



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 M
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	24 October 2022
Centre ID:	OSV-0003938
Fieldwork ID:	MON-0029158

About the designated centre

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

In this designated centre a full-time residential service is provided to a maximum of seven residents; residents are adults assessed as having a moderate to severe disability. Residents may also present with additional support needs such as physical, sensory, medical or social. The provider aims to work with residents and as appropriate their families so as to provide residents with a safe home, with person-centred care and support linked to the local community in which the centre is located. This is a nurse led service where nursing care is provided to residents on a 24 hour basis. The overall staff team is comprised of nursing, care and household staff. The management structure is clinical; the person in charge is a CNM2 (Clinical Nurse Manager) supported in her management role by a CNM1. The premises are a dormer type house located in a residential area of the village. Each resident is provided with their own bedroom and share communal, dining and sanitary facilities. The premises were purpose built and the provider had also reduced the original proposed occupancy to maximise the space available; this meant that the design, layout and available space were suited to the intended purpose and the individual and collective needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 24 October 2022	09:30hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to assist in the recommendation to renew the registration of the designated centre for a further three year period. The inspection evidenced a good level of compliance with a service that provided safe and effective supports to the seven residents currently residing in the centre.

The inspector was greeted by the person in charge on arrival to the centre. The inspector adhered to the required infection control measures through the inspection including wearing the required personal protective equipment (PPE) and hand hygiene. As the residents were getting ready to start their day the inspector took this opportunity to meet the person in charge and director of services to discuss the centre and the service being afforded to residents.

The inspector completed a walk around of the centre with the person in charge. The centre was presented as clean and homely and the cleaning of the centre supported by a delegated house-hold staff. The centre was located in rural area with ample external space. Gardening was a favoured activity for a number of residents with a range of planted pots and shrubbery on display. Each resident was supported to decorate their bedroom in accordance with their interests. This included interests such as aromatherapy oils, GAA jerseys and dolls. Ample communal space was present with residents observed later in the day making the most of all spaces. Residents were observed throughout the day to be very comfortable in their environment and relaxing in their favourite spots.

Residents had a busy day coming and going. One resident met with the inspector before leaving for a social outing. Staff had supported residents to attend a local college for a range of courses, these included art courses and horticulture. These courses were integrated courses with members of the local community. Through community involvement staff and residents had been involved in the enhancement of accessibility in the local community such as widening of footpaths and wheelchair ramps. Staff were observed supporting residents to maintain their skills and to learn new tools to promote their independence a plan had been introduced to support one resident to use the remote control for their bedroom TV to choose their own TV programme.

One resident spoke to the inspector about the centre. They showed the inspector their bedroom and their favourite possessions. They told the inspector about going out shopping with staff and told the person in charge they would have a cup of tea and cake together when they got back. Residents were observed to be very comfortable in the company of staff. Joking and smiling in their presence. The centre presented in very calm and relaxed atmosphere.

The inspector had the opportunity to meet and chat with another resident when they were getting ready to head out on their afternoon activities. They interacted very positively with the staff present. They told a story of meeting a famous soccer

player doing an outing and getting a photograph with them. They were very content in the company of staff. When assistance was requested from staff by the resident to get ready for their activity staff supported this whilst encouraging the resident to use their skills.

This inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

St.Vincents's residential services Group M presented as a centre with a good level of compliance with the regulations. There was clear evidence of effective governance and oversight of the centre by members of the governance team which ensured all residents received a good quality service that was in line with their assessed needs. Following the previous inspection, the registered provider had ensured all areas of non compliance identified had been addressed. The provider had submitted the relevant paperwork required for the renewal of the registration of this centre prior to the inspection. This included the centre's statement of purpose. This documentation was reviewed by the inspector prior to the inspection and found to be in line with the requirements set out in the regulations.

The inspection was facilitated by the person in charge, residents of the centre and the staff team. All members of the governance team met with on the day of inspection were very knowledgeable of the needs of the residents and the requirements of the service to meet those needs. The person in charge had very good oversight of the service with effective measures in place to find areas of concern and addresses these in a timely manner. They had the required qualifications and relevant experience as outlined in the regulations to fulfil their role effectively. The person in charge reported directly to the person participating in management. This included regular documented communications and formal supervisory meetings.

The provider maintained oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre was completed in November 2021. In addition, unannounced audits were completed six-monthly in line with the regulations. The last of which was completed in July 2022. These reports identified good practice in the centre and areas for improvement. The person in charge completed regular review of the action plans in place to ensure all

actions were completed.

In addition, the person in charge and clinical nurse manager completed a range of audits in the centre. These included for example, a review of incidents, medication audits and an infection prevention and control. The person in charge had a monthly audit checklist in place to ensure tools in place were completed effectively and to drive service improvement. A weekly checklist was also completed by the person in charge to ensure the day to day operations of the centre were operating effectively. Staff were delegated duties to ensure all required task were completed. For example, stock checks of PPE, fire safety review and advocacy.

