



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

Name of designated centre:	SVC - AG
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:	05 June 2018
Centre ID:	OSV-0004021
Fieldwork ID:	MON-0021314

About the designated centre

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

SVC-AG provides full-time residential care and support to adults with a disability. SVC-AG provides individualised care to residents based on their assessment of need, with the aim that each resident experiences security, self-worth and self-fulfilment in a culture that promotes individuality and quality of care. SVC-AG 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 three bungalows. Two of the bungalows have six bedrooms, with five being single occupancy and the sixth shared by two residents. The third bungalow has seven bedrooms with all seven being single occupancy in nature. The communal facilities in each bungalow are of a similar layout with residents having access to an open plan communal area which incorporates lounge, kitchen and dining room facilities. The open plan area in two of the bungalows also provides direct access to rear gardens with covered seating areas. The third bungalow does not have a rear garden, although a front garden is provided again with a covered seating area for residents to use. Each bungalow has 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 provided in each bungalow to enable residents to meet their friends and family in private. Residents are supported in each bungalow by a staff team which comprises of nursing, care and domestic staff. During the day and evening, residents in each bungalow are supported with their assessed needs by a minimum of three staff, with includes at least one nurse being available at all times. At night time, residents are supported by a nurse in each bungalow, with additional staff being available when required through the provider's allocation of 'floating' staff across the campus complex. In addition, the provider has arrangements in place to provide out of office hours and weekend management and nursing support when required by staff and residents.

The following information outlines some additional data on this centre.

Current registration end date:	01/11/2018
Number of residents on the date of inspection:	20

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
05 June 2018	09:10hrs to 17:15hrs	Stevan Orme	Lead
05 June 2018	09:10hrs to 17:00hrs	Michelle McDonnell	Support

Views of people who use the service

Inspectors had the opportunity to meet seventeen residents who lived at SVC-AG 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 when receiving support from staff.

In addition, inspectors reviewed completed 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.

Capacity and capability

The provider had clear management arrangements in place at the centre and governance practices ensured that care and support provided to residents was subject to regular review which ensured it met their assessed needs and was of a good standard. Inspectors found that following the centre's last inspection, the provider had addressed all previously identified non-compliant areas which had resulted in improved experiences for residents.

The provider ensured an appropriate skill mix and level of staff was available at all times to support residents' assessed needs and to facilitate them to participate in both planned and ad hoc social activities. Following the last inspection, the provider had reviewed night-time support arrangements to ensure their effectiveness in meeting residents' needs. Inspectors found that the provider, following the review, had assigned a qualified nurse to each of the centre's bungalows at night. Furthermore additional support was available if required through the utilisation of 'floating' staff provided both at the centre and across the campus complex. The provider's staff arrangements further ensured that in the event of an unplanned staff absence, suitably qualified and familiar staff were available to the centre to ensure a continuity of care for residents.

The provider had effective training arrangements in place which ensured that staff knowledge was kept up-to-date and reflected current developments in health and social care practice. In addition, staff were made aware of changes in the day-to-day operation of the centre and revisions to the provider's practices through their attendance at regular team meetings chaired by the person in charge. Staff knowledge and development was further supported through staff participation in annual performance reviews which identified any additional training required to

meet their roles and set personal development goals for the year. Staff, who spoke with inspectors, were knowledgeable about residents' assessed needs and agreed supports as well as the operational management of the centre.

