Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sylvan Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2021
Centre ID:	OSV-0001485
Fieldwork ID:	MON-0032306

About the designated centre

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

Sylvan Services provides both residential and respite services to nine male and female residents aged over 18 years with a diagnosis of intellectual disability. Residents have various degrees of support needs, ranging from minimum to high, which may include co-morbidity. Sylvan Services comprises two houses in residential settings on the outskirts of a city. The houses are centrally located and close to amenities such as shops, restaurants, public transport, pharmacists and churches. The houses are comfortably furnished, have gardens, and meet the needs of residents. All residents have their own bedrooms. Residents are supported by staff teams which include the person in charge, social care workers and care assistants. Staff are based in the centre whenever residents are present, including at night time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Thursday 10 June 2021	09:00hrs to 17:00hrs	Thelma O'Neill	Lead
Thursday 10 June 2021	09:00hrs to 17:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This designated centre consists of two houses which are located in Galway city. On the day of inspection, there were three residents living in one house and two residents in the other house. Due to COVID -19 restrictions, inspectors only visited one house where there were three residents residing on a full time basis.

Inspectors found there had been significant changes in this house since the last inspection. Two residents were discharged to other designated centres within Ability West Services, which were found to better meet their individual care and support needs. This action also had a positive effect on the remaining residents living in Sylvan Services and the delivery of care and support in the centre. Due to the Covid 19 pandemic, inspectors met with residents and staff while adhering to public health guidance, by using face masks and maintaining physical distancing.

On arrival at the centre, two of the residents had left to attend day services which included a trip to the cinema, but inspectors had an opportunity to meet with them on their return later in the day. They said they were happy in the centre and happy about the changes that had recently occurred.

One resident that remained at home was watching television in the sitting room and invited an inspector to spend time in her company. The inspector did so for a short period of time and in adherence to COVID- 19 guidance above. This lady communicated with the inspector using a blend of spoken works and Lámh signs. The inspector observed that there was a staff member available, who kept her distance but remained nearby if required. The resident stated that she felt happy when having ice cream, going for walks, going for visits and spending time in her room which she appeared proud of. She talked about the new staff rota and smiled when the inspector referred to the new sleep over roster. She also indicated that she missed a previous resident who had moved to another designated centre recently and put her head into her hands to demonstrate this, however she appeared pleased that she would have the opportunity to visit her soon.

Inspectors found there was significant improvements in regulatory compliance since the last inspection in October 2020. The residents and staff were happy living and working in the centre, and most of the previous restrictions had been removed. Staff told inspectors that the atmosphere in the centre was more relaxed, that residents and staff were no longer on high alert and that they were able to support residents to make choices about what they wanted to do on a daily basis. This was positive for the residents, as inspectors were told previously, activities had been cancelled at short notice or had to be changed because of the care and support needs of others. Residents rights were also promoted and they were supported to access independent advocacy services which were facilitated using an online communication platform.

There were three staff on duty on the day of inspection and they explained to the

inspectors that residents liked going to the cinema, walking in the park and having trips out on the bus. Inspectors observed residents being well supervised by staff and all of the residents were happy living in the centre.

Capacity and capability

This inspection was a follow-up risk inspection following a previous inspection in October 2020, where the inspector found that significant improvements in the quality and safety and governance and management of the centre was required. On that occasion, the risks identified mostly related to the incompatibility of residents living in the centre, which had negatively impacted on the rights of residents and poor compliance in the centre. On this inspection, inspectors found the provider had taken actions to address the significant risks in the centre and in particular, they had discharged two residents that were not suitably placed in the centre and reconfigured the service to meet the needs of the existing residents in Sylvan Service. The provider had also reviewed the overall governance and management of the centre, such as the role and responsibility of the person in charge, and had put in place additional on-call arrangements to support staff in the event of an emergency out of hours.

On this inspection, inspectors found significant improvements in the governance and management of this centre and the care and support needs of the residents. Thirteen regulations were reviewed and eleven were fully compliant and two were substantially compliant and only required some minor improvements.

