



# 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 O
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	28 September 2022
Centre ID:	OSV-0004738
Fieldwork ID:	MON-0029143

## About the designated centre

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

The centre provides full-time residential services to adults with a moderate to severe intellectual disability from the age range of eighteen years upwards. The centre accommodates four females in a community setting. The house is managed by staff nurses and care staff who in turn are supported by the nurse management team. St. Vincent's Residential Services Group O is a five bed two-storey house, which is wheelchair accessible and can cater for residents with mobility challenges. The provider aims to provide a high quality, person centred service to residents which meets their social, health, physical and psychological needs. The service aim is to improve the service user's quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible, in their local community.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 28 September 2022	09:25hrs to 18:10hrs	Caitriona Twomey	Lead

## What residents told us and what inspectors observed

The designated centre is a two-storey, detached house in a suburb of Limerick City. Its location facilitates easy access to shops, restaurants, public transport and other community-based services and facilities. The centre is registered to accommodate four adult residents. A full-time residential service was provided in the centre. Two resident bedrooms are on the ground floor and two are upstairs. Residents have access to a large kitchen and dining room, a living room and three communal bathrooms. There was also a staff office and utility room in the centre.

This was an announced inspection. The inspector was greeted by the person in charge. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection. The person in charge introduced the inspector to all four residents and the two staff on duty. Shortly afterwards three residents went out with staff support. Residents got on well with each other and shared some interests. One resident remained in the centre as they had plans to catch up with a friend locally later that day. As was found during the last inspection, the residents living in the centre had an interest in fashion and enjoyed expressing their personal styles. Residents highlighted recent haircuts to the inspector and favourite items of clothing. The resident who stayed in the centre showed the inspector a folder full of photographs that were meaningful to them. These included photographs of recent nights away, activities, and birthday celebrations. Tickets from concerts they had attended were also included. This resident clearly enjoyed both looking at, and showing, this book. It prompted conversations and was a tangible reminder of things they enjoyed and people that were important to them. Each resident in the centre had a similar book which staff supported them to update.

The centre was decorated in a homely and comfortable manner and was reflective of the residents who lived there. Photographs were on display throughout the centre. The kitchen area had a number of noticeboards which displayed information and also highlighted the important role each resident played in the household. These roles were meaningful to each resident and tied in with their interests and some of the goals they were pursuing. Each resident had their own bedroom. Residents had input into how their rooms were furnished and decorated. Some chose to have a television. Staff advised that two residents in particular chose at times to watch programmes in their bedrooms. Plans were underway for one resident to upgrade the storage units in their bedroom. Staff had supported them to pick a paint colour, which they showed to the inspector on the day. The resident and staff had also met with a carpenter to discuss the options available.

There was a large garden behind the house and a patio area with furniture. The person in charge told the inspector that residents enjoyed eating outside in the warmer weather. A small garden area with well-maintained planter beds, garden ornaments, and chairs was located to the side of the centre. One resident had a

particular interest in gardening and this was an area where they liked to spend their time. They had planted the beds and continued to water and tend to them. On the day of this inspection this resident was attending a community-based horticultural course. The person in charge explained that rather than return to day services when they re-opened following the easing of COVID-19 restrictions, the residents were instead engaging with community-based services and management were recruiting volunteers who shared residents' interests. At the time of the last inspection one resident had lost their job due to the closure of a local bakery during the pandemic. The person in charge spoke with the inspector about how a former colleague of this resident was in the process of becoming a volunteer in the centre to maintain this friendship and to provide additional opportunities for the resident to bake. A day service staff also worked in the centre five days a fortnight to support opportunities for residents to engage in preferred activities both in and outside the centre.

There were a minimum of two residential staff working in the centre during the day until 4PM or 5PM. Staff were flexible in their hours to accommodate residents' activities. From 8PM, there was one waking night staff. Staff who spoke with the inspector emphasised how each resident's confidence had continued to grow since they had moved to this house in the community in late 2017. Staff gave examples that residents now initiated conversations more, were more likely to ask for what they wanted, spent more time in their local community, and participated in a wider range of activities than when they lived in a campus-based setting. Management advised the inspector of the importance of a regular staff team who knew the residents well. It was explained that knowing each resident's individual communication styles and preferences was very important and that if staff did not respond in the way some residents expected, it could be distressing for them. It was reported that residents were visibly more at ease with staff that they knew and who knew them.

