



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

## Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group Q
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	30 November 2021
Centre ID:	OSV-0004692
Fieldwork ID:	MON-0027227

## About the designated centre

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

The centre supports twenty two children, both male and female with an intellectual disability through its respite service. The aim of the service is to provide a familiar, comfortable, safe community based and homely environment. The centre is a detached bungalow with a rear yard decorated as a play space. There are four bedrooms, of which two have ensuite facilities. However, due to the pandemic and to ensure adherence to public health guidelines only two children are supported at this time. There is a staff sleep-over bedroom, a sitting-room with play facilities and a kitchen that has a small dining area. One bedroom has been temporarily converted to a sitting room as a additional communal space to support children during the pandemic restrictions. There is a main communal bathroom. The centre is located on a busy road on the outskirts of a city and the children have access to services in the community. Children are supported through a medical model of care with the staff team including nurses available by day and night.

**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
Tuesday 30 November 2021	10:45hrs to 18:30hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

This was an announced inspection and the inspector had the opportunity to meet with two residents. The inspector was introduced to the residents at times during the evening that fitted in with their routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

Prior to the residents arriving at the designated centre the inspector was informed by staff that both children may need some time to settle before they met the inspector. In addition, the inspector was informed that one child did not like too much noise and this would be evident in vocalisations made by the child.

Both residents arrived at the designated centre after attending school for the day. One resident required the use of a wheelchair to mobilise and was supported by staff to settle into the house. Due to the location of the house on a busy main road with limited parking at the front of the house, the resident had to be supported to exit the transport vehicle while it was parked on the main road. On arrival the staff were observed to greet and support the resident into the house. Staff attended to the resident's needs in the bedroom using a hoist which required the repositioning of the bed due to the restricted space available in the room. The inspector was introduced to the resident later in the afternoon as they watched a favourite cartoon on the television in a sitting room. The resident did not wish to engage with the inspector at that time and indicated their preference to continue to watch their programme. Throughout the evening the inspector observed staff to support the resident and at times anticipate what the resident would like such as offering them a drink or their evening meal. The resident appeared relaxed and to enjoy the space to themselves in the sitting room. They were observed to respond to familiar staff which included eye contact on one occasion when the inspector was present which staff informed the inspector indicated the resident did not like the interruption.

The other resident greeted the inspector when they arrived at the centre. The inspector could hear the resident chat with staff as they completed their routine of settling into their bedroom. A staff member accompanied the resident to meet the inspector once all the important jobs were completed such as putting their pyjamas on their bed and unpacking their bag. The resident remained out in the hallway as they spoke with the inspector and asked the staff member to stay with them. The resident spoke about their day at school. They were encouraged by the staff to tell the inspector about the plans for them to move onto the adult respite services in 2022 when they complete their education. The staff explained that the resident had been unable to visit inside the adult respite house due to the public health restrictions but staff had supported the resident to see the house from the outside. In addition, the resident informed the inspector that they had a friend who was already availing of the adult services and they were looking forward to spending time with their friend again. Staff outlined that the friend had attended respite services in this designated centre before turning 18 years of age. The inspector was informed that in previous years when both residents were availing of services in the

designated centre they liked to share a bedroom and spent time chatting, even staying awake at times during the night enjoying each others company. During the inspection the resident informed staff on duty that they had gone to visit the building where they would be working after they finish school in 2022. They were delighted to tell staff that their friend also worked there.

During the evening the resident came to the doorway of the room where the inspector was located and spoke with the inspector on a few occasions, calling the inspector by name. The resident spoke of how much they liked spending time in the designated centre, their food choices for their evening meal and activities they had planned for the evening. The resident was later observed to be enjoying their evening meal in the dining room prior to going out with staff. The resident could be heard chatting away with staff in the centre and discussing their plans. On one occasion the resident informed the inspector that they were going out to see the Christmas lights in the locality and invited the inspector to join them. Unfortunately, the inspector had to decline the kind offer. On their return later in the evening, the resident informed the person in charge and the inspector about all the lights they had seen and the areas that they had visited. When the inspector was leaving the designated centre, the resident was relaxing on a comfortable chair with their feet up and there was a large inflatable Christmas tree positioned next to them. The resident was listening to music on their electronic tablet device. The resident spoke about the musician that they were listening to at the time and how they were looking forward to seeing the musician in concert in 2022.

