



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

## Issued by the Chief Inspector

Name of designated centre:	Nova Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	31 October 2019
Centre ID:	OSV-0005091
Fieldwork ID:	MON-0022593

## About the designated centre

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

Nova Residential Services consists of two residential units, one dormer bungalow located in the countryside and a two-storey house located in an urban area. The centre provides residential care for a maximum of eight adult residents, with intellectual disabilities. All units of the centre are open overnight 365 days of the year and also on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the centre include kitchen/dining areas, sitting rooms and bathroom facilities. Staff support is provided by social care workers with care assistants providing relief cover.

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

Number of residents on the date of inspection:	4
--	---

## How we inspect

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 - 2015 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
31 October 2019	09:00hrs to 19:30hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

This designated centre was made up of two units, one of which was unoccupied on the day of inspection. Four residents lived in the remaining unit. While these residents were attending a day service elsewhere for most of the day, the inspector had an opportunity to meet two of these residents in their home after they returned to the centre. The inspector did not meet the other two residents as they went to visit their family before coming back to the centre.

The inspector had an opportunity to speak to the two residents in private while each showed the inspector their bedrooms. The first resident indicated that they liked living in the centre, liked their bedroom and liked living with the other residents. While speaking with the inspector, this resident also indicated that they felt safe in the centre and enjoyed listening to music, watching television and doing arts and crafts.

The second resident also spoke positively about living in this centre, about their bedroom, about the support they received from staff members and about living with the other residents. This resident talked about attending a gym which they enjoyed and showed the inspector a video of the gym that they attended.

Both of these residents then sat with the person in charge and the inspector in the kitchen area while the staff member on duty prepared a meal for the residents. A very sociable atmosphere was observed during this time where residents spoke about Halloween, watching movies, attending an upcoming show, one resident getting a new phone, family pets and a previous holiday to Disney World.

Both residents appeared very happy throughout the inspector's time in their home and seemed comfortable with both the staff member on duty and the person in charge. It was also revealed that both residents had attended Halloween parties earlier in the day. One of the residents had returned to the centre with treats and indicated that they would share them with staff and residents.

## Capacity and capability

Overall there was evidence found that systems were in place to support residents while they lived in this designated centre. It was noted though that some improvement was required in relation to some aspects of staffing and also to ensure that the intended group of residents for one unit of this centre was clearly set out in

the statement of purpose.

Last inspected in March 2019, this designated centre was made up of two units which combined could provide a home for up to eight residents. Since that time there had been some significant changes for the centre. One of the units at the time of this inspection was unoccupied as the individuals living there previously had moved to another designated centre. In addition, in the months leading up to the current inspection, a management change had been underway as part of internal restructuring carried out by the provider. As a result of this there was a new person in charge appointed along with a new senior manager. These management personnel officially took up their roles in the weeks leading up to this inspection.

The overall management changes were reflected in the centre's statement of purpose. This is an important governance document which forms the basis of a condition of registration and should set out key details in the relation to the services to be provided to residents. Upon reviewing this document it was seen though that the specific care and support needs, age range and gender of intended residents for the vacant unit of the centre were not set out. While the provider indicated that no potential residents had yet been identified to live in this unit going forward, the provider did intend to keep this unit as part of the designated centre. Details of the intended needs, age range and gender of future residents for this unit would need to be included in the statement of purpose to inform any registration renewal decision. It was noted though that the rest of the information required by the regulations was contained within the statement of purpose such as a description of the rooms in the centre and details of the staffing compliment.

There was evidence of some good staff arrangements in place to support residents in some areas. This included a continuity of staff support which is important in ensuring that residents receive a consistency of care while also preserving professional relationships. Systems were also used to ensure that any new staff were inducted into the centre in order to become familiar with residents. It was noted though that the staff arrangements in place sometimes led to goals identified by residents not being completed in a timely manner and the new management team was in the process of reviewing this. To ensure that staff were equipped with the necessary skills and knowledge to support residents, training in areas such as fist aid, medicines and manual handling were provided. It was noted that refresher training was overdue for some staff members.

During the inspection documentation relating to staff members working in the centre were reviewed. This included a sample of staff files which are important in showing that the provider had followed correct recruitment procedures. From this review such files contained the vast majority of the required information such as photo identification, evidence of qualifications, full employment histories and evidence of Garda Síochána (police) vetting which was dated within the past three years. It was noted though that one staff file did not include a reference from the staff member's most recent employer. However, included in the sample of staff files reviewed was evidence of recent formal supervisions carried out with staff by the new management.

Staff rosters were also reviewed and it was seen that clear actual staff rosters were not in place for the months leading up to this inspection. This is important to clearly show the identities of the staff working in the centre and the hours they worked. This had been identified by the new management team who had introduced a new system for completing rosters. Other documentation reviewed during this inspection included a complete directory of residents and the policies that the provider is required to have in place under the regulations. Such policies are important in order to direct care and the processes to be followed when supporting residents. It was seen that all of the required policies were in place but some of these had not been reviewed in over three years to ensure that they were up-to-date and reflected best practice.

