



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

## Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group M
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	30 October 2024
Centre ID:	OSV-0003938
Fieldwork ID:	MON-0044540

## About the designated centre

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

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

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 30 October 2024	09:45hrs to 16:15hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's level of compliance with the regulations. The inspector found that the provider had sustained the high level of compliance evidenced on previous inspections of this centre. There was evidence of consistent, effective management and oversight that ensured and assured the quality and safety of the care and support provided to residents. There was evidence of arrangements that supported fire safety. However, the available facilities did not support the full implementation of the providers fire evacuation procedure or the evacuation plans for more dependent residents. This was due to the lack of suitable external escape routes to evacuate residents from the rear of the centre, away from the building to the assembly point at the front of the building.

In this designated centre a full-time residential service is provided for seven residents. All seven residents require staff support. The needs and abilities of the residents vary from residents who are mobile to residents who are wheelchair users and fully dependent on the staff team for all their care and support needs. The premises was purpose built, designed and laid out to meet the needs of residents with mobility needs and full-time wheelchair users. The centre is located at the end of a residential cul-de-sac directly off the main street of the rural town. The centre is somewhat unique in that five of the seven residents are from the locality and the provider operates a day service from a premises in the town where the local community day service is also operated from. Residents and their extended families are well known and residents have good opportunity to be meaningfully included in their local community.

When the inspector arrived unannounced at the designated centre staff from the provider's day service were on duty working with the residential staff team supporting residents prior to their departure to the day service. A day service staff member told the inspector that all seven residents had the opportunity to go to the day service and three residents were going to the day service on the day of inspection. The staff member described how the provider's day service had its own programmes of activities but the residents were very much part of and included in the community day service programme. Events and activities enjoyed by the residents and supported by the day service and the residential staff teams included shopping, eating out, visiting the local church, overnight stays and trips to amenities such as Fota wildlife park and the local agricultural show.

The inspector had the opportunity throughout the day to meet the four residents who remained in the designated centre and to observe the care and support provided to them. The person in charge was on planned leave. The inspection was facilitated by the clinical nurse manager one (CNM1) who supported the person in charge in the day-to-day management of the centre. The service manager also

came to the designated centre to meet with the inspector and returned in the evening to receive verbal feedback of the inspection findings.

As stated above this inspection was unannounced. The centre was very nicely decorated by the staff team in celebration of Halloween. The centre was well maintained, warm and welcoming and all areas visited by the inspector were visibly clean. Household staff were noted to attend to various household tasks throughout the day. Resident's bedrooms were personalised to reflect their preferences and individual circumstances. A good balance was achieved between ensuring residents had the equipment that they needed for their comfort and safety while ensuring their bedrooms were pleasant and welcoming spaces. For example, there were many photographs of home, family and events residents had enjoyed on display in each bedroom.

The CNM1 confirmed that family were welcome to visit at any time and residents enjoyed visits to family members and their homes with support provided as needed by the staff team. For example, one resident was supported to visit a family member who was a resident in a designated centre for older persons.

The assessed needs of the residents included communication differences. One of the four residents communicated verbally with the inspector, welcomed the inspector to the centre, offered the inspector some refreshments and wanted to know how long the inspector would be visiting for. The other three residents simply held the inspectors gaze when spoken with or smiled in response. The CNM1 described to the inspector how each resident communicated their needs and choices using gestures, facial expressions or purposeful words and sentences.

Throughout the day the atmosphere in the centre was relaxed and easy as the staff team attended to the care and support needs of the four residents. Two of the residents actively sought out staff as they needed them. For example, one resident was looking for a favoured item of clothing that household staff retrieved for them freshly laundered and hanging on a clothes hanger. Another resident sought out staff whenever they needed assistance with their mobile phone. This resident relaxed for long periods on a couch watching a favourite animated programme. The routines observed were individualised to the needs of the residents such as what time residents had their breakfast and lunch. Staff could describe the specific dietary needs of residents and the safe preparation of meals and snacks.

