



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 U
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	31 January 2024
Centre ID:	OSV-0008564
Fieldwork ID:	MON-0040784

About the designated centre

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

This designated centre is comprised of two semi-detached bungalows located within a housing development on the outskirts of a village near to Limerick city. The houses provide full time residential support to a maximum of two adults with intellectual disability. Each house is designed for single occupancy and are adjacent to each other. Both houses have a similar design layout with open plan kitchen-dining and sitting room space. Each house also has a bathroom, bedroom, utility room and office/staff bedroom. There is dedicated parking at the front and small secure garden space at the rear of both houses. Residents are supported to access local amenities such as shops and restaurants. The staffing supports in each house are reflective of the assessed needs of each resident. Residents are supported both day and night by a team comprised of medical and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 31 January 2024	09:30hrs to 16:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an short announced inspection, completed to monitor the provider's compliance with the regulations and to meet with the two residents living in the designated centre. This designated centre was registered with the Health Information and Quality Authority (HIQA) on 3 July 2023 and both residents moved into their new homes in the following weeks. This was the first inspection of the designated centre since the residents had moved in.

On arrival at the first house the inspector was introduced to the resident living there by the clinical nurse manager (CNM). The resident was sitting with another staff member having a hot drink discussing the plans for the day ahead. The resident had a copy of the easy- to-read document explaining the purpose of the inspector's visit. This is known as the "Nice to meet you" document. The resident compared the inspector's image to that on their identification which the inspector also showed at the start of the inspection.

The resident greeted the inspector with a smile and was very quick to offer refreshments. They stated they were very happy in their new home. This had been a goal of the resident for many years to live in the community in a home of their own. They were delighted to outline their plans for the day ahead which included horse riding and going to the gymnasium. The resident showed the inspector their bedroom and some of the personal possessions that they cherished. This included a photograph of a person who was very important to them. The resident was observed to converse with the familiar staff members supporting them. The resident received consistent and clear responses from both staff present. Staff also explained that a new picture schedule/communication board had been introduced to assist the resident with their planning for their daily activities, the staff supporting them and any changes that may have to take place. This was located in the resident's bedroom and the inspector observed the resident using this with staff re-assurance confirming they were correct in their understanding of the schedule.

The inspector was introduced to the second resident living in the adjacent bungalow before they left for a planned activity in the morning. The resident smiled broadly and welcomed the inspector into their home. The resident invited the inspector to have some refreshments and was observed to instruct the supporting staff member to make the hot drink for the inspector in a respectful manner. The inspector observed the resident was wearing some make up and jewellery accessories. The resident explained that they were preparing to attend Mass in a local community and the staff had assisted them to get ready. The resident outlined to the inspector how happy they were in their new home. They had joined a local library and were enjoying meeting acquaintances in the community such as when shopping with staff. The resident had previously lived with other peers and had enjoyed a number of visits from one of those peers since they moved in.

Both houses were in a good state of repair, well maintained and decorated to reflect

the personal choices of each individual. For example, one resident liked to spend time alone and had a chair and table in their bedroom where they could sit comfortably and engage in their preferred table top activities when they chose too. The other resident had been engaged in the decorating of their home in advance of moving in. They had been consulted every step of the way, including visiting the house before deciding if they would like to live there. The resident had chosen fabrics, paint colours and other furnishings such as their couch and dining room table. This journey was captured in a series of photographs and short video clips which had been put together by the staff team in a video that was shown to the inspector after staff had sought the consent of the resident. The inspector was informed that this video had been shared by the provider during a presentation relating to the transforming lives of residents living in congregated settings in 2023.

The inspector observed many interactions between the staff team and the residents throughout the inspection that were respectful. All staff were observed to converse and complete activities in a caring and professional manner while effectively communicating with the residents. For example, the CNM went out to the transport vehicle to speak privately with one of the resident's who had returned to the designated centre. They had chosen to remain in the vehicle as they had plans to go to the gymnasium and staff had only briefly returned to the designated centre as a different staff member was going with the resident. All staff had completed training in human rights and this was seen to assist staff to support the residents as they engaged in more community and social activities. For example, progress was being made to support one resident to volunteer at an animal welfare shelter, another resident had an easy -to-read document informing them of their right to vote.