The inspector spoke with a family representative of one resident on the phone. The person outlined how their relative really enjoyed going to spend time in the designated centre. Their relative missed attending the centre for regular respite as per their routine prior to the pandemic, they were missing their friends and the staff team. The representative explained how the staff team were very familiar with the particular needs of their relative and they found staff kept them fully informed. They identified staff who they would raise any concerns with and outlined how the staff team would contact them if another child had to cancel their planned stay facilitating their relative to avail of the service. As the family live close to the designated centre they availed of additional respite through these cancellations when available. They also outlined that the closure of the designated centre from March 2020 until October 2020 did have a big impact on their relative and the family. While the centre has re-opened since October 2020, it has been providing services at a reduced capacity and this continues to impact the respite services available. Prior to the pandemic the inspector was informed that the family availed of five nights each month and one full week during the year for a holiday break. The representative outlined how the reduced capacity since the re-opening of the service had resulted in less short breaks for their relative.

The inspector met with all of the staff on duty during the inspection. All were aware of their different roles and responsibilities. Staff were very familiar with the needs of the particular residents in the centre on the day of the inspection. In addition, they outlined the adaptations the team have had to make to facilitate the needs of the residents. For example, residents are supported to engage in cooking and baking in the dining room due to the layout and narrow access in the kitchen. A bed had to be

moved in a bedroom to support the use of a hoist for one resident. The narrow hallways made it difficult for staff to manoeuvre residents' wheelchairs around the centre. The layout of one bathroom required the re-positioning of equipment to facilitate residents using the bath or shower.

While this inspection was announced, the date was rescheduled by agreement resulting in the resident questionnaires not being available to review on the day of the inspection. In summary, residents were seen to be supported in a respectful manner during the inspection in a homelike environment while a positive atmosphere was present throughout the inspection. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for the residents. However, not all notifications had been submitted for this designated centre as required by the regulations and not all staff training was up-to-date. In addition, the guidance around the complaints procedure in particular, the appeals process required further review.

The person in charge worked full time and had a remit over this designated centre only. The provider had redeployed the person in charge and the staff team to other designated centres during the period of time this designated centre was closed, from March 2020 to October 2020. The provider re-opened this designated centre in October 2020 with the capacity reduced to 50% to ensure adherence to social distancing and public health guidelines. This resulted in the centre being opened since then for four nights each week and only two children being supported to stay overnight at a time.

The inspector was informed some staff remained redeployed to other areas due to the reduced capacity in this designated centre. The person in charge outlined that there was a requirement at the time of the inspection to engage the services of a regular agency staff who was familiar with the residents to provide staffing cover on occasions at night time. Regular core staff were available to meet the rota requirements at all other times, which included household staff. The person in charge had completed staff supervisions and was aware of gaps in the training for some staff. The training schedule had been impacted by the pandemic and redeployment of the staff team during the year. At the time of this inspection 56% of staff required refresher training in managing behaviours that challenge. The inspector was informed by staff during the inspection that there was a change emerging in the profile of young residents attending the service in the last few years

who required increased support in managing behaviours that challenge. The inspector spoke with a number of staff all of whom had worked for a number of years in the designated centre and were familiar with assessed and changing needs of the residents currently in receipt of respite services in the designated centre, which included the changing profile of new children accessing the services in the previous 12 months.

The provider had ensured that an annual review had been completed in the designated centre. This had taken place on 9 November 2021 and the report was compiled in the days prior to this inspection. The report outlined actions taken to support residents to return to respite services safely which included staggered meal times, an additional sitting room being available, offering respite where possible to children from the same school pods. The responses from the children and their family representatives were still awaited at the time of the inspection. The inspector noted that the annual report stated these responses would be included in the report once returned to the designated centre. The provider had also ensured six monthly provider led audits were also completed in December 2020 and June 2021 with the next audit scheduled to take place in the weeks following this inspection. Actions had been either completed or were in progress. For example, the process of goal setting and tracking was identified in both audits. The ability to progress this action was impacted due to the pandemic but staff were scheduled to meet with the provider's transforming lives co-ordinator during December 2021. This action was planned to give the staff team input into goal setting and tracking in conjunction with care planning. The report also contained details of the scheduled audits that were completed in the designated centre in the previous 12 months. In addition, the provider had taken action to enable the staff team to gain access to up-to-date prescription records for residents attending the designated centre. The provider was progressing with securing the on-line health link service. This had resulted after ongoing issues were encountered with some general practitioners to complete an up-to-date prescription to support staff to administer medications in line with the provider's policy during the respite stay.

