident spent some time in their bedroom. Staff spoke of the benefits and positive impact for this resident when the treatment plan was used.

All staff had completed Human rights training and residents were supported during regular resident meetings to express any concerns they had. Residents also attended advocacy meetings within the designated centre. During these meetings pod casts were used on occasions to support information sharing and awareness for residents. For example, one such pod cast was on the topic of "My home, My way". Easy –to –read documents including personal plans, goals and communication passports were all available in resident's bedrooms. In addition, residents had attended an information session regarding assisted decision making in June 2023.

Staff outlined the ongoing engagement with family representatives and person centred approach to maintaining these relationships for the residents living in the

designated centre. For example, one resident had plans to visit another county to have lunch with family representatives and complete a review of their personal plan during the visit with their key worker. Another resident was supported to remember and chat with a staff member about important persons in their lives at a time each week when they would previously had a call with a family representative. All of the residents had personalised individual memory boxes. In addition, staff were actively engaging with the family representatives of one resident who had a lot of old family photographs to identify the persons in those photographs and create a memory book with explanatory notes for the resident to enjoy.

During the walk about of the designated centre the inspector observed a homely and relaxed atmosphere. It was decorated throughout reflecting the interests and preferences of the residents. For example, the social roles each of the residents' had were identified on a display in the dining room. There were also framed photographs of each of the residents as well as photographs of social events and outings. Details of upcoming activities such a baking competition were also on display, with staff planning to support the residents to get involved in the activity. The inspector was also shown a recently completed area in the apartment. A "tea room" had been created as a space for the resident to be able to provide refreshments to their visitors and friends. However, there were a number of issues relating to the overall premises that were identified during the inspection. These will be further discussed in the quality and safety section of this report.

The inspector was informed one resident had been supported to transition to another designated centre during 2022 but this had not been successful and the resident had returned to this designated centre. The inspector acknowledges that the provider is actively progressing with the de-congregation of the campus including in this designated centre. There were no active transition plans for any of the residents at the time of this inspection. The inspector was informed residents would be supported to consider moving to another location if a suitable option became available.

During the inspection, the inspector was informed all of the residents were subject to regular checks throughout the night time. This involved staff opening bedroom doors every 30 minutes. In one instance, a bedroom door had a clear glass panel through which the resident could be observed. The rationale for this practice was discussed during the inspection and at the feedback meeting. At the time of this inspection these had not been identified as possibly impinging on residents' rights to privacy and dignity. This will be further discussed in the quality and safety section of this report.

In summary, residents were being supported by a core group of dedicated staff to ensure a good quality of life with ongoing contact with family representatives and the wider community. The provider had identified an area of concern relating to the access for residents to community activities in the evenings and at weekends due to the availability of staffing resources. This was under ongoing review with the provider. The availability of a second transport vehicle had a positive impact for residents accessing community activities frequently and a flexible approach by staff members ensured residents could be facilitated with pre-planned activities.

However, further improvements were required to ensure the rights of residents were consistently supported including privacy and dignity. In addition, the floor plans required further review. The inspector noted a door in the staff office was not reflected on the floor plans submitted with the application to renew the registration of this designated centre.

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

Capacity and capability

Overall, the inspector found that there was an effective governance and management structure with systems in place which aimed to promote a person-centred service for residents. This designated centre had previously been inspected in January 2022. The actions from that inspection had been addressed.

The person in charge worked full time and had a remit over a total of two designated centres. They allocated their time between both designated centres and were supported by senior staff members including a clinical nurse manger (CNM) in this designated centre. They delegated duties to these staff including scheduled audits. The person in charge was familiar with the assessed needs of the residents. They were aware of their role and responsibilities as required by the regulations. The provider had allocated protected time for the person in charge to complete their administrative duties each week. This included completing the supervision of staff members. They were being effectively supported in their role by the person participating in management and the CNM.

