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## Adult Respite Services - St. Vincent's Residential Services, OSV-0003937, 14 March 2022

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

## Issued by the Chief Inspector

Name of designated centre:	Adult Respite Services - St. Vincent's Residential Services
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	14 March 2022
Centre ID:	OSV-0003937
Fieldwork ID:	MON-0027737

## About the designated centre

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

This short term respite service is located in a small town on the outskirts of a large city. The service offers respite to male and female adults who have an intellectual disability, physical disability, communication difficulties and medical conditions with complex care needs. The service operates all year round with the exception of a planned closure at Christmas time. The designated centre was purposefully built and further extended to include 6 individual residents' bedrooms, a bathroom, wet room, toilet, staff office, staff sleepover room, a large kitchen / dining room, a living room and large reception room and sun room. Externally is a front garden and parking area. The rear of the centre has a large secure garden with patio and decking features which is wheelchair accessible. The gardens are mature and landscaped. There is a large shed adjacent to the centre used for storage. The staff team is composed of nurses and care assistants.

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

Number of residents on the date of inspection:

5

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 14 March 2022	09:35hrs to 17:45hrs	Caitriona Twomey	Lead

## What residents told us and what inspectors observed

Residents enjoyed spending time in this centre. It was clear that positive relationships had been developed between residents and the staff team. There were strong governance and management arrangements in place. The service provided was impacted by the COVID-19 pandemic and both management and staff had successfully responded to the challenges posed. Some areas for improvement were identified and the management team committed to addressing these.

This was an announced inspection. On arrival of the inspector met with the person in charge who showed them around premises and spoke about the regional respite service provided in the centre. 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 provider had made an application to HIQA (Health Information and Quality Authority) in May 2020 to temporarily attach another building to this centre. This building was used as an isolation hub, as required, by the provider during the COVID-19 pandemic. Prior to this inspection, another application was made and granted to remove the isolation facility as it was deemed as no longer necessary by the provider. At the time of this inspection the designated centre was a single-storey house in a suburb on the outskirts of Limerick city.

The centre was observed to be clean throughout and decorated in a homely manner. There were six, single occupancy resident bedrooms. Some residents chose to have a television in their bedroom and this was facilitated by the provider. Each bedroom door had a viewing pane. A covering had been fitted to each of these to ensure residents' privacy. There were limited storage facilities in some of the bedrooms. However as this was a respite centre, the storage available was adequate to meet residents' needs. Two of the bedrooms were accessible to wheelchair users and were fitted with equipment to aid transfers as needed. The centre had a number of communal spaces including a dining room, two sitting rooms and another living area described as a sun room. A staff desk had been put in one of the communal areas so that staff would be available to residents when completing administration duties. There were two bathrooms in the centre, one of which had an accessible bath. There was also a kitchen and two interconnecting laundry and cleaning storage rooms. There was a large garden area behind the house and a decking area that could be accessed from the house. There was a shed in the back garden which was not included in the floor plan. This was primarily used for storage and also housed a tumble dryer and freezer. When walking through the centre some items requiring maintenance were identified. Plans to address these matters had been completed by the close of this inspection.

The centre provides a residential respite service and is registered to provide this service to a maximum of six adult residents at any one time. In total 67 residents access the service. At the time of this inspection there were 12 people on a waiting

list. Respite was not provided in the centre for five months at the outset of the pandemic. In August 2020, the respite service resumed at a reduced capacity to facilitate social distancing and other public health recommendations. Management advised the inspector that this had continued to be risk assessed and the numbers attending had gradually increased. At the time of this inspection groups of up to five residents were accommodated. It was planned to return to full capacity within two months of this inspection. The person in charge also spoke about the plan in place to address the waiting list.

Throughout the inspection it was clear that the management and staff team aimed to be as flexible as possible so as to meet each resident's individual needs. Given the number of residents who accessed the service this was a significant ambition. The length of stay in the centre varied with opportunities for week-long stays possible at certain times of the year. Typically residents spent two nights a month in the centre. When requested, management aimed to coordinate respite stays with day service attendance as much as possible. Due to the reduction in the number of residents staying in the centre at one time, the number of stays available to each resident had reduced. Not all residents had chosen to return to the respite service. Management spoke with the inspector about the ongoing, regular communication with these residents and their families.

There were a minimum of two staff in the centre while residents were present. The person in charge explained that a third staff member may also be rostered, depending on the assessed needs of those staying in the centre at the time. Two staff worked in the centre overnight, one completed a sleepover shift while the other remained awake. In addition to the direct support staff, there was also one full-time domestic staff member. This staff member was working on the day of inspection and was observed cleaning the centre.