Staff informed the inspector of the positive outcomes for both residents since they had moved into their new homes. A number of staff had transitioned with the residents from their previous designated centres. Staff outlined how both were observed to be more relaxed in their environment and smile frequently. The residents were described as being very proud of their homes and were actively engaged in the community, such as going to the local hairdressers and attending courses which included cookery classes. The benefit of each resident having their own dedicated transport vehicle also gave additional flexibility throughout each day for the residents to plan activities of their choice.

Staff outlined how they were supporting both residents to develop a friendly relationship with their neighbours including each other. Such as greeting neighbours while out walking or entering /leaving their homes. The residents would not have known each other before they moved into this designated centre. Staff had invited both residents to meet in a local restaurant which had been a positive experience for both in the months after they had moved into the designated centre. This had also been an occasional successful social activity since then for both. For example, on the day of the inspection both residents met for lunch in a local restaurant after they had completed different activities. Staff described both residents as having a nice time.

Both residents were also supported to maintain relationships with family and friends. One resident had regular weekly visits from family members. Meeting regularly in

person was described as a more positive experience for both parties as the resident found it difficult to express themselves clearly at times when talking on the phone and this had caused increased anxiety in the past for them. The other resident spoke frequently on the phone with a relative. This resident also had a friend who visited them on occasions and they enjoyed social activities together such as shopping. The resident told the inspector this named person had come with the resident to view their new house before they moved in. They had also visited before Christmas which was enjoyed by the resident.

Both residents were also visited frequently by the provider's transition co-ordinator and the transforming lives co-ordinator. These staff members spent time with each resident ensuring they were happy and their new homes were suiting their needs. The provider had completed a post transition review in January 2024. This review found both residents had settled in well to their new homes, with evidence of ordinary things bringing joy to each resident. For example, completing laundry activities, attending advocacy meetings and maintaining friendships with peers. One resident had previously spent a lot of time out of their other designated centre each day due to their assessed needs. Since moving into their new home staff spoke with the resident about how busy their days were, engaging in a lot of activities and not getting to spend much time in their home. The resident has since started to relax more in their home and knows they can go out at any time they wish with staff support which would not have previously been available to them.

The other resident has indicated how happy they are to be able to leave personal possessions on display in their room and in their home without the worry of someone moving these items. For example, as a gift for their new home the resident had received a vase for flowers. This was displayed on a unit in the sitting room and the resident smiled as staff explained who had given the gift to the resident.

It was evident that both residents required different supports from staff with their communication needs. One resident required effective communication from staff to ensure any planned changes would not cause anxiety to them. A recommendation had been made by a psychologist just prior to the inspection that a communication board of planned activities and staff supporting them be accessible to the resident. There was a plan for minor changes to be introduced on the schedule on occasions to assist the resident to better cope with changes that may occur in the future. The CNM outlined that the minor changes would include an activity that the resident preferred to the planned one and other positive outcomes to assist the resident to understand that all changes may not have a negative impact.

The other resident required staff support to understand any proposed changes. These could not be too far into the future as this could be a source of anxiety to the resident. For example, the resident had a very short transition period and was brought to their new home on the day they moved in. As a result the house was decorated for them in advance by staff who knew the resident's preferred colours and interests, this included animals which were evident on soft furnishings such as cushions. Since the resident has moved in they have consistently been consulted on decor and furnishings decisions for their home.

Staff informed the inspector that while both residents could still access their day service hub which was campus based, neither resident had chosen to return since they had moved into their new homes. The staff team comprised of a day service staff in the designated centre each weekday. Planned activities were in consultation with each resident. The residents did still attend complimentary therapy with one resident attending this specialist nurse weekly on the campus.

During a review of documents the inspector noted that one resident had a known intolerance to gluten. However, food products containing gluten were present in both the fridge and kitchen presses on the day of the inspection. Some of these products were opened and stored in close proximity to other open products which did not contain gluten. The risk of causing illness to the resident in the event of them eating foods containing gluten were found to have not been adequately assessed. In addition, there were no protocols in place for the use of kitchen appliances to avoid the risk of contamination of foods with gluten such as the toaster. This will be further discussed in the quality and safety section of this report.