There was evidence also available of the systems that the provider had in place for monitoring the services provided to residents. For example, the inspector read a report of the most recent provider unannounced visit carried out for this centre. An action plan was in place to respond to issues identified and it was seen that issues such as reviewing the staffing arrangements and carrying out a medicines audit were being followed up or had been done. An annual review of this centre for 2018 had also been conducted since the previous HIQA inspection. This was presented in an easy-to-read format and included consultation with residents and their families.

In addition, in the weeks before this inspection, the new management had ensured that a review of the unit where residents were residing had been carried out by a health and safety officer to review the fire safety in that unit. As had been identified during the March 2019 inspection, this health and safety review found that the fire containment measures in place required improvement. In light of this and concerns around the accessibility of this unit, the new management team indicated that it was their intention to close this unit and move residents elsewhere. The provider was in the process of exploring options but a definitive plan for this was not in place at the time of this inspection.

The newly appointed person in charge was already in a similar role for another designated centre. Given the recency of their appointment, the inspector was unable to make a judgement as to whether the remit of the person in charge was having a negative outcome for the current designated centre. However, the person in charge outlined their plans to maintain effective oversight of both centres they were responsible for and support was available from the senior manager in this regard. The remit of the person in charge would be reviewed on future inspections but it was noted that they had the necessary skills, experience and qualifications to perform the role.

## Regulation 14: Persons in charge

The person in charge had the necessary skills, qualifications and experience as required by the regulations. Their remit over a total of two designated centres would

be reviewed on future inspections.

Judgment: Compliant

### Regulation 15: Staffing

A continuity of staffing was in place to support residents but some aspects of the staffing arrangements required review to ensure residents achieved goals in a timely manner. Staff files were in place that contained the vast majority of the required information but one such file did not include a written reference from a staff member's most recent employer. Actual rosters worked in the centre had not been properly maintained for the months leading up to this inspection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Formal supervision had been recently taken place for staff members. Training was provided in areas such as fire safety, safeguarding, manual handling, first aid and medicines. It was noted that some staff members were overdue refresher training in some of these areas.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents was in place that contained all of the required information.

Judgment: Compliant

### Regulation 23: Governance and management

As required by the regulations, provider unannounced visits and annual reviews were being carried out as required. A clear management structure was in place to support the running of this designated centre. Since being put in place, the new management team had ensured that a medicines audit by an external pharmacist and a review by a health and safety officer had been carried out.



Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place that contained most of the required information and had been updated to reflect the recent management changes for this centre. It was noted though that the specific care and support needs, age range and gender of intended residents for the vacant unit of the centre was not set out in the statement of purpose.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

All of the required policies were in place but it was noted that some policies, such as the provision of behaviour support and visitors, had not been reviewed in over three years.

Judgment: Substantially compliant

## Quality and safety

Residents were supported in various areas while a very homely and warm environment was observed by the inspector when meeting residents. It was noted though that appropriate fire containment measures were not present throughout both units of the centre while one of these units did not promote accessibility. Risk management was also found to be an area in need of improvement.

Since the previous inspection one of the two units which made up this designated centre had become unoccupied. While the inspector visited this unit and found it to be generally well maintained, as no potential future residents had yet been identified for this unit, it was not possible to make a judgement on whether on the design and layout of this unit was suitable or not. The second unit of the centre was also visited. This was noted to be well presented and well-furnished while offering a very homely and warm feel. Two residents showed the inspector their bedrooms and indicated that they were happy with them. Sufficient storage was available for residents to store their belongings while facilities were in place for residents to receive visitors in private if they wished to do so.

While there were positive aspects regarding the premises of this unit, the previous

inspection had highlighted that it did not promote accessibility for a resident who used a wheelchair as they needed staff support to enter and exit the unit. This situation remained unchanged and during the current inspection, the inspector had an opportunity to observe this resident within the premises provided. While doing so it was seen that the resident had difficulty in moving through some doorways, for example from the kitchen into the hall that lead to the resident's bedroom. Consequently, staff support was needed if the resident wished to move to certain parts of the unit. It was also seen that the layout of the kitchen did not support the resident to access appliances independently thereby preventing the resident from having full use of the kitchen.

When visiting the two units that made up the designated centre, it was observed that fire doors were not present throughout both units. This had also been identified during the March 2019 inspection. Such doors are an important fire containment measure to prevent the spread of fire and smoke. It was seen though that other fire safety systems were in place in the two units. These included fire alarms, emergency lighting and fire extinguishers. Such equipment was being serviced at the required intervals by external contractors to ensure that they were in proper working order. Records reviewed indicated that all staff members had been provided with fire safety training while regular fire drills were being carried out to ensure that residents knew what to do the event of an evacuation being required.

