



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

Name of designated centre:	SVC - CN
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	29 May 2018
Centre ID:	OSV-0003167
Fieldwork ID:	MON-0021749

About the designated centre

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

SVC-CN provides full-time residential care and support to adults with a disability. SVC-CN provides individualised care based on the principles of person-centredness and aims to facilitate a structured daily routine for residents with the support of their families and the participation of multi-disciplinary professionals to afford the resident a lifestyle compatible with their ability. SVC-CN is located within a campus setting in a residential area of a city and is close to local shops and other amenities such as cafes, public houses and a swimming pool. The centre comprises of two bungalows with seven bedrooms in each, with six bedrooms being single occupancy and the seventh shared by two residents. The two bungalows within the centre are of a similar design, with residents having access to an open plan communal area which incorporates both a lounge, kitchen and dining room areas. The open plan area also has direct access to a well maintained garden with seating areas. Each bungalow provides laundry facilities which can be accessed by residents with staff support. The bungalows both have two toilets as well as a communal bathroom with an additional toilet facility as well as an accessible walk-in shower and adapted bath. A further smaller sitting room is also provided in each bungalow which is used for quiet activities and to enable residents to meet their friends and family in private. Residents are supported by a staff team which comprises of nursing, care and domestic staff. During the day and evening, residents are supported by a minimum of three nursing and care staff in one bungalow and four in the other, although at times due to residents' needs, staffing levels may increase to four and five respectively. Nursing staff is available at all times during the day to meet residents' needs in each bungalow. At night time, residents are supported by one staff member who undertakes a waking night duty. In one bungalow this duty is undertaken by a nurse and in the other support is provided by one care staff. The provider also has arrangements in place to provide additional staff to meet the centre's needs at night if required, through the accessing of 'floating' staff available to all designated centres on the campus complex. In addition, the provider entity has arrangements to provide out of office hours and weekend management and nursing support when required.

The following information outlines some additional data on this centre.

Current registration end date:	02/12/2018
Number of residents on the date of inspection:	16

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 May 2018	09:45hrs to 17:35hrs	Stevan Orme	Lead
29 May 2018	09:45hrs to 17:30hrs	Michelle McDonnell	Support

Views of people who use the service

Inspectors had the opportunity to meet all sixteen residents who lived at SVC-CN during the inspection, although residents were unable to tell inspectors about the care and support they received at the centre. However, inspectors observed during the day, that residents appeared both relaxed and comfortable when at the centre and with supports provided by staff.

In addition, inspectors reviewed family questionnaires about the quality of the service provided at the centre. Families stated that they were happy and satisfied with all aspects of the centre and supports provided such as daily activities and the promotion of residents' rights. Inspectors also had the opportunity to meet a family member who was visiting the centre at the time of inspection, and they reiterated comments made in the questionnaires, that they felt their relative was both safe and happy at the centre.

Capacity and capability

Governance and management arrangements ensured that residents' received a good quality of care and support at the centre and were supported to achieve their personal goals, maintain relationships and have an active presence in the local community. Care and support provided to residents was monitored by the centre's management team and updated to reflect individuals' changing needs and to ensure they were kept safe and protected from harm. Inspectors found that the provider had put arrangements in place in response to the findings of the centre's last inspection which had led to a greater level of regulatory compliance and improved experiences for residents at the centre.

Following the last inspection, the provider had put measures in place to ensure that appropriate levels of staff were available at all times to support residents to achieve their personal goals and access activities of their choice. Staffing levels reflected supports as described in residents' personal plans and ensured that their day-to-day assessed needs were met. Staffing arrangements further ensured that residents were able to participate in both planned and ad hoc activities of their choice both at the centre and in the local community. Staffing levels were regularly monitored by the person in charge which ensured suitable supports were in place to promote continuity of care in meeting residents' assessed needs.