The inspector noted how staff were attentive to the needs of the residents who could not actively seek staff assistance. For example, staff supported one resident to return to bed at intervals for a brief rest. All four residents looked well and presented as happy and relaxed in the centre and with the staff members on duty.

The staffing levels and skill-mix on the day of inspection were as described to the inspector. The CNM1 confirmed that relief staff were available to maintain the staffing levels needed. The inspector saw that two staff members were available to attend to the personal care needs of residents as specified in the personal plan and risk assessments.

The range of records reviewed by the inspector included the reports from the providers own quality assurance system. These reports included the annual service review. This review included feedback that was sought and received from residents and families. The feedback on file was positive.

The staff training records confirmed that the staff team had completed a range of training that included promoting human rights, advocacy and the use of restrictive practices. The CNM1 described how this training supported reflection on practice and on established ways of working. The inspector found that notwithstanding the high support nature of residents' needs, the respect for the individuality, choices and preferences of residents was evident from the support observed, staff spoken with and records seen. For example, staff maintained very detailed and meaningful records of the weekly meetings they held with the residents. Staff detailed what was discussed and how residents engaged and reacted. For example, when recently discussing complaints with residents staff recorded how one resident verbally reported "no" when asked if they had a complaint while two other residents laughed in response.

In summary, there was much evidence of good, evidence based, person-centred care and support. Residents were spoken with and consulted with in relation to decisions about their support and care. Each resident had good, meaningful opportunity to remain connected to family and the wider local community. The provider consistently monitored the appropriateness, quality and safety of the service. Actions were taken to improve the service.

For example, the provider has incrementally improved the centres fire safety arrangements. Doors were installed to support the evacuation while in bed of more dependent residents. An external shelter had been provided at the fire assembly point to the front of the building following the findings of the last HIQA inspection. However, sufficient pathways were not available to bring residents evacuated in their beds from the rear of the building to that assembly point or to a safe place sufficiently removed from the building itself.

The next two sections of this report will discuss the governance and management arrangements in place in the designated centre and how these impacted on the quality and safety of the service.

## Capacity and capability

As stated in the opening section of this report this was a well-managed service. The management structure was clear, there was clarity on individual roles and responsibilities and, the centre presented as adequately resourced. The provider was consistently monitoring and collecting data about the service and was using that data to provide assurance on or to improve the quality and safety of the service.

The day-to-day management and oversight of the centre was the responsibility of the person in charge who was a clinical nurse manager two (CNM2) supported by a CNM1. The person in charge was on planned leave and the CNM1 facilitated the inspection. The CNM1 could clearly describe to the inspector how the centre was managed and overseen. For example, the CNM2 and the CNM1 normally worked opposite each other so that a management presence was maintained in the centre. The CNM1 said that while the centre was somewhat geographically removed from the providers main administration campus the staff team always had access to management support by day and by night and to the multi-disciplinary team (MDT).

While not present for this inspection it was evident from records seen that the person in charge was actively engaged in the planning, management and oversight of the service. For example, the person in charge attended MDT meetings, responded to any complaints received, managed the register of risks and convened regular staff team meetings. The inspector reviewed the minutes of these staff meetings and saw that there was comprehensive discussion of each resident's wellbeing and plans and, other matters such as safeguarding, incidents that had occurred and recommendations received from the MDT.

The CNM1 prepared the staff duty rota with support from the CNM2. The inspector saw that the staff duty rota was well maintained and any staffing gaps that arose were identified for senior management to address. The CNM1 reported satisfaction with the staffing levels and the availability of relief staff to work any identified gaps in the rota.

There was a training record in place for each staff member listed on the staff duty rota and no evident gap in staff attendance at training.

The providers consistent monitoring of the service was evident from the records contained in the audit folder. Quality assurance systems included the six-monthly and annual quality and safety reviews required by the regulations, medicines management audits completed by the pharmacy, infection prevention and control audits, an audit of residents personal monies, of the meals provided to residents and quality of life indicators. These reviews were, based on the reports seen by the inspector, completed on schedule and generally good practice and a good level of compliance was found. For example, no corrective actions issued from the medicines management audit and a high level of compliance was found in relation to infection and prevention and control practice and arrangements.

## Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. That person had the experience, qualifications and skills required for the management of the designated centre. While not met with, the inspector saw from the records in place that the person in charge was consistently engaged in the planning, management and oversight of the service.



Judgment: Compliant

### Regulation 15: Staffing

The inspector was assured that the staffing levels, the staff skill-mix and staffing arrangements were suited to the number of residents who lived in the designated centre, their assessed needs and their support plans. For example, there was a registered nurse on duty at all times by day and by night. The nurse on duty at night had support as needed from a care support staff member on sleepover duty. The sleepover duty shift commenced at midnight which meant that residents had choice as to how late they wished to go to bed and resident personal care needs that required two staff members could be safely attended to. The CNM1 described how the management of the staff duty rota took account of matters such as ensuring there was a driver on duty each duty to drive the service vehicle. Relief staff were available as needed from the providers own resources such as in response to annual leave. These details were evident from the staff duty rota. However, what was not clearly evident from the staff duty rota was the arrangement where day service staff worked in the centre in the morning prior to accompanying residents to the day service. For example, the number of hours that they worked each day in the designated centre was not evident. This was addressed by the service manager prior to the conclusion of this inspection.

The staff members on duty were not recently recruited and were very familiar with the needs of each resident such as how residents communicated and the strategies in place for responding to behaviour that challenged. This ensured residents received continuity and consistency of care and support.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed the overall staff training matrix and saw that there were no training gaps in for example, safeguarding, fire safety, and responding to behaviour that challenged training. Additional training completed by staff included a broad range of infection prevention and control training, supporting residents to eat and drink safely and, basic life support. The staff team had completed human rights training, training in advocacy and the use of restrictive practices. There was a strong theme in records seen of staff demonstrating how residents were consulted with, listened to and given choice.

The provider operated a system of formal supervision for all grades of staff. The CNM1 confirmed that staff supervisions were completed on schedule. The CNM1 also

described how the delivery of care and support was monitored and informally supervised on a day-to-day basis.

Judgment: Compliant

### Regulation 23: Governance and management

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced. For example, residents were provided with a well-maintained and comfortable home and the required staffing levels were in place. The provider demonstrated a high level of compliance with the regulations reviewed by the inspector. The inspector saw from the reports in place that the provider had quality assurance systems that were used to consistently and effectively monitor the quality and safety of the service. Data was collected and used to assure and improve the support and services provided. Overall, these internal audits found good practice and good compliance and these HIQA inspection findings would concur with those internal findings. Internal audits provided for consultation with residents, their families and the staff team. Overall, the inspector found that it was easy to validate from the records seen what was reported and discussed during the inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector saw that the statement of purpose was prominently available in the centre. The inspector read the statement of purpose and saw that it was kept under review and had been reviewed in July 2024. The statement of purpose contained all of the required information such as the number of residents that could be accommodated, details of the management and staffing arrangements and, the arrangements for receiving visitors.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had policy and procedures for the management of any complaints received. The inspector saw that these procedures were available in the centre. The inspector saw from the records of the meetings staff held with residents that staff regularly discussed with residents what a complaint was and how to complain. The

CNM1 described how some residents could complain while others might indicate through gesture or facial expression if they were unhappy about an aspect of their service. The inspector also noted how the staff team advocated for residents. For example, staff had recently written to the local council as a newly erected street light was impacting on the accessibility of a footpath. The inspector also reviewed the record of a complaint that had been received. The person in charge recorded the complaint, the action taken in response, the feedback provided to the complainant and their satisfaction.

Judgment: Compliant

## Quality and safety

The care and support provided was evidence based and individualised to the assessed needs of each resident. Residents received the care that they needed to stay well and healthy and to have a good quality of life. As discussed in the opening section of this report residents were well known and meaningfully engaged in their local community. Residents remained connected to home and family.