As this was an announced inspection, resident questionnaires were sent to the provider in advance. One was completed by each resident of the centre with support from staff. Overall the feedback received was very positive and reflective of what the inspector had been told and observed during the inspection. Respondents were positive about the centre, often emphasising how much they liked their bedrooms. They were also happy about the choices and activities available to them. In some questionnaires it was noted that when asked about where they had lived before, residents expressed a preference for living in this designated centre.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. Staff rosters and training records were also reviewed. The inspector read the centre's risk register and found that while it was comprehensive and recently reviewed, further revision was necessary to ensure that the risk assessments were accurate and reflective of the centre. Medication management systems were reviewed. The inspector also looked at a sample of residents'

individual files. These included residents' personal development plans, healthcare and other support plans. These were generally of a high standard.

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

## Capacity and capability

Overall, good management practices were seen. The provider adequately resourced and staffed the service, and collected information in order to improve the quality of life of residents. Management systems ensured that all audits and reviews as required by the regulations were being conducted. There was evidence of management presence and leadership in the centre.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Care and nursing staff reported to a manager, who reported to the person in charge, who reported to the person participating in management. The person in charge fulfilled this role for two designated centres. They, and the manager who reported to them, spent a minimum of one day a week in this centre. They advised of recent changes that had come into effect in the organisation where they could arrange for up to 19.5 supernumerary hours a week. The lack of supernumerary time had been highlighted at the time of the last inspection of this centre on behalf of the chief inspector, and also in reviews completed by the provider. This recently introduced arrangement was an improvement.

Staff meetings took place regularly in the centre. A review of these meeting minutes showed that many aspects of the service provided to residents were routinely discussed. The findings of recent audits and learning from recent incidents were also shared with the team. A schedule of one-to-one supervision was also in place. These meetings facilitated staff to reflect on their own work and to raise any concerns they may have regarding the quality and safety of the care and support provided to residents.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre. The annual review was completed in November 2021 and involved consultation with residents, as is required by the regulations. The provider had sought involvement from residents' relatives but they had chosen not to participate. An unannounced visit had taken place in November 2021 and again in May 2022. The importance of ensuring that a minimum of two staff worked in the centre was highlighted in all of these documents. A review of rosters in the centre demonstrated that this was routinely provided. Other areas identified as requiring improvement had either been

addressed or progressed at the time of this inspection. It was noted that a number of other audits and checks were being completed on a regular basis in the centre. Areas monitored included medication management, residents' personal plans, matters related to health and safety, and practices associated with infection prevention and control (IPC).

A review of records indicated a good oversight of training needs in the centre. Staff had recently completed the majority of training identified as mandatory in the regulations. Three staff were booked to attend training in the management of behaviour that is challenging including de-escalation and intervention techniques in the month following this inspection. It was explained that there had been a backlog in access to this training due to the restrictions imposed in response to the COVID-19 pandemic. As a result staff in other houses had been prioritised to attend this training due to the needs of the residents they supported.

There was a consistent staff team in place who knew the residents well. Where relief staff were employed, for example to cover annual leave, they too were familiar with, and to, the residents. There were no vacancies at the time of this inspection. From a review, the inspector assessed that staffing was routinely provided in the centre in line with the staffing levels outlined in the planned roster and statement of purpose.

The inspector reviewed the written service agreements in place. These had been recently reviewed following a change to the name of the provider. It was noted that the financial assessments that accompanied these agreements were not always completed in full. Management advised that a service-wide plan was in place to review all of these to ensure their accuracy.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some revision was required to ensure that the organisational structure and the whole-time equivalent staffing levels were accurate. The provision of day service staff in the centre was also not reflected.

### Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

### Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities



The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

### Regulation 14: Persons in charge

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

Judgment: Compliant

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. Residents received continuity of care and support from a consistent staff team. Staff personnel files were not reviewed as part of this inspection. Improvements were required in the maintenance of actual staff rosters to ensure their accuracy.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

All staff had recently attended the majority of trainings identified as mandatory in the regulations. Outstanding training was scheduled for the month following this inspection.