There was an actual and planned rota in place which reflected some of the changes being made due to unexpected or unplanned events. In addition, staffing levels had been maintained during periods when an outbreak of COVID-19 had affected the designated centre in recent months. The time table of scheduled activities for residents was flexible to meet the changing needs of residents. The inspector acknowledges that the core staff and activation staff on duty were supporting residents to engage in some preferred activities during the inspection. However, as per the provider's own annual report which was completed in November 2022; there was an ongoing concern regarding sufficient staff resources being available on the evenings and at weekends to support the residents. As previously mentioned the availability of a second transport vehicle had improved the access for all residents to engage in social and community activities during the day. In addition, flexibility of staff members supported pre-planned activities at these times.

There was one staff vacancy at the time of this inspection. This was a part time role and the person in charge had access to regular relief staff to fill gaps in the rota who were familiar to the residents. However, the rota did not consistently accurately

reflect the number of staff on duty in the designated centre. The person in charge was reflected on the rota for their other designated centre. The activation staff were reflected on their own department's rota and relief staff were reflected on another rota. None of these documents were available in the designated centre for the inspector to review during the inspection. The inspector acknowledges that the person in charge did offer to locate these documents at the time of the inspection.

On review of the designated centre's rotas the inspector noted on 9 May 2023 that only one nurse was rostered on duty due to unplanned leave for another staff. The actual rota only reflected the staff member and the household staff being present on that day. The person in charge outlined relief staff had been present to ensure residents were supported in –line with their assessed needs and the statement of purpose but this was not reflected in the documentation reviewed by the inspector. This was discussed during the feedback meeting.

The provider had ensured that an annual review and provider-led internal six monthly audits had been completed as required by the regulations. These were detailed audits which identified a number of actions to be completed. Details including the dates some of the actions were completed or progress being made was clearly documented. However, a number of actions identified in these and other audits completed within the designated centre remained unresolved at the time of this inspection. While the inspector acknowledges that the provider is actively progressing with planned upgrade works on the campus which includes this designated centre a number of ongoing issues identified repeated on multiple audits had not been resolved. This included the replacement of the drug trolley, identified in Infection prevention and control (IPC) audits since January 2023 and health and safety audits that were reviewed by the inspector that took place on 3rd and 10th June 2023. This issue had also been highlighted on an external pharmacy audit completed in May 2023. Damage to the flooring surface at the exit to the garden area in the apartment was also unresolved and was documented as an action in the provider's six monthly audit of 27 February 2023 and subsequent health and safety audits since that date. This was discussed during the feedback meeting on the day of the inspection.

The inspector was aware prior to the inspection that an incident had not been reported to the chief inspector in-line with the regulatory requirements within three days. A resident had sustained an injury which required medical intervention. The provider's internal auditors identified this issue on 7 November 2022 while completing the annual report. The notification was submitted the following day, 8 November 2022 by the person in charge. This was 24 working days after the event occurred.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been

submitted as per regulatory requirements. The floor plans were required to be updated and resubmitted following the inspection to ensure they accurately reflected the actual layout of each room in the designated centre as per Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role. They were effectively supported in their role by the CNM.

Judgment: Compliant

Regulation 15: Staffing

There was a core staff team available to support the needs of the residents. There was an actual and planned rota in place.

However, not all staff providing support to residents within the designated centre were consistently reflected on the documents reviewed during the inspection. These included where no details were retained of relief staff who had filled gaps in the roster, no details of when activation staff were providing additional support to residents each week and when the person in charge was on duty. The inspector acknowledges these details were available in other departments but not available for review in the designated centre at the time of this inspection.

In addition, the staffing resources within the designated centre remain under review by the provider in particular in the evenings and at weekends.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence of ongoing review of staff training requirements for 2023. All staff had completed mandatory and refresher training as required by the provider, including on-line training in human rights. Refresher training was scheduled and booked for a number of staff in the weeks following this inspection.

The person in charge had completed staff supervisions during 2022 and the

supervision of staff for 2023 was underway at the time of this inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The provider has ensured a directory of residents was maintained in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of governance, leadership and management arrangements in the designated centre to ensure the provision of quality care and safe service to residents. The provider was actively reviewing the staffing resources required within the designated centre and recruitment of new staff.