Each resident had a personal plan. The inspector discussed the care and support needs of different residents with the CNM1 and reviewed one personal plan. This was a purposeful choice based on notifications that had been submitted to the Chief Inspector of Social Services. The plan was based on the assessed needs, abilities and preferences of the resident and provided good guidance to the staff team on the care and support the resident needed. The personal plan included the goals and objectives it was hoped could be achieved with the resident. The care and support provided was informed by and reviewed at regular intervals by the wider multi-disciplinary team (MDT).

Each resident had a healthcare folder. The inspector reviewed this resident's healthcare folder. There was a good link between the healthcare folder and the personal plan. Plans of care were in place in response to healthcare needs such as a risk for infection and specific dietary and elimination plans. The CNM1 and the service manager confirmed that the location of the centre was not an obstacle to accessing the wider MDT who were based in the provider's main campus.

The personal plan also included a positive behaviour support plan. There were times when behaviours that had the potential to impact on peers were exhibited. Possible triggers were identified in the plan as were the support and management strategies to be used by staff. A staff member on duty showed the inspector the interventions recommended in the plan such as visual social stories and a digital frame. The staff member reported that the resident was engaging well with these interventions and they were effective in supporting the resident.

Controls that met the definition of a restrictive practice were in place largely in response to risks such as the risk of falling from bed or a resident entering high risk

areas such as the stairwell to the staff sleepover room. There was also evidence of the use of less restrictive interventions. For example, height adjustable beds and impact reducing floor mats in lieu of bedrails.

The inspector reviewed a sample of resident specific risk assessments and saw that the person in charge (CNM2) maintained consistent oversight of these risks and how they were managed.

As discussed previously in this report the staff team had completed a range of training that informed and supported the person centred ethos of the service. There was good evidence in the personal plan reviewed and other records seen such as the records of the weekly house meetings that residents were spoken with, consulted with, their consent was sought and, residents were given reasonable choice in their daily routines. For example, a staff member described how a resident communicated whether they wished to attend the day service or not and this choice was respected.

The inspector saw fire safety arrangements such as the provision of a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and its products. As mentioned earlier in this report the provider had installed doors in four bedrooms to facilitate the evacuation of more dependent residents in their bed if they were in bed. Regular simulated drills were completed to test the procedure for evacuating the centre by day and by night. The inspector saw from the records of these drills that if there was scope for improvement such as enhancing staff knowledge of the procedure or improving the evacuation time, a repeat drill was completed to confirm that improvement happened. However, the providers evacuation procedure and plans were not fully supported by the facilities available as, more dependent residents if evacuated in their beds could not be brought to the designated assembly point to the front of the building or other suitable safe place due to the absence of suitable pathways.

## Regulation 10: Communication

The assessed needs of the residents included communication differences. The personal plan included the support that was needed to ensure effective communication. The positive behaviour support plan also referenced the role of behaviour as a form of communication. The CNM1 described the different ways each resident communicated their wishes and needs including purposeful words, sentences, gestures, facial expressions or directing staff to a particular item. There was minimal turnover of staff which meant that the staff team were familiar with these communication methods and their meaning. For example, on the day of inspection the inspector saw how staff interpreted a particular gesture that indicated that a resident was tired and, how staff responded to a resident who made their way to the kitchen when they wanted a drink or a snack. Residents had ready access to a range of media and were informed of local events and activities that they may have an interest in.

Judgment: Compliant

### Regulation 11: Visits

Residents were supported to have ongoing regular contact with home and family as appropriate to their individual circumstances. The inspector saw that staff maintained a record of family contact and family visits. The CNM1 said that there were no restrictions on visits. A room was available if privacy was required or requested while visiting.

Judgment: Compliant

### Regulation 13: General welfare and development

The arrangements in place such as the staff skill-mix and the regular access to the MDT ensured the evidence base of the care and support provided. The location and operation of the designated centre meant that residents had the opportunity to live in their place of origin where they were well known and meaningfully connected to home, family and the wider community. Residents had opportunities to enjoy activities that they liked in conjunction with the providers day service and the local community day service. Day service staff described for the inspector the inclusiveness of the local community including the day service and how much residents enjoyed going to the day service. Residents accessed local services and amenities and had opportunity to engage in educational programmes in line with their abilities and wishes. Each resident had personal goals and objectives and were supported by the staff team to progress and achieve them such as enjoying a night away with staff support.