Judgment: Substantially compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs, and the management structure ensured clear lines of authority and accountability. The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. There was evidence that where issues had been identified, actions were completed to address these matters. Management presence in the centre provided all staff with opportunities for management supervision and support. Staff meetings and one-to-one meetings were regularly taking place which provided staff with opportunities to raise any concerns they may have.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written service agreements in place, however not all of these clearly outlined the fees to be charged.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required review to ensure that the the organisational structure and the whole-time equivalent staffing levels outlined were accurate. The provision of day service staff in the centre was also not included.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspector reviewed the record of incidents maintained in the centre. All adverse incidents, as outlined in this regulation, had been notified to the chief inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

An accessible complaints procedure was in place. Although complaints were discussed regularly with residents, none had been made in the centre.

Judgment: Compliant

### Quality and safety

Residents enjoyed living in this centre. The quality and safety of care provided was maintained to a high standard. A review of documentation and the inspector's experience while in the centre indicated that residents' rights were promoted, community involvement was encouraged and supported, and residents were safe living in this centre.

The centre was located close to many community amenities and services. These included a large shopping centre, a park, a church and a number of hairdressers, cafes, and restaurants. Residents were regular visitors to, and users of, these facilities. Residents also went to the cinema and concerts, and recently visited a local museum. They also participated in community based classes in art and horticulture. Residents were central to the activity planning in the centre and it was clear that some residents would only participate in activities that they were interested in. By accommodating everyone's interests and respecting the choice at times to not get involved, each resident enjoyed a number and range of activities.

Residents also regularly went on nights away. In the last year residents had visited the Aran Islands, enjoyed a spa break in Cork, and went to shows in Dublin and Kerry. Other similar trips were planned. Staff reports and photographs indicated that residents had really enjoyed these getaways. Two residents still had plans to attend the sets of their favourite soaps in the UK and had taken steps towards achieving this goal, including getting their passports.

Relationships with family members and friends were very important to the residents living in the centre. Staff supported residents to maintain and enjoy these relationships, in line with residents' wishes. Some residents went shopping and for lunch with siblings, and others chose to welcome them to the designated centre. One resident showed the inspector a photograph of a bouquet of flowers that had been sent to them by a relative for a recent birthday. There was evidence that relatives had been invited to meetings to discuss and develop residents' personal plans. Friends were also important and residents met regularly with friends and celebrated with them. The inspector saw an invitation to an upcoming birthday party

while in the centre. Some residents had developed friendly relationships with the neighbours. Following a recent death, staff had supported one resident to deliver a Mass card and express their condolences to their family. Residents were also supported to visit the graves of those they loved and missed.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as mealtime support plans. Communication passports had also been developed which reflected some of this important information. Multidisciplinary reviews of each plan had been completed in the previous 12 months, as is required by the regulations. Residents' personal plans included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. These goals were personal to the residents and reflected their interests. It was noted that goals continued to progress throughout the year, even when the initial goal had already been met. Photographs were available to document residents' achieving their goals in a way that was meaningful to them.

Residents' healthcare needs were well met in the centre. Where a healthcare need had been identified, a corresponding healthcare plan was in place. There was evidence of input from, and regular appointments with, medical practitioners including specialist consultants as required. Residents participated in national screening programmes. There was also evidence of input from allied health professionals such as nutritionists, and speech and language therapists. A summary document had been developed for each resident to be brought with them should they require a hospital admission.

The inspector reviewed the medication management processes in place in the centre. Medicines were stored in a secure, dedicated cabinet, with separate designated storage spaces for each resident. A medication fridge was available and the temperature was monitored daily. Separate storage was also available for medicines that needed to be returned to the pharmacy. A medications audit had been completed in February 2022 and no areas requiring improvement had been identified. There were clear processes in place regarding the ordering, receipt, prescribing, storing, disposal and administration of medicines. A member of staff guided the inspector through these processes and the checks implemented to reduce the risk of any medication errors. In general, medicines were managed in line with the provider's policy. However, it was identified that not all bottles that stored medicines had been marked with the date they were opened. This was addressed immediately. There also appeared to be some confusion about the recording of medication stocks. This was being completed for some medicines but not all. Management advised that this practice was not required, in line with the provider's policy, and that this would be communicated to staff.