The inspector also reviewed the log of incidents that had occurred in the designated centre. These included a small number of medication errors. One resident had indicated they did not wish to take their evening medications from staff on two occasions in the weeks prior to this inspection. The resident subsequently took the medication later in the evening from a familiar staff on both occasions. The timing of this resident's evening medication was discussed during the inspection with the CNM and the person participating in management. The scheduled time as prescribed had not been discussed or reviewed with the resident since these incidents had occurred to establish the resident's will and preference regarding them taking their medications in the evening. This will be further discussed in the quality and safety section of this report.

In summary, all residents were being supported in line with their expressed wishes to engage in activities in the community, to either attend day services or engage with staff in their own home. Residents were also supported to enjoy time in their home and participate in household chores if they chose to. They were supported for the most part, to make decisions and had familiar staff assisting them to engage in community activities. All residents reported positively about their experiences in their new home. This included a reduction in restrictive practices that were required in their homes. However, further review of protocols and practices in place to support the specific dietary needs of one resident was required. In addition, further consultation with the residents to ensure they are consistently supported to exercise freedom to make choices in their daily lives is required. For example; regarding the timing of the administration of their medications.

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, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

The inspector was aware there had been a number of changes to the staff team since the designated centre opened. This included three changes to the person in charge. These were outside of the provider's control but the provider had ensured the persons in the role were known to the residents and familiar with their assessed needs. These changes impacted the commencement of staff meetings and some audits. However, the transition of the residents, the review of their personal plans and the inclusion of the residents in decision making was a priority for the staff team. An internal health and safety audit in November 2023 had identified a number of actions which included the commencement of staff meetings and an audit schedule. These actions had been completed in a timely manner following this audit. The provider had appointed a CNM to work full time in two designated centres since January 2024 which included this designated centre. This person demonstrated their awareness of their role and responsibilities throughout the inspection. They had completed a number of audits including hand hygiene since they took up their position in this designated centre.

The provider was aware of the regulatory requirement to complete an annual review and internal provider led audits every six months in the designated centre. As the residents had only moved in to the house in July 2023, one internal audit had been completed at the time of this inspection which was in line with the regulations. This was completed in December 2023 which documented the completion or progression of the actions identified in the November 2023 health and safety audit. The provider also had other monitoring systems in place to ensure governance and oversight in this designated centre which included an audit of the quality of life indicators for the residents which was completed in December 2023. .

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre located nearby approximately 15

minutes drive away. They also had an additional role with the provider as a person participating in management in two other designated centres. They were available to the staff team by phone when not present in the designated centre.

They were supported in their role in this designated centre by a clinical nurse manager who also worked full time and their remit was over this designated centre and one other located a few minutes drive away. Duties were delegated and shared including the staff rota, audits, supervision of staff, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. In addition, staff demonstrated their flexibility in changes to their planned shifts, sometimes at short notice, to support the assessed needs of the residents.

The planned rota also identified gaps in the roster where the skill mix required a nurse or if residents required support with the administration of their medications. The process regarding the administration of medications to residents was discussed during the inspection following a review of the most recent statement of purpose by the inspector.

Staff flexibility was also evident to reduce the risk of staff burnout while ensuring the residents were being supported by staff familiar with their assessed needs. For example, staff were usually supported to have a break during the day when a third staff member was able to support either of the resident's during the day. It was clearly documented on the rota that due to both residents contracting COVID-19 at the start of December 2023 that staff on duty on the 4 December 2023 were unable to take any breaks. Management ensured the staff were supported as required during this period.

At the time of this inspection there were no staff vacancies and a core group of consistent staff were supporting the residents to deliver person-centred, effective and safe care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the

appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, infection prevention and control.

The inspector was informed that the staff team were responsible to ensure that their training courses were completed in advance of previous training expiring. On review of the training matrix, it was evident in-person training was scheduled and booked as required by the staff team for 2024. For example, in the weeks after this inspection one staff was scheduled to attend training in managing behaviours that challenge, all other staff had completed up-to-date training in this course at the time of this inspection.

However, one staff who had joined the staff team in November 2023 did not have up-to-date training in safeguarding of vulnerable adults. The inspector acknowledges that they were informed the staff member planned to complete the on-line training.

