



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

Name of designated centre:	St. Vincent's Residential Services Group N
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	29 January 2019
Centre ID:	OSV-0003172
Fieldwork ID:	MON-0022511

About the designated centre

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

The designated centre is located on the outskirts of Limerick city adjacent to a small town. The services provided are to female and male adult residents who have severe / profound intellectual disability, autism, cerebral palsy and complex physical disabilities. The designated centre, a bungalow, is comprised of 6 individual bedrooms, a kitchen and utility room, dining room, sitting room, a quiet room, a bathroom, a shower room, a residents' toilet, a laundry and sluice room. There is also a staff office and staff toilet. The building has an enclosed garden and storage shed to the rear and car parking to the front.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

To prepare for this inspection the inspector or 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
29 January 2019	08:30hrs to 16:00hrs	Michael O'Sullivan	Lead

Views of people who use the service

The inspector met with all six residents on the day of inspection. Not all residents could verbally communicate, however, it was evident that residents appeared happy and comfortable with the staff in attendance and their surroundings. Two residents did articulate that they enjoyed going to activity and skills training. One resident was proud of their achievement in art while a former resident who helped the household with chores spoke with great pride of representing Ireland in the upcoming Olympics. Questionnaires returned by residents and family members indicated very high levels of satisfaction.

Capacity and capability

On the day of inspection, the inspector observed all staff interaction with residents to be respectful, gentle and unhurried. Staff on duty had significant experience of dealing with each resident. There was evidence that the residents received a very high standard of care in an environment that fostered independence and happiness. All residents had a designated social role that gave them a meaningful identity within the centre. All staff demonstrated the skills and desire to normalise the most complex needs of residents. The inspector witnessed a service that was highly evolved and proactive to resident's needs and wishes.

The person in charge was employed in a full-time position with responsibility for two other designated centres. The majority of the working week was spent within this designated centre. The person in charge had over seventeen years nursing experience and had undertaken accredited management qualifications. The person in charge received direct support and supervision from a clinical nurse manager 3. The person in charge provided direct supervision to both nursing staff and care support workers. A clinical nurse manager 1 worked opposite the person in charge ensuring continuity of care. It was clear to the inspector that all managers were consistent in their approach to maintaining high standards of care and to promote the independence of residents through a person centred focus. The staff skill mix and ratio in place on the day of inspection was appropriate to the residents' nursing and care needs. The designated centre facilitated the placement of undergraduate nurses who were observed to be comfortable and well supported by staff in their learning placement.

There was evidence that there was an effective governance and management structure in place, ensuring a high quality of care and support to resident's as well as the provision of a very safe service. This structure was clearly defined and close links were maintained between the persons participating in management and all

staff. There was a system of staff induction, supervision and appraisal in place. Reduced attendance at staff meetings had been addressed by facilitating meetings within the designated centre and senior nurse management taking an active role in improving communication across the team. Governance systems demonstrated oversight of incidents, notifications and restrictive practices. An unannounced visit and report, as well as an annual review commissioned by the provider, were available to the inspector. These evidenced inclusion of the residents, staff and families. Families were consulted on all aspects of residents' care. Each staff member had a defined role in addition to their job description, which included responsibility for advocacy, development of residents' social role and fire and safety. Staff that the inspector met with were happy that any concerns they had previously raised were effectively and immediately addressed by management. The previous inspection had identified that residents who were referred to psychology for bereavement support, had significant waiting times. Staff had since undertaken bereavement support training and had provided this service to residents, which eliminated the need for psychology intervention. This development was welcomed by the residents as more appropriate and relevant to their needs in grieving for deceased family members and friends they had shared the designated centre with. Art and craft works, as well as photographs of loved ones were on the display, demonstrating the work undertaken in relation to bereavement support.

All staff were in receipt of mandatory training in fire safety, managing behaviours that challenge and safeguarding vulnerable persons. Staff records reflected training in children's first, manual handling, infection control, basic life support and safe food preparation.

The statement of purpose reflected the services and facilities provided at the designated centre and the current floor plans and drawings were correct. The statement of purpose was subject to regular review and the inspector noted the installation of fire exit doors in two bedrooms to assist fire evacuation. Minor information details / amendments were requested by the inspector to be provided as part of the application to renew registration process.