There was evidence of good infection prevention and control (IPC) practices in the centre. All staff had completed IPC training, including hand hygiene. Each staff had

had a practical assessment of their hand hygiene skills in the previous six months. There were supplies of personal protective equipment (PPE) in the centre and guidance on their use. As outlined previously, the centre was homely and was observed to be clean. The utility room was well-organised. Posters on display indicated that a colour-coded cleaning system was in use in the centre whereby certain coloured equipment was used in specific areas to reduce the risk of cross contamination. Equipment was stored according to this system. Information was also on display regarding waste disposal. The management of laundry ensured that clean and unclean items were kept separate. Safety data sheets were also available regarding any chemicals used in the centre. Despite being clean, it was noted that there were some damaged surfaces, for example on a kitchen counter and bathroom unit, in the centre. It would therefore not be possible to effectively clean these surfaces.

At the time of the last inspection, an outbreak of another infectious disease in the centre was discussed. Since then, the provider had completed an outbreak report regarding this matter with input from a specialist in health promotion. The report outlined lessons learned from this incident and actions to improve the provider's response should another similar incident occur. These actions included that infection prevention and control (IPC) be discussed at each resident and staff meeting. This was noted in the inspector's review of meeting minutes.

Since the last inspection there had been one confirmed case of COVID-19 in a resident of this centre. The inspector was advised that the resident had isolated from their peers without any issue and had thankfully remained generally well throughout the illness. The provider had a contingency and isolation protocol in place, to be implemented if required. This was specific to this centre and reflected the residents living in the centre. The latest public health guidance, as well as the provider's own policies and procedures regarding COVID-19, were available in the centre.

When reviewing some of the documents in the centre it was noted that the provider was not implementing all aspects of the current public health guidance regarding visitors to the centre. It was a requirement of all visitors to the centre to wear masks at all times, even when alone with the resident they were visiting. The inspector asked for the rationale for this decision. A senior manager advised that protocols had been recently reviewed nationally and that while consideration had been given to this, it was decided to continue with the existing visitor arrangements. When asked if any visitors had queried this, the person in charge advised that it had not been raised and that many visitors went out with the residents rather than stay in the centre.

When reviewing the risk register it was noted that the scoring of some risk assessments required review. In some cases the ratings assigned were not reflective of the risk posed by identified hazards in the centre. For example, the likelihood ratings regarding the risks associated with fire had recently been increased but it was not clear why this change was made. It was also identified, as on the last inspection of this centre, that the centre's overall fire risk assessment did not reflect the fire-related risk assessments completed for each resident. An improved

description of the risk being assessed was also required, as this was not always clear to the inspector or the person who had completed the risk assessment.

Systems were in place and effective for the maintenance of the fire detection and alarm system, fire fighting equipment, and emergency lighting. Staff were completing regular visual checks regarding fire safety, which included fire doors and escape routes. Regular drills were taking place and were completed within timeframes assessed as safe by the provider. Although a recent drill had been completed while residents were in bed, this drill did not reflect night-time staffing levels as a second staff had just started their morning shift. The provider committed to completing a drill in night-time staffing conditions to assure themselves that the centre could be safely evacuated in this scenario. One resident had previously not regularly participated in fire evacuation drills. The provider had put measures in place regarding this and as a result the last documented issue of this nature was in May 2020.

### Regulation 10: Communication

Residents were supported at all times to communicate in line with their needs and wishes. Staff had a good knowledge and awareness of residents' individual communication needs. Residents had access to media including televisions and the internet.

Judgment: Compliant

### Regulation 11: Visits

Residents were free to receive visitors if they wished and both communal and private spaces were available to facilitate this.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community.