The provider ensured that staff knowledge was kept up-to-date and reflected current developments in health and social care practice, through their attendance at team meetings and access to regular training opportunities. Staff development

was further encouraged by the provider through annual performance reviews which identified additional training needs and supported staff's personal development goals. The provider further planned to support staff development and knowledge through the introduction of quarterly one-to-one supervision meetings between individual staff and the person in charge. Throughout the inspection, staff were knowledgeable on all aspects of the service provided and spoke with confidence about how they supported residents' needs and about the centre's day-to-day operations.

Following the last inspection, improvements had been made to monitoring and auditing arrangements at the centre. All aspects of the centre's operations were subject to regular review with the findings shared with both the centre's staff team and the provider's management team. Inspectors found that where areas for improvement had been identified these had been addressed in a timely manner which ensured that residents received a good standard of care and support. Furthermore, the provider ensured that arrangements for the management and effective response to adverse incidents such as accidents and emergencies were in place. Accident and incident reports completed by staff were reviewed by the management team to assess the effectiveness of agreed responses and updated where required. Staff who spoke to inspectors were knowledgeable about arrangements for the management of risk at the centre, especially in relation to emergency situations such as fire, and had received regular training opportunities to ensure their practice was up-to-date and effective.

Regulation 14: Persons in charge

The person in charge actively participated in the governance and management of the centre and fully met the qualification requirements under the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements ensured that residents were supported in-line with their assessed needs, and facilitated to participate in activities of their choice and achieve their personal goals.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff received up-to-date training which reflected residents' needs, the organisation's policies and current developments in health and social care practices.

Judgment: Compliant

Regulation 21: Records

The provider's recruitment and selection arrangements ensured that staff were subject to national vetting arrangements and all documentation on their suitability for their posts were sourced prior to employment.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements ensured that practices at the centre were subject to regular review and monitoring, which ensured that residents were protected from harm and received a good quality of care.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had a written agreement with the provider which informed them and their representatives of the care and support they would receive when at the centre and any fees they would be charged by the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

Information was made aware to residents and their representatives on how to make a complaint and the provider ensured that received complaints were appropriately recorded and investigated.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required under the regulations were made available to staff by the provider. Although not all required policies had been subject to review as prescribed under the regulations to ensure they reflected up-to-date developments in health and social care practices.

Judgment: Substantially compliant

Quality and safety

Throughout the inspection, residents appeared both happy and comfortable with the care and support they received at the centre. Governance and management arrangements further ensured that the centre's operations were effectively monitored and residents received a good quality of care in-line with their assessed needs. However, although the provider had made improvements to personal planning arrangements since the last inspection, further actions was required to bring this area of support into full compliance.

Residents were supported to access a range of activities both on the campus' grounds such as day services and in the local community. Activities reflected residents' assessed needs and personal interests such as going for walks, visiting local public houses and cafés and enjoying trips to places of interest. The development and maintenance of family relationships was also actively supported at the centre, with residents' representatives having a regular presence at the centre.

Residents were encouraged to participate in decision making about the running of the centre and attended regular house meetings which discussed weekly menus and planned social activities. Although residents were not able to verbalise their choices to staff, supports were in place to enable them to express their needs in a manner

of their choosing and subject to their abilities. Staff were knowledgeable on communication methods and used a range of communication aids such as sign language, gestures and pictorial references to support residents to make daily choices. In addition, the provider ensured that residents were informed about both their rights and supports to be provided to them through the use of easy read and pictorial information such as personal plans and staffing rosters.

Residents' personal plans were comprehensive in nature and clearly guided staff on how to meet residents' needs. Following the last inspection, improvements had occurred to personal planning arrangements for residents. Improvements ensured that residents had up-to-date needs assessments which were reflected in associated support plans, staff knowledge and observed practices. The provider also ensured that residents were informed about the supports they would receive to meet their assessed needs through the development and availability of accessible personal plans. Personal planning arrangements also ensured that any changes to residents' support needs were updated in their personal plans which ensured continuity of care and updated staff knowledge. However, although personal plans were subject to regular monitoring to ensure their currency, inspectors found that the provider had not put measures in place to annually review the effectiveness of personal plans which would include the involvement of the resident, their representatives and associated multi-disciplinary professionals. Furthermore, although residents were supported to achieve agreed personal goals, associated documentation did not provide sufficient detail to assess whether provided supports were effective and if goals had been achieved within set time frames.