However, while a schedule of audits were consistently being completed with actions identified the provider did not consistently demonstrate effective systems were in place for the monitoring and progression of some actions which remained unresolved at the time of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some

minor changes were completed by the person in charge during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was not informed of all adverse events in a timely manner as required by the regulations.

However, the inspector acknowledges, the provider's internal auditors had identified the non-reporting of an injury sustained by a resident and a retrospective three day notification was submitted. There was ongoing and regular review by the person in charge evident at the time of this inspection to ensure all notifications were submitted in a timely manner as required by the regulations.

Judgment: Not compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent core staff team to provide a person-centred service where each resident's individuality was respected. However, further review of residents' privacy and dignity and rights was required to ensure the voice of the resident was being considered in all decision making relating to their care and the supports being provided to them.

There was evidence of residents collaborating and being informed with easy-to-read documentation relating to their personal goals and person centred information was available in each of the residents' bedrooms. Each resident was supported by a key worker and all personal plans were subject to regular review. The person in charge had a schedule of when each annual review was due to be completed during 2023. There was consistent documenting of each resident's goal progression with monthly references to residents' views, interactions and responses being recorded. For example, one resident had enjoyed an overnight stay with a peer in another county. Another resident had attained a goal of a day trip to a particular town and this was being further progressed at the time of this inspection to include meeting with family representatives while on an overnight stay to the same area.

In addition, information was available and easily accessible for staff supporting residents regarding healthcare and specific individual assessed needs. These included effective and preferred communication methods, sleep routines and feeding, eating and drinking plans (FEDs). A concise information folder was also available for new or unfamiliar staff with relevant important information pertaining

to each of the residents. This included known allergies, important routine schedules, communication and mobility status, food preferences and choking risks. In addition, the information folder also contained specific IPC measures required to support one resident and how to effectively maintain the environment to reduce risk of infection to the resident and others.

Staff were provided with accessible up-to-date information relating to IPC and in particular COVID-19. The clinical nurse specialist in IPC had reviewed the IPC folder in advance of this announced inspection. In addition, there was an update to the centre specific contingency plan in May 2023. The person in charge had also completed an outbreak report in Q1 2023 which outlined no breeches were identified in IPC measures during an outbreak of COVID-19 in the designated centre between December 2022 and January 2023. All residents and staff affected had recovered. The inspector also reviewed documentation in which staff were provided with concise information to support a resident who had a known multi-drug resistant organism (MDRO).

However, at the time of this inspection the provider had not commenced the planned upgrade works to the bathroom facilities in this designated centre. These were scheduled to be completed by January 2023 as per the internal audit of August 2022. The inspector acknowledges that these works could not be completed during an active outbreak in the designated centre. The planned works included the removal of a bath and the replacement of wall and wooden surfaces to wipe clean surfaces which would assist with effective IPC measures.

A number of different audits including an external pharmacy audit in May 2023, a medication audit by the person in charge in the same month and regular health and safety audits since January 2023 had identified an issue with the drug trolley in this designated centre. Rust was evident on the trolley which was identified as an IPC risk. The trolley was still in use on the day of this inspection.

During the walkabout of the premises, the inspector observed evidence of general wear and tear on some furniture, paintwork and door frames. This was consistent with residents' moving independently around the designated centre in some cases with the assistance of their wheel chair. However, damage was also evident to the flooring at the exit to the garden in the apartment. This had been identified on a number of health and safety audits including those completed on 3 and 10 June 2023. It was documented as being a long standing issue on the provider's maintenance requisitions system but remained unresolved at the time of this inspection. In addition, an internal audit in February 2023 had also identified this issue. However, this was not in –line with the controls documented in the centre specific risk register. The risk of floor surface maintenance had a control in place which stated "any damage to floors to be promptly reported and repaired". While the damage had been reported it was not promptly repaired and the risk rating had not been reviewed to reflect the delay in resolving this matter.