The designated centre had a directory of residents maintained as per Schedule 3 requirements.

Notification of restrictive practices in place within the designated centre had been notified to the authority within the 3 day time frame. Quarterly reports were submitted to the Authority and all restrictive practices were subject to review and at the least level of restriction. There was evidence that complaints were well logged and recorded. The current complaints log book had no complaints recorded. Some families had taken the opportunity to compliment the service when replying to communications in relation to aspects of resident care and these were filed within individual care folders. The complaints procedure and appeals procedure were displayed on the centres notice board. Grounds for appeal and the process to make contact with both a confidential recipient and an independent advocate were also displayed. An easy to read format was available to the residents and was the subject of discussion at regular advocacy meetings.

Registration Regulation 5: Application for registration or renewal of registration

The provider had an up to date statement of purpose with current floor plans and fire evacuation procedures. The inspector was assured that the provider would nominate persons participating in management (PPIM's) that met the criteria for the role as well as include the current registration conditions applied to the designated centre, when making application for renewal.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider ensured that a suitably qualified and experienced person in charge was employed in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the required number of qualified and skilled staff were employed based on the assessed needs of the residents, the statement of purpose and the size of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff were in receipt of appropriate training and that a system of supervision was in place for all staff.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was well resourced to deliver an effective service and there were clear management structures in place for all areas of service provision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had agreed in writing with each resident, the terms on which the resident resided in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose that was subject to regular review and was available to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all incidents were notified to the Chief Inspector within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place an effective complaints procedure that was accessible to residents, as well as being in an easy to ready format.

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre to be warm, clean, homely and bright. The evidence available demonstrated a service of high quality where residents appeared very happy. Verbal feedback from some residents indicated that they enjoyed living in the centre and liked the activities and skills training opportunities they were afforded.

The provider and person in charge ensured all fire precautions in place were appropriate to safeguard all residents. Each resident had a fire risk assessment in place and a current personal emergency evacuation plan dated January 2019. Visual checks by staff were performed on fire exits and the fire alarm panel and recorded on a daily basis. All fire equipment, fire doors and emergency lighting was checked on a weekly basis. Fire extinguishers, fire blankets and fire hydrants were checked and certified annually by a registered contractor. Staff training records for fire safety were current and in date. A fire drill evacuation for four residents was conducted on 26th January 2019 in a time of 1 minute 50 seconds. Exit doors had been fitted to two bedrooms to improve and facilitate horizontal evacuation.

The inspector observed staff supporting residents in regard to options and food preferences. Residents main meals came from an on-site kitchen and smaller meals and snacks were prepared within the kitchen of the designated centre. Food was observed to be prepared and stored in hygienic conditions. Food available was both nutritious and wholesome. Staff assisted residents to attend for meals, assisted residents to eat and provided supervision to ensure resident safety. Each resident had the input and support of a clinical nurse specialist in nutrition.

Staff demonstrated good practices and standards of hygiene through proper hand washing technique and sepsis awareness. Standard precautions were in place to minimise the risk of healthcare infections and hand sanitisers and hand wash stationers were available throughout the centre.

Residents' individual care plans demonstrated a high standard of review and attention to detail. All plans were signed by family members, key workers, named nurses, nurse managers and residents where possible. The detail recorded was comprehensive, easily understood and information was easily retrievable. Significant multidisciplinary input to residents identified needs were well recorded. Detailed risk assessments supported the care planning process as well as the impact that such practices might have on all residents. The inspector found that a holistic view was taken on all elements of care planning so no aspect of the plan was done in isolation. For example nutritional planning regarding dietary intake was directly

linked to weight plotting, exercise plans, mobility enhancement and supports, risk assessment and restrictive practices. Care planning was underpinned by the residents attainment of goals, their happiness and their emotional wellbeing. Care planning was also driven by the residents own identity as well as the identity of their social role which staff provided substantial support to. All community based activities undertaken by residents were recorded and tracked which allowed for a realistic appraisal of whether residents had a meaningful day. All residents accessed skills activation training on the campus and many spent periods of leave at home with their families. Residents regularly went on bus outings and social trips to the local town. Music, art therapy and film evenings were organised. Friends who were former residents visited the centre and these visits were reciprocated in turn. Residents were encouraged and supported to maintain friendships, especially with friends that they might have a possibility of transitioning to community dwellings with, in time.