Inspectors found that improvements had been introduced following the last inspection which further ensured that residents were protected from harm. Risk management arrangements ensured all identified risks were assessed and measures implemented to reduce their reoccurrence and any negative impact on residents. Risk assessments were subject to regular reviews into their effectiveness with outcomes and proposed revisions discussed at team meetings to ensure the currency of staff knowledge. Where residents had identified risks which related to challenging behaviour or safeguarding concerns, the provider's management arrangements were responsive in nature and reflected current practice developments in health and social care. In addition, the provider had made improvements to arrangements for the monitoring of the use of restrictive practices at the centre. Arrangements put in place since the last inspection, ensured that the least restrictive practices were used to support residents and they were subject to regular review into their continued use and effectiveness.

The centre's premises were well maintained and following the last inspection, the provider had ensured that improvements had been made to the decoration of both bungalows within the centre. Inspectors observed that residents' bedrooms and communal facilities were in a good state of repair and decoration, with residents' bedrooms reflecting their individual preferences and assessed needs. Throughout the inspection, residents were able to access all parts of the centre's premises and equipment was provided to meet their assessed needs such as mobility aids. Not at all residents at the centre had their own bedroom, however, the provider had

measures in place to ensure residents' privacy was maintained and protected at all times, and decoration in shared rooms reflected the individuality of both residents.

Regulation 12: Personal possessions

The provider had robust arrangements in place to both safeguard and support residents with the management of their personal finances at the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs, leisure interests and assisted them to achieve their personal goals.

Judgment: Compliant

Regulation 17: Premises

The centre's design and layout of the centre ensured that all areas were accessible to residents and met their assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

Residents and their representatives were made aware of the services and facilities provided through access to the centre's resident's guide.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were effectively identified and

implemented control measures ensured that residents were protected from harm.
Judgment: Compliant
Regulation 28: Fire precautions
Suitable fire safety equipment and arrangements were in place at the centre to ensure that residents were safe and could be effectively evacuated in the event of a fire or emergency.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The provider's medication practices ensured that medication was securely stored and administered by suitably qualified staff.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The provider entity ensured that residents had an up-to-date assessment of needs and associated support plans. However, the provider had not ensured that arrangements were in place to review the effectiveness of the plan in meeting residents' assessed needs annually.
Judgment: Substantially compliant
Regulation 7: Positive behavioural support
The provider ensured that multi-disciplinary supports were in place to assist residents' with challenging behaviour needs and staff had access to up-to-date training in positive behaviour management.
Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place which safeguarded residents from abuse and included clear reporting arrangements and access to up-to-date training for staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported in-line with their assessed needs and preferred method of communication to make decisions about the running of the centre and information was made available to inform them about their rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC - CN OSV-0003167

Inspection ID: MON-0021749

Date of inspection: 29/05/2018

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies and procedures under schedule 5 of the regulations will be reviewed and updated by their authors by the 30/11/18. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC will set up a system in the Designated Centre to ensure that each resident's personal plan will be reviewed at an MDT meeting annually or more frequent if required. All residents and their representatives will be supported by the PIC and staff team to attend scheduled annual MDT meetings and reviews if that is their preference. The minutes of MDT review will clearly document name of the person(s) responsible for following up on goals/actions identified and time frame for completion. 	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/18
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/12/18
Regulation	The person in	Substantially	Yellow	30/12/18

05(6)(b)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures 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.	Compliant		
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/12/18
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those	Substantially Compliant	Yellow	30/12/18

	responsible for pursuing objectives in the plan within agreed timescales.			
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