The staff team had completed training modules in human rights as requested by the provider.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured all the required information as outlined in Schedule 3 pertaining to records being retained for residents were available for review and had been updated and maintained.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of a clinical nurse manager working in the designated centre. The person in charge was also supported in their role by a senior managers. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had a contract of care in place which was signed and contained details of the service to be provided and clearly stated any charges that may be applied. Residents were also provided with an easy-to-read version of the document.

Judgment: 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.

A minor change was made on the day of the inspection to reflect the protocol in place to support residents in the event of a nurse not being on duty. The inspector was informed this had not been a regular occurrence since the designated centre opened in July 2023 but was in place in the event of the situation arising.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had ensured written notice had been submitted to the chief inspector as required by the regulations, these included the reporting of adverse incidents and quarterly notifications.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had ensured written notice had been submitted to the chief inspector as required by the regulations when the person in charge was absent from the designated centre for a continuous period of 28 days or more.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had ensured written notice had been submitted to the chief inspector as required by the regulations outlining the procedures and arrangements in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

On review of the complaints log, the inspector noted that no complaints had been made since this designated centre opened in July 2023. Residents and staff were aware of the provider complaint's policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

There had been a number of compliments received which outlined the dedication and support provided to the residents by the staff team. This was noted by the inspector while reviewing the staff meeting notes in November 2023.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The residents were supported to identify goals which included transitioning to a home of their own. Both residents liked animals and one of the resident's had a goal to volunteer at an animal welfare shelter. Both residents were provided with an easy-to-read format of their goals and personal plan. The provider was also facilitating the staff team to be assisted to further develop meaningful goals and enhance the person centred plans for each of the residents in the months after this inspection. One resident was due to participate in a review of their personal plan in January 2024, but they were recovering from an illness at the time and with their consent it was postponed to a later date. Both of the residents personal plans had

been reviewed within two weeks of them moving into their new homes and reflected the changes to their daily lives and lived experiences. For example, one resident no longer had an open safeguarding concern.

There was also a reduction in restrictive practices. One resident did not require their front door to be locked except for security purposes such as at night time. The other resident had been supported for a short period not to have their front door locked but this had caused some anxiety with a risk to their safety if they left without staff knowledge. While this restriction remained in place at the time of this inspection, it was planned to be reviewed again once the resident had more time to settle into their home.

The design and layout of the designated centre supported the assessed needs of the residents. It had adequate facilities to meet the needs of the resident living there. There was evidence on ongoing review of maintenance and systems in place to address issues identified by staff or during scheduled audits. Residents were consulted and kept informed of the progress with planned works such as installing shelving units in one of the houses which assisted with the resident being able to manage any anxiety they would have previously experienced in such a situation.

Staff demonstrated their awareness of the assessed needs of the residents which included supports required by one resident with their mobility and the other with planning activities. However, on discussion with staff about the protocols in place to support one resident with their dietary needs it was unclear if consideration of safe practices within the home were adequately considered. While staff clearly understood the importance of the resident having food when out socially that was gluten free, the presence of food items in this resident's home which contained gluten posed a risk to their well being. As this resident lived alone with staff support, food purchased was for the consumption of the resident. However, a number of food products had gluten or wheat listed as an ingredient when checked by the inspector. These included soups, soya sauce and white pudding.

In addition, the resident had been delighted to inform the inspector earlier in the day that they had enjoyed making muffins on the previous day at their cookery class. However, the open gluten free flour was stored next to an open packet of flour containing gluten in the same press. There was a high risk of cross contamination of these products or an increased risk of the wrong flour being used by the resident. There was no dedicated press identified to store only gluten free products. The inspector also noted that there was no evidence of use of the toaster for gluten free products only. The inspector was not assured only gluten free products were being placed in the toaster. This also increased the risk of ill health to the resident. The inspector acknowledges that there were no issues of ill health documented for the resident in recent months that could be attributed to them ingesting gluten. However, the awareness of staff when assisting the resident with their weekly grocery shopping of food products that contain gluten required review.

It was evident that staff supported residents to live their lives in the community setting and supported them to make choices in their daily lives. However, the scheduled timing of the evening medications for one resident required further

review. The resident had indicated on at least two occasions they did not wish to take their prescribed medications at 18:00hrs but instead chose to take them at 20:00 hrs. These medications were not time sensitive and were not part of a divided dose during the day that required the medications to be given at 18:00hrs. The timing of the administration of the medications had remained in place since their previous designated centre. The inspector was informed that the staff team had not consulted with the resident regarding their preference for a time to take their medications in the evening since these incidents had occurred.