The provider and person in charge completed a range of management audits into the centre's operations to ensure their effectiveness, with the audits' findings being used to revise practices at the centre to improve the effectiveness and quality of care provided. The outcomes of completed audits and subsequent practice changes were shared with staff and ensured a consistency of approach. Furthermore, audit findings were analysed by senior management as part of unannounced provider audits and annual reviews of the service which assessed the centre's compliance both the regulations and provider's organisational policies. Where audits identified areas for improvement such as communication supports for residents and premises' decoration these were addressed in a responsive and timely manner and reflected both staff knowledge and practices at the centre. Furthermore, the provider had effective arrangements in place for the management of adverse incidents at the centre such as accidents and emergencies. Accident and incident reports completed by staff were reviewed by the management team to assess the effectiveness of agreed responses and updated where required. Governance and training arrangements ensured that staff who spoke with inspectors were confident on how risks were managed at the centre and how to respond in an emergency situation.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation required for the renewal of designated centre's registration was submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time, actively involved in the governance of the centre and met the experience and qualification requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staffing arrangements were in place at

the centre to meet residents' assessed needs and enabled them to participate in activities of their choice and achieve their personal goals.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had arrangements in place which 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 and all documentation on their suitability for employment was sourced in accordance with the regulations.

Judgment: Compliant

Regulation 23: Governance and management

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

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 provided to residents and their representatives on the provider's complaints' policy and received complaints were appropriately investigated and outcomes recorded; including the complainant's satisfaction with outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider's policies and procedures were available to staff at the centre. However, not all policies had been subject to review as prescribed under the regulations to ensure they reflected current developments in health and social care practice.

Judgment: Substantially compliant

Quality and safety

Governance and management arrangements at the centre ensured that residents received good quality of care which met their assessed needs and they were protected from harm. The provider had ensured in response to the findings of the previous inspection, that all identified actions had been fully addressed, although inspectors found further action in areas such as residents' personal planning and fire safety was required to bring these areas of support into full compliance with the regulations.

Inspectors found that arrangements in place at the centre ensured that resources were available to support residents to access and participate in a range of activities which reflected their needs. Residents accessed activities both on the campus' grounds and in the local community and surrounding areas. Residents attended day services within the campus on a full and part-time basis as well as going on walks accessing the local facilities such as the cinema, library and hairdressers, and attending religious services. The provider further ensured that staffing arrangements were available to facilitate other planned activities such as going to music concerts and local events such as garden shows. Residents were supported to maintain links with family and friends, with families regularly visiting their relatives and attending social events at the campus.

Residents participated in decision making about the running of the centre through

their attendance at regular house meetings in each of the bungalows. Although residents were not able to verbalise their choices to staff, supports were in place which enabled them to express their opinions in a manner of their choosing. Staff were knowledgeable on individual resident's communication methods and supported them through sign language, interpretation of gestures and pictorial references to make decision about meals and social activities they wished to participate in. The provider further ensured that easy read and accessible information was available to residents throughout the centre about their personal rights and how their needs would be supported by staff.

The centre's premises were well maintained and decorated to a good standard by the provider. Following the last inspection, the provider had made renovations to the bungalows to further ensure that its design and layout was fully accessible to residents through the widening of doorways and introduction of automatic doors to assist wheelchair users. Where residents allowed inspectors to see their bedrooms, they were decorated to a good standard and reflected their personal preferences and assessed needs. Not all residents at the centre had their own bedroom, however where residents shared bedrooms, the provider had measures in place to ensure personal privacy was protected at all times.

Residents' personal plans were up-to-date, comprehensive in nature and guided staff on how residents' assessed needs were to be met. Regular management audits ensured that personal plans were up-to-date and reflected multi-disciplinary professionals' recommendations. However, although regular reviews occurred on specific supports provided to residents such as in relation to medical conditions, the provider did not have arrangements in place to annually review the effectiveness of all aspects of the personal plans involving the participation of the resident, their representatives and associated multi-disciplinary professionals. Furthermore, although residents were supported to achieve their personal goals by staff, associated documentation did not provide sufficient detail to assess whether supports had enabled goals to be achieved within set time frames.

Inspectors found that where residents had been supported to move into the centre, the provider had ensured that robust support arrangements were in place. Detailed transitional plans had been developed in conjunction with residents' representatives and their previous care provider. Plans clearly guided staff on both the resident's assessed needs and the proposed process to settle the person into their new home. All stages of the resident's transition was subject to ongoing review by all concerned and measures ensured that the resident was resettled at their own pace, while taking into account the needs of existing residents at the centre.