The standard of medication management within the designated centre was of a good standard. All entries were clear, legible and accurate. All medication prescription sheets were audited weekly by the clinical nurse manager 1. Medications were properly secured and stored. Maximum doses were clearly recorded and adhered to. Staff undertook medication management training in response to identified training needs.

The provider had a comprehensive safety statement dated December 2018. The risk management policy had been subject to review and was due to be reviewed again in June 2019. Risk control measures were proportional to the risks identified and the impact on each resident was considered and reflected in personal care plans, healthcare plans and intimate care plans.

The provider had in place a clear admission process. all residents had undergone or were subject to a graduated transition process which was directly linked to their individual care plan. Feedback from families was sought and recorded. Each resident had a contract for services in place that was signed by themselves or their family member.

Each resident had a comprehensive healthcare plan in place where all necessary multidisciplinary input was well recorded and presented. Healthcare reflected a high level of quality nursing and care input.

Residents were encouraged and assisted to receive visitors to the designated centre as well as maintain relationships with family members. As well as having the privacy of a personalised bedroom, each resident had access to a relaxation / quiet room and a communal livingroom.

There was good evidence that residents general welfare was supported through off site occupation and recreation. Residents were linked to their community through art, music, shopping and swimming as well as to a meaningful social role. Activities and social outings were clearly recorded.

Each resident was facilitated to communicate through the use of posters, sign language, a communications passport and a choice's book specific to their ability.

Communication was in an accessible format and this was extended to personal evacuation plans. Residents had access to a communal television as well as individual television sets in their bedrooms. Residents indicated that they enjoyed listening to audio and watching visual devices.

Information for residents were evident in relation to rights, summary of services available, terms and conditions of residency, HIQA reports and the complaints procedure were available within the designated centre and on display.

Residents that required a positive behavioural support plan had signed their own plan. Each plan was subject to multidisciplinary review as well as that of the restrictive practice committee. The goal of maintaining the least restrictive condition and movement to normalising intervention was clearly demonstrated. Staff had all undertaken training to support residents in the provision of positive behavioural support. The person in charge had also ensured that each resident had in place an intimate care plan which was done on a 1:1 basis with staff and residents. Staff also ensured that residents had received training regarding self injurious behavioural and protection against peer abuse.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors. Questionnaires from family indicated a high degree of feeling welcomed when they visited.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that residents retained control over their personal possessions and finances where practical. Each resident had adequate space to store personal items and each bedroom demonstrated the personal input of the

resident regarding decor and layout.
Judgment: Compliant
Regulation 13: General welfare and development
The registered provider ensured that each resident had appropriate care and support based on their needs and wishes.
Judgment: Compliant
Regulation 17: Premises
The registered provider ensured that the designated centre was designed and laid out to meet the needs of the residents. The premises was in a good state of repair, clean and suitably decorated.
Judgment: Compliant
Regulation 18: Food and nutrition
The person in charge ensured that residents were in receipt of wholesome and nutritious food, that a menu and choice were available without restriction.
Judgment: Compliant
Regulation 20: Information for residents
The registered provider ensured that each resident had access to a residents' guide.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider ensured that there were systems in place within the

designated centre for the assessment, management and ongoing review of risk.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider and the person in charge ensured that procedures and practices in place protected residents from healthcare associated infections.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider ensured that there was an effective fire safety management system in place and adequate precautions taken to reduce the risk of fire.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The person in charge ensured that the designated centre had appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge ensured that the personal plan for each resident was comprehensive, appropriate and regularly reviewed and updated.
Judgment: Compliant
Regulation 6: Health care

The person in charge ensured that each resident had healthcare appropriate to the residents' needs and each resident was in receipt of the necessary support and care at the time of illness.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up to date knowledge and skills appropriate to their role, to respond to behaviour that challenges and assist residents to manage their own behaviours in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was supported by staff to develop the knowledge, self awareness, understanding and skills for their self care and self protection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