The inspector observed a glass panel on the bedroom door of one resident. The rationale for this being present was not clear. Staff provided information that the panel was present since the construction of the building. The long panel was located

on the side edge of the door with a clear line of sight into the room for anyone passing the door. This bedroom was located on the main hallway of the designated centre and all residents and staff would pass this door multiple times during the day and night. There was some material on the edges of the panel on the inside of the door but this did not totally obscure the whole panel. The inspector was not assured the resident's privacy and dignity was being consistently maintained while they were in their bedroom.

In addition, during the inspection the inspector was informed that a practice of regular night time checks was being completed and documented every 30 minutes for all residents in the designated centre while they were sleeping. Following a review of residents' sleep charts it was evident a number of residents consistently slept well throughout the night. Staff spoken too had not considered the impact of these regular checks on all of the residents from a rights perspective. This included if residents' sleep was being disturbed as a result of these frequent checks.

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms, emergency lighting and personal emergency evacuation plans, (PEEPs) that were subject to regular review. The testing of the fire alarm system had been delayed in Quarter 1 2023 due to the outbreak of COVID-19 in the designated centre at the time, but was subsequently completed by an external contractor at a later date.

The provider has systems in place to ensure the ongoing safety of residents from the risk of fire which included daily, weekly and quarterly checks being consistently completed by staff in the designated centre. Fire exits were observed to be free from obstruction on the day of the inspection. In addition, upgrade fire safety works planned for this designated centre included the phased replacement of fire doors following an independent architectural inspector's report in August 2021. On the day of the inspection the self closing mechanism on the utility room door was observed not to be effectively closing. The issue was addressed during the inspection.

All residents had participated in regular fire drills. A minimal staffing fire drill had taken place in May 2023. Staff were aware of evacuation routes and the individual supports required by residents to assist with their timely evacuation. Regular review of fire safety action plans including night time evacuation plans were consistently documented.

The person in charge had ensured regular audits relating to fire safety as per the provider's policy had been completed. An audit of the fire register in April 2023 had identified a number of actions which included updating of residents' PEEPs, and a review of the fire safety risk assessments. These had all been completed in a timely manner. However, no annual fire door check had been completed by the person responsible since February 2022. This action remained unresolved at the time of this inspection.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. This included the use of mobile phones and electronic tablet devices. The staff team had ensured ongoing and effective communication was maintained with family representatives. In addition, staff outlined how communication with some family representatives had increased during the pandemic restrictions which had a positive outcome for residents and had continued since the removal of the restrictions.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have visits from family representatives and friends. Residents were also supported to visit relatives in the community inline with expressed wishes of the resident and /or the family representatives.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured residents were supported to retain control of their personal property and possessions. In addition, residents were supported to manage their financial affairs in-line with their expressed wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Some residents were also supported by family representatives to socialise in the community. Daily routines were flexible to support residents in–line with their assessed and changing needs. For example, the availability of a second transport vehicle enabled one resident to enjoy frequent spins out in the community in–line with their expressed wishes without adversely impacting on other residents engaging in other social activities.

Judgment: Compliant

Regulation 17: Premises

The premises provided for residents to live in was seen to be clean, homely and well furnished.

However, a number of issues identified by the provider's internal auditors remained outstanding which included upgrade works to the bathrooms and repairs to a section of flooring in the apartment.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Staff were familiar with the special dietary requirements and assistance required by each of the residents in this designated centre.

Choice was available to all residents on a daily basis. Staff outlined how some residents responded better when offered just two options in picture format. While meals served in the middle of the day were prepared in a remote location on campus and brought to the designated centre, residents were observed to be offered choice. The aroma of the cooked meals could also be smelt in the designated centre.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the designated centre for the assessment,

management and ongoing review of risk.