Following a review of incidents in this designated centre, the inspector noted a low level of adverse events occurring. Staff outlined the benefits that the social distancing had for some residents who enjoyed being able to have their own space while in the designated centre. The addition of a second sitting room also assisted individual residents to pursue their own interests and activities. However, the provider had not ensured all quarterly notifications had been submitted in 2020 for this designated centre while the person in charge was redeployed to another designated centre. The quarterly notifications for quarter 1 2020 which were required to be submitted by 30 April 2020 were submitted retrospectively by the person in charge in November 2020 after they had completed a review of the notifications submitted for the designated centre. In addition, the provider had not submitted a notification when the person in charge was on extended leave between March 2020 and June 2020.

The inspector was informed there were no open complaints in the designated centre. The provider had ensured the complaints process was available in an easy-to-read format and available for the residents to access. Family representatives had

made a number of complaints during November 2021 when the provider had proposed to close the designated centre for one night at short notice due to staffing issues in other designated centres as a result of the pandemic. Three complaints were received in relation to the closure and these had been responded to. When one complainant was not satisfied with the provider's response, the person in charge escalated the complaint as per the provider's policy. The person in charge engaged with the family and supported the child to avail of additional nights in the designated centre. The inspector noted that the guidance in the provider's complaints policy on dealing with appeals was not clearly outlined. While the provider outlined the different stages of review of a complaint and escalation within the organisation, there was no clear guidance on how a complainant could make an appeal if they were not satisfied with the provider's response.

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

The provider had submitted an application to renew the registration of this designated centre in a timely manner as required by the regulations. However, the application and supporting documentation required further review by the provider as the services provided at the time of this inspection did not accurately reflect the information submitted in the application to renew. The provider was seeking to register five beds but the floor plans and layout of the designated centre as seen on inspection had two bedrooms to support residents.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing

There was an actual and planned roster in place. Appropriate staffing levels and skill mix were in place in the designated centre as it continued to provide services on a reduced capacity at the time of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

A schedule of training for 2021 was in place and staff were scheduled to attend training in the weeks following the inspection. All staff had completed refresher training in fire safety, safeguarding, children first as well as infection prevention and control. However, at the time of the inspection 56% of staff required refresher training in managing behaviours that challenge.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The person in charge had ensured the directory of residents had been maintained which reflected when residents attended the designated centre and contained all of the information specified in Schedule 3.

Judgment: Compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured effective resources were provided to ensure the effective delivery of care and support to residents in accordance with the statement of purpose, when the centre was open and providing a reduced service to ensure adherence to social distancing and public health guidelines. However, while the provider had ensured that an annual review and provider led audits had been completed for the centre, they had not ensured that responsibilities for the submission of the quarterly notifications had been submitted to the chief inspector in

the absence of the person in charge during a period of their redeployment away from the designated centre. This will be actioned under regulation 31: Notifications

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review with minor changes made on the day of the inspection to ensure all the information required under Schedule 1 of the regulations was contained in the document.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had not ensured that the Chief Inspector was notified in writing of all quarterly reports as required by the regulations.

Judgment: Not compliant

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

The provider had not given notice in writing of the absence of the person in charge.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There were no open complaints in the designated centre. The provider had a complaints procedure in place with residents and their representatives supported to make complaints which included the absence of services in the designated centre. However, the complaints policy did not clearly outline the appeals process to an independent person if a complainant was not satisfied with the outcome of their complaint.

Judgment: Substantially compliant

## Quality and safety

Overall, the residents well-being and welfare was maintained with a person-centred service where the residents individuality was respected. To ensure social distancing during the pandemic, the provider and staff had adapted the environment and the supports provided to residents who were attending the centre for respite services. For example, one bed room was changed to provide a second sitting room for residents to use while adhering to social distancing. Additional safety measures were also in place which included new protection strips fitted to door frames to prevent injuries occurring to children's fingers. The staff team ensured the required supports were in place and regularly reviewed to assist the residents to engage in meaningful activities. However, access to some areas in the designated centre were restricted to residents who required wheel chairs to mobilise such as the dining room and kitchen areas. At the time of this inspection three children on the directory of residents and who accessed the respite services used a wheel chair to mobilise. In addition, as already mentioned in the capacity and capability section of this report the documentation of goal progression was not consistently completed. The inspector was informed of one resident's progression with learning new baking skills but this was not reflected in their personal plan at the time of the inspection. The provider had identified this issue in the June 2021 provider led audit and had scheduled additional staff training in the area of care planning, goal setting and tracking.