The provider had reviewed its overall governance and management arrangements at the centre and in particular, the person in charge was now only managing one designated centre. She told inspectors that this allowed her to focus on the re-structuring of the service and supporting the discharges of two residents which had recently occurred in the centre. Due to the changes in her responsibilities, the person in charge said she was able to focus more closely on the residents in Sylvan Services and to ensure that their individual care and support needs were met. This was evidenced on this inspection.

The person in charge also told inspectors that the staffing arrangements in the centre had recently changed as a result of two residents being discharged to two other designated centres. As a result, she had completed a staffing needs analysis and found that there was no requirement for a waking night staff in the centre and that a sleepover staff would be adequate to meet the night supervision needs of the residents. This had occurred the week of the inspection and the person in charge and staff told inspectors that this new staffing arrangement was working well and was suitable for the existing residents in the centre. There had also been changes to the staff team, as the person in charge had taken measures to restructure the staffing arrangements to form a consistent staff team for Sylvan services. Since February 2021 the staff team had been supporting another designated centre with

1:1 staffing following the discharge of one of the residents from Sylvan. It was agreed the week of the inspection, that some of the staff was now permanently relocated to work in the other service, and the person in charge said this had a positive effect on the staffing resources in Sylvan services as it allowed for a consistent staff team in both centres.

There was a staff training record maintained in the centre, which detailed training programmes for staff as part of their continuous professional development programme. On review of the staff training all of the staff working in the centre had completed up-to-date refresher training.

The provider had a written statement of purpose that reflected the service and facilities provided in the designated centre and it has been updated recently. An electronic copy was submitted to HIQA post inspection.

The person in charge had submitted in writing to the Chief Inspector notifications as required under regulation 31. This was an action on the last inspection and had been addressed.

The registered provider had reviewed the management of complaints and ensured that complaints were managed in line with the organisation's policy and procedures and there was effective system in place to support residents or their families if they made an complaint.

Regulation 14: Persons in charge

The person in charge was responsible for managing one designated centre and demonstrated that she had the knowledge, skills and experience to lead the day-to-day operational oversight and management of the service.

Judgment: Compliant

Regulation 15: Staffing

There has been a recent change in the staffing arrangements following the discharge of two residents and move of some staff to another designated centre. The roster was changed to reflect the care and support needs of residents and the current staffing arrangements in the centre.This included a change from active night staff to a staff sleepover arrangement. There was also a protocol in place for on-call arrangements in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A training needs analysis was completed for the staff team and there was a training matrix in place that documented staff training. There was also evidence of staff trained as part of a professional training programme in positive behaviour support, moving and handling, fire safety, safeguarding and medication management.

Judgment: Compliant

Regulation 23: Governance and management

The provider had responded to the actions identified in the most recent inspection report. There were good governance structures in place with evidence of up-to-date annual review, a quality improvement plan and six monthly auditing activities.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose reflected the service and facilities provided in the designated centre and was updated to reflect the changes in the service provision in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted in writing to the Chief Inspector notifications as required under regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a nominated complaints officer in the service and a procedure for logging

complaints. Staff demonstrated knowledge of this process. There was evidence of efficient investigation and management of complaints and there was no active complaint at the time of the inspection.

Judgment: Compliant

Quality and safety

Inspectors found that significant improvements had occurred in the quality and safety of care provided to residents since the last inspection. Appropriate measures were taken to protect residents' rights and safety, and the provider had reconfigured the centre to better meet the care and support needs of residents. Inspectors found that residents in Sylvan Services were safe and their rights and dignity were maintained. Improvements had also occurred in the arrangements of staffing and the risks of an COVID-19 outbreak in the centre. However, some improvements were required in how the centre was identifying and managing residents medical needs and how they were documenting this in the their assessments of need. Similarly, the documentation around residents individual risks also required minor review.

Previous safeguarding risks in the centre were no longer a concern and residents told inspectors they felt safe and were happy living in the centre. In addition the person in charge had removed most of the restrictive practices previously in place to protect residents, such as locked doors, or locks on kitchen presses, and residents were now able to access food and utilities as desired independently. This was evident from the up-to-date log of restrictive practices in place.