However, a risk relating to floor surface maintenance outlined controls that were in place to reduce risk of harm. One of the controls documented as being in place included, “any damage to floor surfaces are promptly reported and repaired”. While the damage to the floor surface in the apartment had been reported, it was documented as being long standing on the health safety audit completed on 10 June 2023. It remained unresolved at the time of this inspection.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections. This included ongoing oversight by the person in charge, regular audits, an updated contingency plan reflective of actions required to support the residents to remain safe in this designated centre. There were effective controls in place to reduce IPC risks including legionnella disease and MDRO to immunocompromised residents.

However, the rust evident on the drug trolley had been identified as an IPC risk in a number of audits since January 2023. The trolley remained in use on the day of this inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. The provider was actively progressing with planned upgrade fire safety works on the campus which included replacement of the fire doors in this designated centre. Measures were in place at the time of this inspection to ensure regular fire safety checks, fire drills and residents' PEEPs were effective and subject to regular review.

The person in charge had ensured regular audits relating to fire safety as per the provider’s policy had been completed. An audit of the designated centre’s fire folder in April 2023 had identified a number of issues. Most actions had been addressed in a timely manner, however, no annual fire door check had been completed by the person responsible since February 2022.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. All residents were provided with an easy-to-read format of their personal plan and personal goals. Staff had identified personal goals which included social inclusion and were reflective of individual interests and preferences.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident. The staff skill mix ensured the medical and healthcare needs for each resident were effectively supported both by day and night. Residents were supported to access allied healthcare professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were aware of residents' behaviour support plans, which were subject to regular review and included input from the CNS in behaviour support. Input was also evident from members of the mutli-disciplinary team including psychology. The requirement of familiar consistent staff was evident during the inspection to support individual assessed needs. The availability of a second dedicated transport vehicle was described by staff and observed as having a positive impact on the lives of all residents. It facilitated staff to provide individualised support in–line with the expressed wishes of residents such as frequent outings in the community.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. At the time of this inspection no risks were identified by the provider relating to the safeguarding of residents. Information was available in easy-to –read format and discussed as resident meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured residents were supported to engage in meaningful activities either within the designated centre or out in the community.

However, the inspector was not assured all residents’ privacy and dignity was consistently respected due to the presence of a clear glass panel on one bedroom door which did not afford the resident privacy in their personal living space.

In addition, further review of the practice of night time checks every 30 minutes for all residents, some of whom consistently slept well was required to ensure each resident was consulted and facilitated to exercise choice and control in their daily lives..

Judgment: Not 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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Vincent's Residential Services Group E OSV-0003928

Inspection ID: MON-0031359

Date of inspection: 15/06/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The floor plans for the designated centre were updated and have been submitted to the authority.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The off duty now clearly reflects when day service staff are on duty and also when relief staff are covering in the designated centre.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The actions identified from internal audits which remain outstanding have been escalated where required and plans in place for completion of required works.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All required notifications continue to be submitted to the authority.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The actions identified from internal audits which remain outstanding have been escalated where required and plans in place for completion of required works. The upgrade of bathroom is included in the maintenance plan and date of completion to be confirmed.	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The actions identified from internal audits which remain outstanding have been escalated where required and plans in place for completion of required works.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: New drug trolly has been ordered by the provider and awaiting delivery.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The annual fire door check was not completed in February 2023 as the designated centre was in the middle of a Covid-19 outbreak. The annual fire door check has been requested to be completed by competent person.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Contact covering has been placed over the glass panel of the bedroom door in order to maintain privacy and dignity. The provider has plans for replacement of all internal doors in 2024 and the panel will then no longer be in place. The practice of night time checks every 30 minutes for all residents has been reviewed and is no longer in place for all residents, it remains in place for some resident where the rationale for same is documented and each relevant resident has been consulted regarding the rationale for night time checks continuing.	

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/06/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(1)(b)	The registered provider shall ensure the	Substantially Compliant	Yellow	15/12/2023

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	15/09/2023
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	15/09/2023
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	Substantially Compliant	Yellow	15/09/2023

	prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	15/09/2023
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	15/06/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	21/06/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is	Not Compliant	Orange	10/07/2023

	respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			