Regulation 10: Communication

Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. Throughout a range of documentation relating to residents, there was an emphasis on how best to support residents to understand information and on consent. Residents had communication support plans in place in addition to hospital passports. Every effort had been made to ensure that residents could receive information in a way that they could understand.

For example, one resident's behaviour support plan detailed how they may communicate with staff using gestures or actions, staff were aware of these to ensure they were able to understand the resident and effectively support them in a consistent manner.

Another resident found speaking on the phone difficult at times and this could lead to an increase in their anxiety. This resident was supported to meet with individuals and peers in person.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes in their homes or arrange to meet in community locations

Judgment: Compliant

Regulation 12: Personal possessions

Residents were being supported to have access and control of their personal

property and possessions.

Both residents had a person centred money management plan which supported them with their finances. The residents had also completed a financial assessment with the CNM with their monthly financial requirements agreed. One resident had consented to staff keeping their purse and bank card in a safe location. The resident took the purse with them when they left the designated centre. This was observed to occur on the day of the inspection.

The other resident was being supported to purchase items and increase their confidence in managing their money while out in the community.

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. Daily routines were flexible to support residents in line with their assessed needs. This included attending day services, delaying the commencement of the morning routine if the resident expressed this wish and encouraging residents to actively participate in activities to increase their personal independence.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. Both houses in the designated centre were found to be warm, clean and comfortable. Areas were decorated to reflect the individual preferences and interests of the residents.

There was evidence on ongoing review of maintenance and consultation with the residents if planned works/repairs were required in advance. For example, door hinges needed to be replaced in one of the houses and the resident was kept informed of these works prior to and after completion. Another resident had requested a lamp shade and shelving at one of their weekly meetings and this was addressed in a timely manner.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were observed to be offered choice and meals were freshly prepared daily. Residents were supported to have their meals at times that suited each individual during the day.

Residents were supported to engage in shopping and food preparation with staff support regularly.

The provider had identified as an action in the December 2023 internal audit that food safety training was required by the staff team. This had yet to take place at the time of this inspection.

However, the safe storage of gluten free foods to reduce the risk of contamination was not evident on the day of the inspection.

The purchase and storage of food products that contained gluten for consumption by the resident who had an intolerance to gluten also required review.

Judgment: Not 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 for the assessment, management and ongoing review of risk in the designated centre. The person in charge and the CNM had reviewed the risks identified in December 2023 and January 2024.

However, not all risks had been identified or controls in place to ensure the ongoing safety of the residents. In particular, the risk to residents if there was no staff on duty trained in medication management and the controls that were found to be in place on the day of the inspection. In addition, the risk to a resident with a known food intolerance of illness due to the presence of gluten in their food or in the appliances used to prepare their food. The risk of contamination of foods within the resident's home was not identified and the practices in place at the time of this

inspection posed a high risk to the resident of becoming unwell

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had ensured an infection prevention and control policy, procedures and practices in the centre were in place to support and protect the residents and staff team. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection and COVID-19. Staff had completed a number of infection prevention and control related trainings.

The physical environment in the centre had evidence of regular cleaning taking place. There were cleaning schedules in place to ensure that each area of the houses was regularly cleaned. Staff members had delegated responsibility in this area and it was clear from observation of staff practice over the day. However, it was noted that a velux window located over the dining room table in one house required additional cleaning due to the presence of cobwebs which could dislodge onto prepared food on the dining table. This was discussed during the inspection.

The CNM had commenced regular hand hygiene audits with good compliance documented to date.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. The provider had protocols in place for fire safety checks to be completed which included daily, weekly and monthly checks.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. One resident had difficulty with their hearing and this was identified in their PEEP to inform staff the resident may need to be alerted to an alarm sounding. The same resident may also require assistance to put on their shoes. This resident had an unsteady gait and there was a wheelchair available to assist with the evacuation process if required.