When the inspector arrived a number of residents were waiting for day service staff to bring them to their day services. The support provided at this time was respectful and unhurried. From the interactions observed it was clear that staff had a good understanding of residents' needs and that positive relationships had been developed between them. Later the inspector had an opportunity to spend more time with four residents when they returned in the late afternoon. Residents appeared very at ease in each other's company and in the centre. Two residents were sitting together in the dining room, one was eating while the other was waiting for their evening meal. Both were smiling as they spoke with the inspector about their day. Another resident was in the sun room speaking with staff and later the inspector about their plans for an upcoming celebration. Staff clearly knew this resident very well and were able to speak with them about their family, favourite music group and other topics they brought up for discussion. One resident appeared unsettled by the inspector's presence, a person they did not know, and the amount of conversation taking place around them. Staff recognised this quickly and provided the support needed to reassure this resident and put them at ease.

As this was an announced inspection, questionnaires developed by HIQA were sent to the provider in advance. Six questionnaires were completed, two by residents and four by relatives or friends of residents. The inspector also reviewed feedback

questionnaires issued by the provider. Seven had been completed by relatives and there were over 80 easy-to-read questionnaires completed by residents. Overall the feedback received was positive and reflective of what the inspector had been told and observed during the inspection.

The centre was described as 'a home from home'. Respondents mentioned their favourite rooms and areas in the centre, and feeling in a good mood while there. Relatives commented that they knew from their family members' behaviour that spending time in the centre was a positive experience for them. There were also expressions of trust and confidence in the staff team. Staff were described as kind, dedicated, friendly, caring, smiling, relaxed and fun. A number of respondents made reference to requests that they had made that were acted upon. One commented that ensuring residents enjoyed their stay was a priority for the staff team. Another response made reference to how well staff knew the residents and how to support them. Those who had made complaints were positive about how these had been received and the actions taken as a result.

Some respondents expressed their dissatisfaction with the temporary closure and the reduced availability of respite due to the restrictions imposed on the service by the pandemic and public health guidelines. A wish for more stays in the centre was also reported on numerous occasions. One respondent reported to being unhappy with the time they went to bed while staying in the centre, saying that it was too early. The wish to stay in the centre with other people that they knew was also expressed.

A common theme in the feedback reviewed was a request for residents to participate in activities outside the centre. Respondents expressed wishes to go out generally and also listed specific examples of what they would like to do. This resident feedback had also been highlighted in the annual review of the centre completed in November 2021. At the time of this inspection management acknowledged that, outside of attending their day services, residents were not participating in community based activities while staying in the centre. This will be discussed further in the 'Quality and safety' section of this report.

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. The centre's risk register was reviewed and while comprehensive and recently reviewed, some further revision was necessary to ensure that the risk assessments were accurate and reflective of the centre. The inspector also looked a selection of residents' individual files. These included residents' personal development plans, healthcare and other support plans. These documented each resident's individual support needs and how they could be met. Some areas for improvement were identified and will be outlined in more detail in the remainder of this report.

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 it 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. Findings from these audits were followed up in a timely manner.

There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents' assessed needs and the day-to-day management of the centre. They fulfilled this role for one other designated centre and had 19 hours of supernumerary time a week. The person in charge worked both during the week and a weekends which enabled them to have good oversight of the service provided throughout the week.

In the course of the inspection, the inspector also met with the person participating in management and the service manager. They both displayed a good knowledge of the residents, staff and running of the centre. Staff at every level were involved in regular one-to-one supervision sessions and appraisals, as per the provider's own policies. Monthly staff meetings took place in the centre. These arrangements facilitated staff to raise any concerns they may have about the care and support provided to residents. They also ensured that the management team were available to staff and had opportunities to support and develop the team.

The provider had completed an annual review and unannounced visits every six months to review the quality and safety of care provided in the centre, as required by the regulations. There was evidence that the actions generated from these comprehensive reports had been progressed or completed. For example, it was highlighted in the September 2021 visit that Lámh (a sign system used by children and adults with intellectual disability and communication needs in Ireland) training was required for staff to support a resident who used this system to complement their communication. This training had since been completed. The annual review also highlighted the challenges faced by the provider in receiving up-to-date prescriptions for residents prior to their stays in the centre. A group had been working to address this issue and resolution, involving the acquisition of new software, was expected within the coming months. A number of other audits and checks were also completed on a regular basis. Areas monitored included medication management, residents' finances, accidents, incidents and complaints, hygiene, infection prevention and control (IPC), and health and safety.