Although individual assessments of needs had been completed for each resident, there were gaps identified in the documentation of two residents assessments of need in terms of their medical conditions. These became evident during the review of the intervention and support plans or risk assessments. For example, one resident was prescribed medication for a medical condition, but this was not documented in their assessment of need or support plan. Person centred planning meetings had taken place in relation to residents social activities or goals, but some of the goals were identified as 'ongoing' and without documented evidence of goals being achieved. These included keeping in touch with friends, visiting the library, video call with family and having a hotel break.

Individual risk assessments and a centre specific risk register was in place, with evidence of risks being reviewed and rated. However, some improvement was required in the recording of known risks in the centre, such as some of the residents individual health care risks. For example, the management of healthcare conditions. Therefore, the risks assessments did not fully reflect all of the risks being managed in the centre.

There was evidence of systems and procedures in place to prevent and manage

outbreaks of infection during Covid 19, such as the use of temperature checks, wearing of appropriate personal protective equipment (PPE), hand hygiene stations and Covid 19 symptom questionnaires. The person in charge had reviewed and updated the centre specific Covid 19 policy, an individual isolation plan for residents and a visitors plan which included a log of those that had visited the designated centre.

Inspectors also noticed that the renovations had commenced in the centre and the hallway was painted. The person in charge told inspectors that they had ordered a new kitchen for the house which was due to be installed in the near future.

Regulation 26: Risk management procedures

Registers of individual and centre specific risks were in place, with evidence of risks being reviewed and rated. However, some health care conditions, that posed a risk to the resident were not documented in residents' risk assessments. In addition, risks ratings were also not up to date and did not reflect some current risks in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There was evidence that systems and procedures were in place to prevent and manage outbreaks of COVID-19 infection such as temperature checks, wearing of appropriate PPE, hand hygiene stations and COVID-19 symptom questionnaires. The person in charge had reviewed and updated the centre specific COVID-19 policy, an individual isolation plan for residents and a visitors plan which included a log of those that had visited the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Although individual assessments of needs were completed for each resident, there were gaps in the assessments of healthcare needs, as some residents medical conditions were not identified. These became evident during review of the interventions and support plans.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents experiencing behaviours of concern were identified as incompatible for living together and have since been discharged to an alternative services. Consequently, there was a significant reduction in the number of restrictive practices used in the designated centre. This was evident from the up-to-date log of restrictive practices in place.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to protect residents in the centre and to ensure that they were safe.

Judgment: Compliant

Regulation 9: Residents' rights

Due to the changes in the service and the discharge of two residents recently, it was noted that residents' rights, to fairness, respect and autonomy were upheld. There was evidence of residents accessing independent advocacy services facilitated using an online communication platform.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 Sylvan Services OSV-0001485

Inspection ID: MON-0032306

Date of inspection: 10/06/2021

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge will review both residents individual risk assessments, to reflect and include current health care needs and associated risk ratings .The Person in Charge and the Person participating in Management will continually monitor and review individual log notes and incidents on the Quality Monitoring incidents system to identify and monitor any changes to resident's health care needs. This review has commenced, relevant appointments with medical practitioners of choice are arranged. The center Risk register will also be reviewed and updated accordingly. Following completion of all appointments the Centre risk assessments will include any additional identified healthcare needs of residents.	
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 Person in charge shall ensure that a full medical review of both residents will take place. Both residents will be supported to attend a medical practitioner of their choice. Following outcomes of healthcare checks of both residents, any issues that may arise, residents will be supported by the Sylvan staff team. A comprehensive review of the Assessments of Needs is currently underway, some appointments have been completed on the 14/07/2021.Resident was reviewed by the Multidisciplinary team on the 09/07/2021.	

The Person in Charge will complete an audit of current PCP goals and review their progression in line with residents' decisions and choices. This review process will also include discussion at monthly team meetings to commence on the 16/07/2021.

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 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.	Substantially Compliant	Yellow	16/08/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	09/08/2021