All staff had attended training in fire safety. Staff spoken too during the inspection were aware of the fire evacuation plan and had participated in fire drills. These had been completed in under two minutes and considered different scenarios of where a fire might be located as the evacuation took place. Both residents had also

participated in fire drills and were aware of the location of the assembly point

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which the inspector reviewed. These plans were found to be well organised which clearly documented residents' needs and abilities. Each of the residents had actively participated and was consulted in the development of their personal plans. Both residents had been provided with a copy of their personal plan in an easy-to-read format. Both plans had been reviewed within 28 days of the residents admission to this designated centre .

Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that the residents' personal plans included their goals, in addition to their likes and dislikes. All residents plans were scheduled to be reviewed on an annual basis and areas that were important to the residents formed the central part of these reviews.

All residents' goals and the progress made in achieving these were subject to regular review. For example, attending cookery courses, building friendships and increased engagement in community activities.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to maintain best possible health. They had access to GP and to specialist medical services as required. The person in charge and staff team supported the residents in accessing these services. There were no healthcare issues of concern for either resident at the time of this inspection. Both residents were being supported to engage in the national health screening programmes or regular checks as per their age profile.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to

positively manage behaviours that challenge.

Positive behaviour support plans were in place for residents and they were seen to be current and detailed in guiding staff practice. The staff team had the input of the clinical nurse specialist in behaviour support available to them when required.

There were a number of restrictive practices in use in the centre. These were reviewed after the residents moved into their new homes. Some restrictions were either reduced or eliminated. For example, one resident was able to open their own front door if they wished which was not available to them in their previous home. Residents were also informed of the restrictions in place and the rationale for these such as a locked medication press.

Judgment: Compliant

Regulation 8: Protection

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. This included discussions around safeguarding in both resident and staff meetings to enable ongoing learning and develop consistent practices. As previously mentioned in this report, not all staff had completed up-to-date training in safeguarding of vulnerable adults, this will be actioned under regulation 16: Training

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff.

The provider had resources in place to support each resident to have one to one staffing support to attend their preferred activities regularly, this included a dedicated transport vehicle for each resident to use.

Residents were supported to discuss any issues they may have during their resident

meetings. These included scheduling of activities and items required to be purchased for their home. The residents were also complimented during these meetings on how their transitions had progressed. For example, one resident was growing in their confidence when purchasing items in shops and was regularly seeking a receipt from the shop assistant without any prompting from the staff supporting them.

Another resident was supported to purchase a popular magazine weekly in line with their expressed wishes.

Over the course of the inspection, the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, keeping residents' personal information private, and to only share it on a need-to-know basis. In addition, a resident's consent was sought before sharing a video with the inspector on the day of the inspection.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, safeguarding, and advocacy supports. Residents had also attended advocacy meetings.

Residents had been supported to complete a questionnaire for the provider who sought their input into the services being provided to them.

However, further consultation with one of the resident's regarding the timing of their evening medications was required to ensure the resident was supported to take their regular medications in line with their expressed wishes.

Judgment: Substantially 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	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	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group U OSV-0008564

Inspection ID: MON-0040784

Date of inspection: 31/01/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have now completed safeguarding vulnerable adults training. All staff training is presently up to date.	
Regulation 18: Food and nutrition	Not Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The PIC has identified a separate storage area for food products that contain gluten and a designated cooking equipment for gluten free products are in place. This information is included in staff orientation to the designated centre. Food safety training is scheduled for all staff and will be completed for all staff by 27/03/2024. All staff are aware of the Provider's Nutrition and Hydration Policy and the HSE Food, Nutrition and Hydration Policy for Adult Accessing Disability Services.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Local guidelines and risk assessments have been updated with regards administering medication in the circumstances of an unplanned event. Risk assessments have been completed pertaining to one resident who has food intolerance. The PIC has identified a separate storage area for food products that contain gluten and a designated cooking equipment for gluten free products are in place. This information is included in staff orientation to the designated centre. Food safety training is scheduled for all staff and will be completed for all staff by 27/03/2024.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The resident was consulted regarding the time that evening medication is prescribed,	

and this has been discussed with the GP and documented in the resident's support plan.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	04/02/2024
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	27/03/2024
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which	Not Compliant	Orange	27/03/2024

	are consistent with each resident's individual dietary needs and preferences.			
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.	Not Compliant	Orange	21/02/2024
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	01/02/2024