The inspector reviewed personal plans for five residents, all had been subject to regular review, were person centred and contained easy-to-read documents such as individual respite plans and acute hospital admission booklets. Personal plans also contained information relating to the individual titled "About me and how I communicate". The inspector reviewed many photographs of children enjoying and participating in many different activities in the centre including mealtimes, baking and craft activities. The person in charge demonstrated throughout the inspection their oversight and knowledge of the assessed needs of all the residents. They outlined the communication and interaction with the multi-disciplinary team (MDT), a number of different schools and day services provided additional supports to the residents. The added challenges of the pandemic included scheduling children from the same pod in school where possible to attend respite services together to reduce the risk of infection and number of close contacts in the event of an outbreak occurring.

The person in charge had ensured residents and staff were kept up-to-date with information relating to infection control and guidance on COVID19 protocols. Regular audits were completed which included hand hygiene and environmental audits. Arrangements were in place to ensure weekly actions were taken during the closure of the designated centre that reduced the risk of legionnaire's disease. In addition, the person in charge had also completed the Health Information and

Quality Authority, (HIQA) self- assessment tool of preparedness planning and infection prevention. The most recent review of this assessment took place in November 2021. The provider had taken precautions to ensure the ongoing safety of residents by reducing the capacity of the designated centre to two residents being supported at night during the ongoing pandemic restrictions. However, a hygiene audit completed in January 2021 identified that the flooring in the bathroom required attention due to damage to the surface. It was documented that this would not be addressed as a new building would be sourced. At the time of this inspection, the damage to the bathroom surface was evident in a number of areas. It was not possible to carry out effective cleaning of the floor surface. Also, the inspector had been informed that the provider had encountered challenges in securing an alternative property which were not going to be resolved prior to the registration end date of this designated centre in June 2022.

The inspector observed there were separate entry and exit points for staff and residents which were clearly marked. Staff had a dedicated entry /exit and residents had another, the inspector observed these to be used as outlined in the centre's protocols. However, on arrival at the designated centre staff were required to walk through a sitting room into a corridor and access the dining room before they checked their temperature. While at the other entrance residents temperatures were checked, the protocol around visitors required further review. The inspector was informed to ensure the safety and reduce risk of COVID19 infection, residents' family representatives were greeted at the front door but not allowed to enter the designated centre. This was observed by the inspector during the afternoon when a relative arrived with personal items that their child would require during their stay. The person in charge outlined the provider's protocol for contractors visiting the centre which required the contractor to meet with the facilities manager in advance of arriving as pre-arranged at the designated centre. It was the responsibility of the facilities manager to complete the provider's required checks relating to COVID19 in another location away from the designated centre and it was not detailed how far in advance these checks were completed prior to the person entering the designated centre.

The provider had ensured emergency lighting and a fire alarm was in place and subject to regular checks by the staff team and external services. However, the inspector noted on the day of the inspection, the laundry area was not named in any zone on the fire panel. This was rectified during the inspection. Regular fire drills were completed with supporting documentation completed ensuring all children and staff participated in a drill during the year. The person in charge had ensured all residents personal emergency egress plans (PEEPs) were reviewed regularly and contained up-to-date information. In addition, residents had a "grab and go" PEEP which was located at the exit when a child was in receipt of care in the centre. This contained an up-to-date photograph of the child and contained clear concise details to assist staff to support residents to leave the building quickly and safely. The inspector reviewed a fire safety report completed in the designated centre in 2014. One of the actions required the replacement of glass over a bedroom door with fire rated glass. On the day of the inspection assurance that this had been completed was not evident. While conducting a walk about of the designated centre the inspector was not assured that the containment measures in place in the

laundry/storage room were adequate to ensure the safety of residents. While there was a detector connected to the fire alarm in the laundry room, the inspector observed the storage of surplus cleaning and other supplies in two inner rooms, a sluice room and storage room which could accelerate the spread of fire. The structure had a flat roof that was located adjacent to the roof structure of the designated centre and both roof structures shared a block wall. The provider, submitted additional information from a person competent in fire safety regarding the fire safety measures in this part of the centre in the days following this inspection. However, further assurance and clarification was sought from the provider to ensure that adequate containment measures were in place to prevent fire spreading quickly from the laundry/storage area to the rest of the house before residents could safely evacuate. In addition, documented evidence was submitted by the provider of a risk assessment with controls in place that had been completed regarding fire containment in the laundry/storage room.