Management advised that the provider was engaged in ongoing recruitment. There was one nursing vacancy in the centre which was expected to be filled in the coming weeks. Despite this vacancy, there were no identified gaps in the staff rosters reviewed by the inspector. The inspector also reviewed the staff training records. The majority of staff were up to date with all mandatory training. It was identified that three staff required training in the management of behaviour that is challenging. Two of these staff were already booked to attend training in the weeks following the inspection. The third staff was booked to attend this training by the close of this inspection. Staff had also completed additional training to enhance their skills in supporting residents. This included training in human rights and Lámh.

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 provided, the resident profile, the ethos and governance arrangements and the staffing arrangements. When describing the service provided in the centre, there was no reference to the fact that the centre had been operating at a reduced capacity since August 2020. In addition it stated that evening respite was provided to a small number of people. In the course of this inspection management informed the inspector that this service was no longer provided. The description of the services provided in the centre therefore required review. It was also noted that a diagram outlining the organisational structure included a reference to a clinical nurse manager who reported to the person in charge. However there was no reference to this member of staff earlier in the document where the staff working in the centre and their whole time equivalent hours were listed. This required review to ensure consistency.

There were clear admission criteria in place. A regional respite committee which included representation from the Health Service Executive (HSE) were responsible for any admissions to, or discharges from, the service provided in the centre. When discussing the waiting list, the person in charge outlined the process for supporting people to visit the centre in the evenings prior to their first overnight stay. This approach was reported as being successful in introducing new residents to the centre and staff team. The majority of residents had a recently reviewed and signed written agreement in place regarding the terms on which they stayed in the designated centre. Management were aware of and following up on those that were outstanding. An accessible version of this agreement had recently been developed to aid residents' understanding.

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

The provider had submitted an application to renew the registration of 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 required fee was paid.

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

Staffing was provided in the centre in line with the staffing levels as outlined in a statement of purpose. The number, qualifications and skill-mix of the staff team was appropriate to the number and assessed needs of the residents in the designated centre. Recruitment was ongoing and it was planned to address existing vacancies in the weeks following this inspection. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Three staff required training in the management of behaviour that is challenging including de-escalation and intervention techniques. This was scheduled.

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 was a clearly-defined management structure in place. The provider had resourced the centre to ensure the delivery of care and support in line with the statement of purpose. There was evidence of strong oversight systems which ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There were regular staff meetings and supervision sessions held.

Judgment: Compliant

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

There were clear admission criteria in place. Residents had the opportunity to visit the centre prior to staying overnight. Written agreements were in place regarding the terms on which residents stayed in the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose required review to accurately reflect the service provided in the centre and the staff involved in the management of the centre.

Judgment: Substantially compliant

## Quality and safety

The inspector found that the quality and safety of care which was provided was maintained to an overall good standard. A review of documentation and the inspector's observations indicated that residents' rights were promoted and that residents enjoyed staying in this centre. A review of some residents' goals that was required to ensure that they reflected what residents wished to achieve. Some risk assessments also required review to ensure that they were accurate and reflective of the current situation in the centre. In line with the residents' expressed wishes,

the provider was required to review opportunities for residents to engage in community based activities while staying in the centre.

The inspector reviewed a sample of the residents' personal plans. These outlined the supports that residents required, their likes and dislikes and other important information. Where a healthcare need had been identified a corresponding healthcare plan was in place. A number of residents who attended the centre had an epilepsy diagnosis and were prescribed emergency medication. From the sample reviewed, it was noted that not all epilepsy management plans had been completed in full. Plans also included intimate and personal care plans which identified the level of support required for different tasks. Where they had been assessed as requiring one, residents had a recently reviewed behaviour support plan. These included both proactive strategies to reduce the likelihood of an incident occurring and strategies for staff to implement in response to any incidents should they occur. These plans were developed in consultation with others who knew the residents well.

Personal plans included plans to maximise residents' 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. As residents only stayed in the centre on average two nights a month, often only goal had been identified. Examples of goals identified included residents being supported to try new things, such as a hand massage. It was noted that not all residents' goals were meaningful and instead described the service provided to them. Of the sample reviewed, goals included being offered healthy meal choices and interacting with peers and staff. These goals required review to ensure that they were reflective of what residents wished to achieve.