Judgment: Compliant

### Regulation 17: Premises

This designated centre was purpose-built, designed and laid out to support and promote accessibility. The inspector saw that the premises was well-maintained, visibly clean, spacious and provided residents with a safe and comfortable home. The provider had a system in place for identifying and addressing any maintenance issues that arose. For example, a recent provider-led audit did identify some areas of improvement such as painting and an action plan was put in place to address this. The inspector saw that residents were provided with any equipment they needed such as height adjustable beds, pressure relieving mattresses and ceiling

based hoists. The latter were labelled as inspected and serviced at the appropriate intervals. However, a scales for weighing dependent residents had been sent for calibration in August 2024 and had not yet returned. There was no evidence that this impacted on staff ability to monitor resident wellbeing. The CNM1 described for example how staff could calculate body mass index (BMI) and a scales was available on the main campus. However, the service manager committed to follow up on and prioritise the return of the scales to the centre.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had particular nutritional requirements. Dietary plans in response to these requirements and risks such as for choking were included in the personal plan. The practice observed confirmed that staff were aware of these risks and plans including the safe eating and drinking plans. These plans were devised following SALT review and were reviewed as needed. The inspector saw that the meals prepared were properly and safely prepared, cooked and served in line with the SALT guidelines. The inspector saw that a resident was provided with support and assistance that was dignified and unhurried. The inspector noted how meals and refreshments were provided at times suited to residents as a resident made their way to the dining room to enjoy a late breakfast. The CNM1 described how the meals provided were based on the preferences and choices of the residents. For example, one resident had a preference for a white sauce with their dinner and the CNM1 said that this was always prepared for them.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place for the assessment, management and ongoing review of risk. This was evident from resident specific risk assessments seen by the inspector and other records seen. For example, the provider-led reviews reviewed the management of incidents that had occurred and the record of MDT meetings confirmed that reviews were convened in response to incidents. Controls to keep residents safe from harm and injury included safe eating and drinking plans, positive behaviour support plans, manual handling plans and fall prevention plans.

The CNM1 showed the inspector the application on the work mobile phone where staff were required to log each day, evidence to support the roadworthiness of the service vehicle such as the integrity of the tyres and seatbelts and, any matters that

required attention. There was a centralised function for monitoring and following up on these matters.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had many effective fire safety systems in place including fire detection and containment arrangements and emergency lighting. There was documentary evidence in place that these systems were inspected and tested every quarter. Fire action notices and floor plans showing the available escape routes were prominently displayed. The inspector saw that these routes and exits were clear and unobstructed. The evacuation procedure and the personal emergency evacuation plans for four residents provided for the evacuation of these residents in their beds if they were in bed via the doors that had been installed in their bedrooms. This supported better evacuation times and meant that residents did not have to be physically moved by staff or hoisted from their bed to a chair or onto an evacuation device. However, the inspector noted that the hard surface areas outside these doors to the rear of the building was limited and meant that while residents could be evacuated from the building they remained in close proximity to the building and not necessarily in a safe location in the event of fire. The available hard surfaces did not allow for the beds to be moved further away from the building or for the residents in their beds to be brought to the current assembly point or to the shelter which were both located to the front of the building. In summary, the absence of adequate external escape routes compromised the providers evacuation procedure as adequate external means of escape were not provided for safe evacuation of the premise from the rear external areas. The evacuation procedure and the facilities required review and risk assessment by a competent person so that the provider could follow best practice and be assured that; the fire assembly point was accessible to all residents, large enough for everyone to gather, was far enough away from the building to be safe from the dangers of smoke inhalation, heat, falling debris and the possible collapse of the building.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of residents was completed and individualised personal plans were developed based on the assessed needs of each resident. The inspector reviewed one resident's personal plan. The plan was person-centred and reflected the knowledge the staff team had of the holistic needs of the resident. Family and residents were invited to participate and input into the development of the plan and staff sought to maximise the



participation of each resident in their plan. Each resident had a keyworker and co-keyworker. The inspector saw records where the resident was spoken with about their care and support needs and staff recorded how the resident engaged and responded. There was documentary evidence of regular MDT input and plans were reviewed and updated as needed. The resident's personal goals had been agreed at the most recent annual planning meeting and staff maintained a record of how these goals were progressing and any obstacles that arose to their achievement such as ill-health.