While the premises was observed to be clean, warm and homely, the ongoing adaptations that staff were required to make impacted on the experience for the residents. In particular, for those who required the assistance of a wheel chair to mobilise. The person in charge outlined how larger wheel chairs were required by the children as they age and their bodies grow. The narrow hallways and restricted space in bedrooms where hoists are required to assist in supporting a child in or out of bed impacted on staff being able to support these children. In addition, the layout and narrow access to the dining room required the wheel chair user to independently or with staff assistance negotiate the doorway with multiple manoeuvres. These residents cannot access the kitchen area and other children who can mobilise independently are also restricted due to the design of the kitchen. The inspector was informed that staff bring the activity such as baking to the dining room table for the child to be able to engage in the activity. Also, the layout of the bathroom did not meet the assessed needs of all of the residents in receipt of services in the designated centre. The area had been reviewed by an occupational therapist and adaptations were made which included a changing table which was attached to a wall and could be safely stored when not in use. However, the bath did not facilitate easy to access for children with mobility issues. In addition, staff demonstrated to the inspector how they had to move equipment around the bathroom when supporting some residents. The provider had installed a bespoke door which opened back on both sides to facilitate access into the bathroom. However, while this provided improvements with access to the bathroom, the current design did not support the assessed needs of all of the children in receipt of services in the designated centre.

As previously mentioned in this report, the inspector was informed during the inspection that the provider had reduced the capacity of the designated centre since it re-opened in October 2020 to ensure adherence to public health guidelines on social distancing. Staff outlined to the inspector how some of the children have enjoyed the additional communal space and reduced noise levels which this has brought. Some residents like to have a space to spend time on their own or with a staff to complete individual activities or watch their preferred programme on television. This has been facilitated by the second sitting room which had previously been a bedroom in the designated centre. At the time of the the inspection there

were just two bedrooms in use for children in addition to a staff sleep over room. It was evident during the inspection that the reduced numbers assisted staff to support each individual child as per their wishes without impacting on others.

Residents were provided with easy to read versions of documents relating to many topics which included information about COVID19 and advocacy, for example " I have a right not to be ignored" and " I have a right to happiness". Staff had also developed an easy to read version of the statement of purpose and complaints process. In addition, residents were supported to engage in regular meetings when availing of respite services in the designated centre which discussed topics such as money management, complaints and the United Nations convention on human rights for persons with disabilities. The most recent meeting on 25 November 2021 included topics such as the planned HIQA inspection, infection control and Christmas activities such as the decorations, cards and crafts. Staff outlined how they assisted children to access community activities once pandemic restrictions had eased in recent months. For example, ringing the cinema in advance to ensure there was adequate space available and going at quieter times of the day. The same approach was also taken when visiting local playgrounds or fast food outlets.

It was evident that the residents were supported by a committed staff team that facilitated a good quality of care during each respite stay and provided residents the opportunities to engage in individual or group activities as per their wishes and preferences while adhering to public health guidelines.

### Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had not ensured the design and layout of the premises met the changing needs of the residents who required to use wheelchairs to mobilise. In addition, the design of the kitchen prevented children accessing the area with staff support to participate in activities and household chores, if they wished to do so. The design of the bathroom did not meet the assessed needs of all of the children in receipt of services and the provider had also not ensured the flooring in the bathroom was kept in a good state of repair.