While the premises and fire containment issues remained areas for improvement, it was noted that good levels of support were being provided to residents in other areas. The two residents met by the inspector appeared very happy and spoke of some of the things that they liked to do such as going to the gym, listening to music and doing arts. While some identified goals for residents did not take place in a timely manner, an upcoming show which the residents were due to attend was also discussed and the residents appeared to be looking forward to this. It was observed that these residents were very comfortable with the staff member on duty and the person in charge. This contributed to a very sociable atmosphere being observed on the day of inspection. It was also noted that residents were consulted in relation to the running of the designated centre and were informed in advance of the management changes for this centre.

Residents also indicated to the inspector that they felt safe living in the designated centre. Intimate care plans were in place for residents to guide staff practice in this area. Systems were in use to safeguarding residents' finance but these were found to require review to ensure that they adequately reduced the risks of residents suffering any potential financial abuse. For example, the inspector noted a number of receipts for resident transactions that were not signed while the total balances maintained in some residents' current accounts were in excess of the maximum amount permitted by the provider's own policies. However, the inspector did not observe any evidence that residents' finances were being misappropriated.

The provider also had processes in place in relation to risk management which were informed by a risk management policy. In accordance with this policy a risk register was maintained. However, from speaking to management, reviewing the risk register and reading records related to residents, it was clear that not all identified

risks were contained within this register. In addition, it found that a particular risk relating to a resident had been highlighted early in 2019 with requests made for review of the resident by specific allied health professionals. The same issue was also raised throughout 2019 but there was no evidence that this had been appropriately followed up. As such it was not demonstrated that a proactive approach to this risk had been followed and the risk in question had become more prominent in recent times although efforts were being made by staff in the centre to reduce any negative consequences.

### Regulation 11: Visits

In the occupied unit there were facilities for residents to receive visitors in private while one resident told the inspector that visitors came to see them.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had sufficient storage space to store their own personal belongings. It was noted though while reviewing one resident's personal plan that a list of the items they owned had not been updated to include all their possessions.

Judgment: Substantially compliant

### Regulation 17: Premises

One unit of the designated centre did not promote accessibility as assistance was needed from staff for a resident to enter and exit the unit, to access certain kitchen facilities and to move through some doorways of the unit.

Judgment: Not compliant

### Regulation 20: Information for residents

A residents' guide was in place that contained information such as the arrangements

for visits and the procedure respecting complaints.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
A proactive approach to an identified risk for one resident had not been followed. The risk register in place required updating to ensure that all risks were reflected in this register.
Judgment: Not compliant
<b>Regulation 28: Fire precautions</b>
Fire doors were not present throughout both units of the designated centre.
Judgment: Not compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Appropriate storage facilities and medicines documentation were in place. Since the previous inspection, assessments had been carried out to determine if residents could self-administer their own medicines.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
All residents had personal plans in place which were informed by relevant assessments. Such plans were subject to multidisciplinary input. Residents were involved in reviewing their plans and identifying goals but it was noted that some goals were not completed in a timely manner. Personal plans were not available in an easy-to-read format.
Judgment: Substantially compliant

## Regulation 8: Protection

All staff were provided with safeguarding training. Arrangements were in place to safeguard residents from various forms of abuse and as part of this residents had intimate care plans in place to guide staff practice in this area. The processes around residents' finances were not sufficiently robust to protect against the possibility of financial abuse.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents were seen to be treated respectfully and were consulted in relation to the running of the designated centre through weekly resident meetings.

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 - 2015 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Nova Residential Services OSV-0005091

Inspection ID: MON-0022593

Date of inspection: 31/10/2019

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• A review of staffing arrangements in relation to supporting residents will be undertaken to ensure residents achieve their goals in a timelier manner</li> <li>• HR will be informed of the identified staff file requiring a reference</li> <li>• Actual rosters have been implemented and will be maintained</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• Staff members that were overdue refresher training are now booked for in on this relevant training for the next available dates</li> </ul>	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose will be reviewed and updated to reflect the intended specific care and support needs, age, gender for the vacant unit within this designated centre.	



- A copy of this will be forwarded to the inspector.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- The identified policies are currently being reviewed

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- The identified residents' assets register has been updated to include all personal possessions

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The process of identifying a suitable wheelchair accessible premises is underway with a view to relocating

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The risk register has been updated to reflect the identified risks.
- The control measures in relation to the identified risk are currently under review

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• A submission has been made by the organisation to the HSE identifying the need for funding for fire doors to create a corridor to protect evacuation routes from the house</li> </ul>	
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> <ul style="list-style-type: none"> <li>• A review of all resident's goals will be undertaken to re-evaluate and S.M.A.R.T. the time frames</li> <li>• Personal plans will be provided in an easy-read format where applicable</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• The processes around the resident's finances have been reviewed and now provide the protection required against financial abuse</li> </ul>	

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/12/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/05/2020
Regulation 15(4)	The person in charge shall	Substantially Compliant	Yellow	31/12/2019

	ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/12/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2020
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the	Not Compliant	Orange	31/12/2019

	designated centre to ensure it is accessible to all.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/05/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/12/2019
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	31/07/2020
Regulation 05(5)	The person in charge shall make	Substantially Compliant	Yellow	31/03/2020

	the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.			
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	31/03/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2019