There were clearly defined management structures in this centre. Staff were aware of the procedures of who to contact in an emergency or if assistance was required. A review of incidents evidenced as required with all incidents were notified in accordance with Regulation 31. Staff in the centre received supervision from the clinical nurse manager through annual personal development review and six weekly supervisory meetings. Formal supervisions were completed in accordance with the organisational policy and were employed in conjunction with on-site mentorship and regular team meetings. These measures were implemented to ensure all staff had the opportunity to raise concerns or for issues to be addressed. Any areas of concern were escalated to the person in charge.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. The person in charge maintained a planned and actual staff roster in the centre. This rota reflected the whole time equivalent of staff as set out in the statement of purpose. Staff had access to a range of training which had been deemed mandatory to support residents in the centre.

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through house meetings and individual key worker sessions.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the numbers and skill mix of staff were suitable to meet the assessed needs of residents.

An actual and planned rota was in place.

Judgment: Compliant

Regulation 16: Training and staff development

Effective supervision and performance management systems were in place and completed in accordance with organisational policy.

Staff had access to a range of training. This training was supported and facilitated by the provider to meet the assessed needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that appropriate insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements were effective in delivering a good quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on. Additionally six monthly unannounced visits to the centre were taking place.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured effective systems were in place for the notification of all incidents as required.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

Judgment: Compliant

Quality and safety

This centre currently provided residential support to seven residents on the outskirts of a rural town. Residents had a valued social role in the local community partaking in activities such as the tidy towns. Residents utilised local services for example, the church and community college. A number of residents attended this college for courses in art and horticulture. Residents were supported to partake in a range of meaningful activities in accordance with their interests and hobbies. Residents' personal goals included increasing their participation in college courses, supporting their spiritual needs, family visits and returning to day service. Residents regularly met with their keyworker to review goals and to ensure all supports required to meet goals were in place.

Residents were consulted in the day to day operations of the centre including choice in their daily life. Weekly house meetings occurred to discuss operations of the centre such as meal planning and any changes in operations such as change planned activities. In addition to this meeting residents were also supported to attend an advocacy meeting. Within these meetings residents were afforded delegated duties to promote their participation in these meetings. This was an opportunity for residents to be communicated with respect to their rights and change in policy for example.

Each resident was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multi-disciplinary recommendations and personal outcome measures. These reviews incorporated goals which the resident wished to achieve the coming year. A review of the goals showed that they covered house-based activities, maintaining connections with family and friends, and engaging in the wider community. These personal plans were regularly reviewed to ensure they reflected the current needs of the residents were supported.

The residents' health care formed part of their personal plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding health care management plan. These plans were reviewed throughout the year and updated to reflect the individual health care needs. The plans gave clear guidance to staff on how to support residents manage their health needs. There was evidence of input from a variety of health care professionals and specialist medical consultants as necessary.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer and complaints officer were on display in the centre. Safeguarding was included as an agenda item on residents' meetings and team meetings to ensure a consistent approach. Residents had personal and intimate care plans in place to ensure all personal care was supported in a respectful and dignified manner.

Residents were also protected from the risk of infection. Good practice in relation to

infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. These had recently been reviewed to provide guidance for all staff including household staff and cleaning to be completed when household staff were not present. Staff were observed completing touch point cleaning during inspection and adhering to infection control measures. Environmental and infection control audits were routinely completed. Staff were knowledgeable on steps that should be taken to protect residents from infection and where to source guidance on infection prevention.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There were a number of risk assessments that identified centre specific risks; for example, infection control, safeguarding and behaviours of concern. Control measures were in place to guide staff on how to reduce these risks. These were maintained on a risk register. This covered numerous risks to the service as a whole. Risk assessments were regularly reviewed and gave clear guidance to staff on how to manage the risks.

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly to ensure their specific support needs were met. Some improvements were required with respect to the evacuation plan for the centre. This did not incorporate the supports needs of residents when awaiting returning to the centre following an evacuation or whilst awaiting transport to alternative accommodation.

Regulation 13: General welfare and development

Residents had access to facilities for recreation. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were supported to maintain links with family and friends as they wished.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural and decorative repair. There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensure the development and review of a residents guide. This was present in the centre and available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly. Some improvements were required with respect to the evacuation plan for the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

Regulation 9: Residents' rights

The operations of the centre ensured the rights of all residents were supported and upheld at all times. Residents were supported to make choices in their daily life and in supports required.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Vincent's Residential Services Group M OSV-0003938

Inspection ID: MON-0029158

Date of inspection: 24/10/2022

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge has reviewed the fire evacuation plan for the centre which now accurately reflects the support needs of all residents in the event of an evacuation. The Service manager and Person in Charge have met with the provider's maintenance manager and outdoor accessible covered area will be available for resident's comfort while they await return to the designate centre or transfer to another location depending on the situation.	

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 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/03/2023