Judgment: Not compliant

<b>Regulation 20: Information for residents</b>
The provider had ensured a resident’s guide for this designated centre had been prepared and was available to all residents. Easy-to-read documentation was readily available for residents
Judgment: Compliant
<b>Regulation 25: Temporary absence, transition and discharge of residents</b>
The person in charge ensured residents were supported as they transitioned between children and adult services.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The person in charge had ensured all risks within the designated centre had been assessed and subject to regular review at the time of the inspection. There were no escalated risks at the time of the inspection. Controls were in place to support specific risks which included the installation of software on tablet devices in the designated centre used by the residents to ensure appropriate material and content was only accessed.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The registered provider had ensured that procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre were in place. However, further review was required of the protocols relating to visitors and staff entering the designated centre. In addition, the flooring in the bathroom was not intact which prevented effective cleaning of the surface area.
Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting. Following the inspection the provider submitted additional information relating to the containment measures in the laundry/storage room. However, it was unclear if all actions from a 2014 fire safety report had been completed.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and support plans were in place which were reviewed at the beginning of each respite stay.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported to achieve the best possible health in conjunction with family representatives with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals when required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were systems in place to ensure regular monitoring of the approach to behavioural support in the designated centre. In addition, the inspector was informed that the reduced capacity in the designated centre due to the pandemic had a positive impact on residents. Staff training in the area of managing behaviours that challenge will be actioned under regulation 16 : staff training

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care which were developed in consultation with the residents and family representatives.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to make choices and decisions during their respite stay which were listened to with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

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	Substantially compliant
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Vincent's Residential Services Group Q OSV-0004692

Inspection ID: MON-0027227

Date of inspection: 30/11/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The provider has submitted all documentation required for renewal of registration to the authority.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has submitted names for staff requiring training in the management of challenging behavior to the training coordinator. All staff will have completed training by 30/05/2022</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

<p>The Provider will ensure that all notifications of incidents will be completed and submitted to the authority within the designated timeframe.</p>	
<p>Regulation 32: Notification of periods when the person in charge is absent</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent:  The Provider will ensure that notifications of periods of absence of the person in charge will be completed and submitted to the authority within the designated timeframe.</p>	
<p>Regulation 34: Complaints procedure</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  The Service manager has linked with the providers Director of Quality and Risk who will review the complaints policy taking into consideration points raised in this inspection report. The appeals process will be included as part of the policy review.  Statement of Purpose and Directory of Residents has been updated by the Person in Charge and the Person Participating in management to clearly outline the complaints procedure.</p>	
<p>Regulation 17: Premises</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The service manager and providers Director of Property and Estates with the Person in Charge will review the premises, its wheelchair accessibility, flooring, kitchen and bathroom. Action Plan will be put in place to complete necessary works to support participation of children in activities and also to ensure areas meet the assessed needs of each child. This will be completed at the latest by 15/05/2022. The provider will make every effort to complete before this date.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The provider will ensure that flooring in the bathroom will be reviewed by maintenance manager and the providers Director of Property and Estates and same will be replaced when addressing the issue re the bathroom access and meeting assessed needs of the children. This will be completed at the latest by 15/05/2022. The provider will make every effort to complete before this date.</p> <p>Outside Contractors will have their temperature taken before entry to the Centre and the monitoring sheet will be recoded and maintained in the centre. This was actioned post inspection.</p> <p>Visitors log book will be signed by all visitors when entering and leaving the house. All visitors will have temperatures recorded before entering the centre and logged in the visitor's checklist. This was actioned post inspection.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Service manager will meet with the Providers Director of property and Estates to review the fire report of 2014, any outstanding actions will be scheduled and completed. This will be completed at the latest by 15/05/2022. The provider will make every effort to complete same before this date.</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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	07/02/2022
Registration Regulation 5(3)(h)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by a statement of the maximum number	Substantially Compliant	Yellow	07/02/2022

	of residents who will be accommodated at the designated centre at any one time during the period of registration, and for which the registered provider is requesting approval by the chief inspector in the application for the registration or the renewal of registration of the designated centre.			
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	30/05/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	15/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	15/05/2022

	kept in a good state of repair externally and internally.			
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	15/05/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	15/05/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive	Not Compliant	Orange	31/12/2021

	procedure including physical, chemical or environmental restraint was used.			
Regulation 32(3)	Where the person in charge is absent from the designated centre as a result of an emergency or unanticipated event, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice in writing to the chief inspector of the absence, including the information referred to in paragraph (2).	Not Compliant	Orange	31/12/2021
Regulation 32(4)	Where an absence referred to in paragraph (3) has occurred, the registered provider shall notify the chief inspector of the return to duty of the person in charge not later than 3 working days after the date of his or her return.	Not Compliant	Orange	31/12/2021
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible	Substantially Compliant	Yellow	30/04/2022

	and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.			
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