Judgment: Compliant

Regulation 17: Premises
Overall, the premises were clean, accessible to the residents, decorated in homely manner, and well-maintained.
Judgment: Compliant
Regulation 20: Information for residents
The residents' guide prepared by the provider met the requirements of this regulation.
Judgment: Compliant
Regulation 26: Risk management procedures
The risk register required review to ensure that risks were accurately described and the risk ratings were reflective of the risk posed by the hazards identified in the centre.
Judgment: Substantially compliant
Regulation 27: Protection against infection
Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. A COVID-19 contingency and isolation plan specific to the residents and layout of this centre was in place. The staff team had completed training in infection prevention and control, including hand hygiene. The centre was observed to be clean. However there were some damaged surfaces evident which therefore could not be cleaned effectively.
Judgment: Substantially compliant
Regulation 28: Fire precautions

Fire safety systems in place in this designated centre included fire alarms, emergency lighting and fire fighting equipment. Fire drills were taking place regularly. It was identified that no drill in night-time conditions with night-time staffing levels had been completed.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had ensured that appropriate practices relating to the ordering, prescribing, storage, disposal and administration of medicines were implemented in the centre. Some improvements were required to ensure that, in line with the provider's own policy, the dates medicine bottles were opened was consistently recorded.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs had been completed for each resident. Each resident had a comprehensive personal plan. An annual review, involving multidisciplinary professionals, had taken place. Residents had been involved in the development of a personal development plan. There was evidence that residents were being supported to achieve their goals.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Resident's had access to healthcare professionals, allied health professionals and screening programmes in line with their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support



Residents who required one, had a recently reviewed behaviour support plan in place. There were no restrictive practices used in the centre. The training referenced in this regulation is addressed under Regulation 16.

Judgment: Compliant

### Regulation 8: Protection

There were no active safeguarding concerns in the centre. All staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Accessible information had been prepared regarding safeguarding, bullying and residents' rights and these were discussed monthly at residents' meetings to support residents to develop the skills needed for self-care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident meetings were held monthly in the centre. The provider's human rights officer had been invited to one of these meetings. Advocacy meetings also took place regularly. The centre was operated in a way that respected and celebrated each resident's individuality and rights. Opportunities for residents to exert choice and control were encouraged and regularly provided, as was their involvement in the running of the centre.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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 29: Medicines and pharmaceutical services	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	Compliant
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# Compliance Plan for St. Vincent's Residential Services Group O OSV-0004738

Inspection ID: MON-0029143

Date of inspection: 28/09/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in charge will ensure the staff rosters are accurate and that staff will be rostered on duty to meet the assessed needs of each resident.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will meet with the Training Coordinator and schedule all training needs for the team of the designate center, and for the staff outstanding in the Management of Behavior that Challenge.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:	

<p>The contract of care for residents is currently being reviewed by the providers Quality and Risk officer and Service Mangers, who will ensure in the review that charges to residents are clearly outlined.</p>	
<p>Regulation 3: Statement of purpose</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  The Statement of Purpose has since inspection been reviewed by the Person in Charge and the Person Participating in Management and accurately reflects the organizational structure and whole-time equivalent staffing levels in the centre and includes the provision of day service staff.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The Person in Charge and the Health and Safety Officer will review the risk register and review the risk ratings and provide training to the staff team on same. The Person in charge will schedule date for this training.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  The person in charge has linked with the maintenance manager who will assess any damaged surfaces in the center and same will be replaced or repaired by the provider as directed by the maintenance manager.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A night time fire drill has been completed by the Maintenance Manager who is a fire manager also on 11/10/2022 in required timeframe and no issues or concerns identified. Night time staffing supported the individuals we support to evacuate safely during this drill.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  The Person in Charge will ensure that all staff are aware of and adhere to the Providers Policy on Medication Management Policy ensuring that the dates medicine bottles are opened is recorded on each bottle. This was discussed with all staff at staff meeting. The Person in Charge will audit this aspect of medication management to ensure it is occurring.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(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	30/09/2022
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	31/10/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be	Substantially Compliant	Yellow	02/12/2023



	provided for that resident and, where appropriate, the fees to be charged.			
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	16/12/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	13/01/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Substantially Compliant	Yellow	11/10/2022

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	28/10/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2023