Judgment: Compliant

### Regulation 6: Health care

Residents had healthcare needs. Arrangements were in place for consistently assessing these needs and ensuring residents maintained and enjoyed good health. This was evident from speaking with the CNM1, from the practice observed and records seen. The CNM1 described how nursing staff consistently monitored and assessed resident wellbeing and sought clinical advice and review as needed for the residents. Records of referrals and reviews, admissions and discharges were maintained in the healthcare folder. This included consultations and reviews by the general practitioner (GP), psychiatry, psychology, speech and language therapy, occupational therapy, dental care, chiropody and hospital referrals. Staff had comprehensive plans to guide the care that was needed and daily monitoring tools were used to record and monitor the effectiveness of that care. Evidence based assessment tools were also used to assess for example the risk for falls and the risk for developing damage to skin integrity. The care and interventions observed by the inspector such as in relation to falls prevention, safe eating and drinking and, the provision of aids and appliances were as set out in the plans and the associated risk assessments.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Arrangements were in place to support residents to understand and better manage behaviour that impacted on their own wellbeing and potentially on their peers. Staff had completed training including training in de-escalation and intervention techniques. Residents had support from psychology, psychiatry and the clinical nurse specialist in positive behaviour support. Staff had access to a positive behaviour support plan that identified the most likely triggers for behaviour and the interventions to be used in response. These interventions sought to provide the resident with the assurance that they needed and to support them to better communicate how they were feeling. Staff showed the inspector these interventions



and described how they used them to explain plans, routines and to help the resident to manage difficult transitions such as the absence of family following a visit. The MDT reviewed and monitored the effectiveness of the behaviour support plan. Staff said that the interventions were effective.

The provider could objectively rationalise on the basis of managing risk and responding to clinical needs the need for the restrictions in place. There was no evidence that these restrictions impacted on resident choice or quality of life. There were procedures for reviewing and sanctioning the ongoing use of restrictions and evidence of the use of alternatives.

Judgment: Compliant

### Regulation 8: Protection

The provider had measures in place to safeguard residents from harm and abuse. These measures included safeguarding training for all staff, policy to guide staff on recognising and reporting any suspected or alleged abuse and, intimate and personal care plans for residents. Safeguarding was discussed at the staff team meetings. Staff discussed safeguarding with residents as they sought to increase their awareness and understanding of self-care and protection. Staff spoken with knew who the designated safeguarding officer was and described the procedure for reporting incidents including safeguarding incidents.

Judgment: Compliant

### Regulation 9: Residents' rights

This centre presented as a centre where the individuality and rights of residents were respected and promoted. This was evident from the way in which staff spoke of residents and to residents, the care observed and records seen such as the personal plan. Residents were consulted with each week in relation to the general operation of the centre and matters such as upcoming events that residents might like to attend were discussed. Staff used tools such as social stories to consult with residents so that they had input into decisions about their support and care. For example, in relation to vaccination programmes and the need for safeguarding plans. Staff recorded how residents communicated their agreement such as nodding their head. Residents could visit the local church, watch and listen to services broadcast from the church if this was important to them. The CNM1 described how residents were given choice and made their choices such as what clothes they wished to wear. The cleanliness of the house, the effort staff had made to decorate the house for Halloween and the attention to detail for example during mealtimes

and when returning personal laundry reflected the respect the staff team had for the residents .

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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 M OSV-0003938

Inspection ID: MON-0044540

Date of inspection: 30/10/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The hard surface has been extended to allow for the residents in their beds to be brought to the current assembly point and/or to the shelter which are both located to the front of the building. The providers evacuation procedure has been updated to reflect this change.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	02/12/2024