During each resident's stay, an accessible version of their personal plan was stored in their room. As mentioned in the previous section an accessible version of the resident's written agreement regarding their stays in the centre had also been developed. The inspector reviewed the residents' guide submitted by the provider as part of their application to renew the registration of this centre. This guide met the majority of the requirements of the regulation. While the opportunities to be involved in activities were clearly outlined, further information was required regarding the arrangements for residents' involvement in the running of the centre. The inspector had been informed of residents' meetings, satisfaction surveys and other ways that residents input was sought and acted upon in the course of this inspection, however these were not reflected in the guide.

There were a number of in-house activities available to residents. These included the use of electronic tablets, watching television, and various activity boxes tailored to individual interests. There was reference in the residents' guide to supporting residents to attend social outings and availing of community facilities such as restaurants, pubs, cafes, theatres and shopping centres. Day trips, meals out and the cinema were referenced in the centre's statement of purpose. However since the COVID-19 pandemic opportunities to participate in community based activities were not provided to residents while staying in the centre. As mentioned in the opening section of this report, it was highlighted in the questionnaires completed by residents and their relatives that they wished for a return to community based

activities. Such activities had been available to members of the general public for many months at the time of this inspection. Management committed to revising the activities offered to residents.

There were a number of restrictive practices in place in the centre at various times. Many of these were specific to certain residents and were only in place when they were staying in the centre. These had been recently reviewed by the provider's oversight committee. It was also noted that some restrictions used in other settings were no longer used in the centre. When reviewing the risk register it was noted on one assessment that, as a control measure, sharp knives were securely stored in the centre. This restriction was in place at all times and had not been recognised as a restraint. It had therefore not been reported to HIQA, as required, or subject to the provider's own policy and processes regarding restrictive practices. The person in charge committed to following up on this.

The provider had systems in place to ensure that residents were safe. These included risk identification and management, a health and safety statement and a risk management policy. There were no safeguarding concerns in the centre at the time of this inspection. The risk register included risks associated with COVID-19. When reviewing the risk register it was noted that a review of some risk assessments was required. The description one risk was inaccurate and in another the control measures described were no longer in place. It was also noted that the scoring of some risk assessments required review to ensure that they were reflective of the risk posed by identified hazards in the centre. For example, the impact of a resident's unexplained absence from the centre was assessed as negligible, while the impact of fire or an exploding oxygen cylinder were assessed as minor.

Main meals were not prepared in the centre. Instead these were sent from a kitchen in a nearby campus run by the same provider. It was explained to the inspector that residents were offered a choice of two options at mealtimes. Choices of salad were also made available. At times staff were required to modify the food provided so as to ensure it met residents assessed dietary needs. Residents who required them had recently reviewed feeding, eating, drinking and swallowing plans. Staff were observed to have a good knowledge of these needs. Breakfasts, snacks and packed lunches were prepared in the centre and food was available throughout the day.

As mentioned in the opening section of this report, the centre was observed to be clean, comfortable and homelike. The centre had been repainted since it was last inspected by HIQA. When walking through the building some areas requiring maintenance were identified. These included torn upholstery on a chair, bed frame and door handle, a damaged light fitting and some small areas that required touch up painting. Overall the centre was in a very good state of repair. These matters were addressed in the course of the inspection.

The inspector spent some time in the laundry area. It was explained that as this was a respite centre, most residents did not wash their clothes while there. Although a small room, it was well organised. There were arrangements in place to ensure soiled and clean laundry were kept separate. There was information available regarding safe cleaning practices including those involving spills and bodily fluids. A

cleaning system was implemented in the centre whereby specific equipment was allocated for use in specific areas, thereby reducing the risk of cross contamination. This equipment was stored in line with this system. Management explained that support staff took responsibility for cleaning and laundry management when the domestic staff member was not on duty.

An Infection Prevention and Control (IPC) audit was completed every three months in the centre. The inspector reviewed the documentation relating to the most recent audit completed in February 2022. Areas for improvement had been identified and subsequently addressed. The person in charge advised that in addition to the checklist in place regarding hand hygiene, they also observed and assessed staff members washing and disinfecting their hands. Management advised that documentation was being developed to record these observations across the organisation as a result of learning and feedback from other HIQA inspections. There were systems in place to ensure that the centre had adequate supplies of personal protective equipment (PPE) and that stocks were used in line with any expiration dates that applied. Management had made other changes to their processes to ensure high standards of IPC could be met. For example, the discharge and admission times had been adjusted so as to provide additional time to clean and ventilate the centre between different groups of residents spending time there.