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 any negative impact on residents. Risk assessments were subject to regular reviews into their effectiveness with any revisions discussed at team meetings to ensure staff knowledge was up-to-date. Staff had access to regular training to ensure risks were immediately identified and addressed such

as safeguarding of vulnerable adults and manual handling.

The provider had ensured that following the last inspection, improvements had been made to fire safety arrangements in place at the centre. Suitable fire detection and fighting equipment was in place and detailed emergency protocols were in place to guide staff on what to do in the event of a fire. Staff knowledge was kept up-to-date through training and arrangements for their participation in regular simulated fire drills. However, although inspectors were assured that residents could be safely evacuated from the centre in the event of a fire, the provider had not ensured through their monitoring arrangements that the effectiveness of fire evacuation arrangements was assessed in all circumstances such as maximum occupancy in each bungalow and following the transition of new residents to the centre.

Following the last inspection, the provider had made improvements to arrangements for the monitoring of restrictive practices used at the centre such as bed rails. Arrangements ensured that the least restrictive practices were used to support residents and a clear rationale was in place for their use. In addition, the provider ensured that practices were subject to regular multi-disciplinary review on their continued use and effectiveness.

Furthermore, the provider had reviewed the centre's medication administration practices since the last inspection to ensure it met both residents' needs and reflected current good practice. Inspectors found that improved practices had ensured that residents' medication was given as prescribed and effective arrangements were in place for the safe disposal of discontinued or out-of-date medication.

Regulation 13: General welfare and development

Residents were supported to engage in activities which reflected both their assessed needs and leisure interests and assisted them to achieve their personal goals.

Judgment: Compliant

Regulation 17: Premises

The centre's premises were well maintained and decorated, with the design and layout of each bungalow ensuring that they were fully accessible and met residents' assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management arrangements ensured that risks were effectively identified and reviewed regularly to ensure the effectiveness of implemented control measures to protect residents and staff from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that suitable fire safety arrangements were in place at the centre; however the effectiveness of the centre's fire evacuation plan under all circumstances had not been fully assessed and documented.

Judgment: Substantially 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 had arrangements in place which ensured that residents had up-to-date assessments of need and related support plans. However, the provider's arrangements had not ensured that a review into the effectiveness of the

personal plan to meet residents' assessed needs was completed annually.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to access health care professionals as and when required and in-line with their assessed needs. Health-related supports provided to residents were subject to regular review and reflected current multi-disciplinary professionals' recommendations.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where restrictive practices were used to support residents, the provider had arrangements in place which ensured they were subject to regular multi-disciplinary review, had clear rationales in place for their use and was the least restrictive practice available to meet residents' assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols and staff access to regular training to ensure their knowledge was in-line with current practice developments.

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 them about their rights.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
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	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC - AG OSV-0004021

Inspection ID: MON-0021314

Date of inspection: 05/06/2018

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
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All policies and procedures under schedule 5 of the regulations will be reviewed and updated by their authors by the 30th of November 2018.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC will ensure that all residents, including those who attend on a part time basis, will participate in fire drills as part of the fire plan for the designated centre.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

The PIC will set up a system in the designated centre to ensure that each resident's personal plan will be reviewed at MDT meetings annually, or more frequently if required. All residents and their representatives will be supported by the PIC and the staff team to attend scheduled MDT meetings and reviews if that is their preference. The minutes of MDT reviews will clearly document the name of the person(s) responsible for following up on goals/ actions identified and a 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 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	30 th August 2018
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 th November 2018
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	30 th December 2018

	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.			
Regulation 05(6)(b)	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 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.	Substantially Compliant	Yellow	30 th December 2018
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	Substantially Compliant	Yellow	30 th December 2018

	effectiveness of the plan.			
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 responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	30 th December 2018