There was a recently reviewed COVID-19 contingency plan in place that was specific to the centre. This was stored in a folder with other up-to-date COVID-19 information. The person in charge outlined to the inspector the process in place for contacting residents and their relatives 24 hours prior to admission to help prevent the spread of COVID-19. At this time a checklist was completed to ensure that it was safe for the resident to attend as planned.

### Regulation 11: Visits

Although it was uncommon given the nature of the service, residents were supported to receive visitors in line with their wishes. Suitable private areas were available to receive visitors.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to opportunities and facilities for occupation and recreation while in the centre. However they were not given opportunities to participate in community based activities while staying in the centre despite the easing of public health restrictions.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises were clean, accessible and decorated in a homely manner. Parts of the centre were in need of maintenance such as minor painting and repairs to upholstery.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The food provided in the centre was nutritious. Residents were offered and supported to make choices at meal times.

Judgment: Compliant

### Regulation 20: Information for residents

The guide prepared in respect of the designated centre required review to ensure that it clearly outlined the arrangements in place for residents' involvement in the running of the centre.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The risk register had been recently reviewed. It was identified that further review was required to ensure that risks were accurately described, the outlined control measures were in place 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. Good practices in line with the centre specific guidelines and provider's policies were observed on the day of inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan. Some healthcare plans required review to ensure that they were completed in full. Improvements were also required in the development of residents' individual goals.

Judgment: Substantially compliant

### Regulation 6: Health care

Appropriate healthcare was provided to residents in line with their personal plans.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required one had a recently reviewed behaviour support plan which included proactive strategies and those to be implemented in response to an incident. The restrictive procedures in place in the centre had been reviewed recently. One restrictive practice in the centre had not been recognised as such and had therefore not been subjected to the provider's own policies. The staff who required training in the management of behaviour that is challenging is addressed under Regulation 16.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no recent safeguarding concerns in the centre at the time of this inspection. All staff had received appropriate training in relation to safeguarding

residents and the prevention, detection and response to abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The designated centre was operated in a manner that respected the residents' individual needs. Residents' feedback and input was sought and acted upon. It was hoped to recommence the annual family forum in 2022.

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	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	Compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Adult Respite Services - St. Vincent's Residential Services OSV-0003937

Inspection ID: MON-0027737

Date of inspection: 14/03/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in charge has linked with the providers training coordinator, all outstanding staff scheduled for training in the management of behaviors of concern. All completed by 28/04/2022.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The person in Charge and the Person Participating in Management have reviewed the statement of purpose to ensure same reflects accurately the service provided in the center. Same submitted to the authority on the day of inspection.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p>	

Community based activities have resumed since inspection. This is based on the wishes of each individual and documented in their plan of care.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge has a schedule in place with the provider's maintenance manager for the completion of required painting and works required in the center. Items of furnishings with damaged upholstery were replaced on the day. Any other furnishings in need of repair will be identified by the person in charge and be repaired or replaced whichever is required.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The Person in Charge and the Person Participating in Management have reviewed the residents guide to ensure it outlines all arrangements in place to ensure the residents involvement in the running of the center. This has been submitted to the authority post inspection.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The person in Charge and the Person Participating in Management will arrange training for the staff team to be delivered by the providers Health and Safety officer around risk management and the risk assessment process and rating of risks. This training will include input regarding the ongoing need for review of risk and the systems for responding to emergencies. The Person in Charge since inspection has met with the health and safety office and all risk assessments have been reviewed and are up to date.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in Charge following inspection has met with staff team and key workers for each individual attending the service and a plan for review of each individual's plan is in place. The plans will be updated to ensure all information is up to date and reflects the assessed needs of each individual. Each plan will also include the individual goals of each person based on their wishes.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in charge has linked with the providers training coordinator, all outstanding staff scheduled for training in the management of behaviors of concern, all completed on the 28/04/2022.</p> <p>Restrictive practices in the center will be reviewed by the Person in Charge and the Person Participating in Management. For restrictions noted at inspection these will be raised through the provider's restrictive practices committee and included on the register, and restrictions not still in place will be raised also at the committee and removed from the register.</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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	14/04/2022
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	28/04/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	30/06/2022

	state of repair externally and internally.			
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	29/04/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/06/2022
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	14/03/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2022
Regulation 05(4)(c)	The person in charge shall, no	Substantially Compliant	Yellow	30/06/2022

	<p>later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p>			
Regulation 07(4)	<p>The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.</p>	Substantially Compliant	Yellow	28/04/2022