



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

Issued by the Chief Inspector

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| Name of designated centre: | Nova Residential Services |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Waterford |
| Type of inspection: | Unannounced |
| Date of inspection: | 04 November 2021 |
| Centre ID: | OSV-0005091 |
| Fieldwork ID: | MON-0032978 |

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 a rural location 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.

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| Number of residents on the date of inspection: | 4 |
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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 4 November 2021 | 09:00hrs to 17:20hrs | Lisa Redmond | Lead |

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met all four residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall the inspector found that improvements had made been since the previous inspection of the designated centre. There were plans to address accessibility issues in the residents' home and fire doors had been installed to provide effective containment in the event of a fire. However, staffing issues had not been addressed to ensure residents were supported in line with their assessed needs.

There were two houses in this designated centre. No residents lived in one of the designated centres houses. At the time of the inspection, there were no plans for any residents to move to this house. However, the premises was inspected as part of this inspection. In the second house, the inspector met with all four residents that lived there.

On arrival, residents welcomed the inspector to their home. The inspector sat with residents and explained the purpose of their visit. Residents showed the inspector around their home. Their home was a two-storey house located in a rural area. There was a large open plan kitchen and sitting room area with a television. A second sitting room area was also provided. Residents' bedrooms and communal areas were decorated with personal belongings including photographs. Residents showed the inspector photographs of their family, friends, holidays and their college graduation.

Residents spoke about the variety of activities they participated in, which included horse-riding, going to an accessible gym and walks. Residents had completed a quarter marathon during the summer and celebrated important birthdays. Staff and residents showed the inspector photographs of these events. Residents spoke about going to the cinema, and chatted to the inspector about a recent film they had seen. It was evident that residents had enjoyed this. On the day of the inspection, three residents had planned to go for a walk. Residents were offered a choice of where they would like to go for this walk. Staff members supported residents to get their coats and face masks before leaving.

However, staff and residents noted that participation in community activities only occurred during the week as there was only one staff on duty on the weekends. Staff members spoken with told the inspector that it was a challenge to support all four residents when a single staff member was on duty, particularly at weekends when residents wanted to go out and about in their local community. It was noted that staff members had raised this concern to management in the designated centre. This will be further discussed in the capacity and capability section of this

report.

One resident was supported to go on a visit home during the inspection. When the resident's family collected them, they spoke with the inspector and told them that the staff working in the centre were 'great'. It was evident from observations that residents were comfortable in the presence of staff members. Residents were observed laughing and joking with staff members throughout the inspection. It was also clear from speaking with staff members that they were aware of the assessed needs of residents, and how to support them.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

This designated centre was inspected by the Health Information and Quality Authority (HIQA) in March 2021. A high level of non-compliance was identified on this inspection. This designated centre had a restrictive condition attached to their registration. This meant that the registered provider needed to complete a number of actions to ensure they came into compliance with regulation 28 fire precautions and regulation 17 premises, to the satisfaction of the office of the chief inspector. This inspection, which was completed in November 2021, was carried out to identify if improvements had been made since the March 2021 inspection, and to identify if the registered provider had met the restrictive condition.

Overall, the inspector found that a number of improvements had been made since the March 2021 inspection. Fire doors had been installed to ensure effective containment in the event of a fire, and there was evidence that residents' rights were respected and promoted. However, it was identified that appropriate action had not been taken in line with the registered provider's compliance plan to ensure that there was a sufficient number of staff on duty.

One staff member was on duty at all times, with 21 additional support hours provided to residents each week. The additional support staff was usually provided over a seven hour period, three days each week. It was deemed that this staffing level was not appropriate in line with the assessed needs of the residents. For example, it was identified that one resident required two staff to use a mobility aid. One resident also required constant supervision while in the presence of other residents, however this was not always possible with the current staffing level. The registered provider had committed to completing a comprehensive assessment of residents' personal plans to identify their specific support needs, and the staffing required to meet these needs. Although this assessment had begun, it was not completed.

The person in charge had a schedule of audits which included an analysis of incidents occurring in the centre. These included medication errors, falls, accidents and incidents. There was also evidence that staff meetings were held where incidents were discussed for peer learning. Staff supervision records were not made available to the inspector despite numerous requests for this information.

Residents were supported to make complaints using the organisation's complaints process. It was identified however that there was no time-line outlining the length of time it should take for residents' complaints to be dealt with. A number of these complaints were being investigated by the complaints officer at the time of the inspection.

Regulation 15: Staffing

It was evident that staffing levels were not appropriate in line with the assessed needs of residents. Staff members spoken with told the inspector that it was a challenge to support all four residents when one staff member was on duty, particularly at weekends when residents wanted to go out and about in their local community. It was noted that staff members had raised this concern to management in the designated centre. The registered provider had committed to completing a comprehensive assessment of residents' personal plans to identify their specific support needs, and the staffing required to meet these needs. Although this assessment had begun, it had not yet been completed.

Judgment: Not compliant

Regulation 23: Governance and management

There was evidence of increased compliance with the regulations on this inspection. It was evident that appropriate measures had been taken by the registered provider, in line with the restrictive condition attached to the centre's registration. The registered provider was invited to apply to remove this restrictive condition.

However, some further improvements were still required. Staff supervision records were not provided to evidence that concerns raised by staff members were being appropriately addressed. Though it was acknowledged that a complaint by staff members about this issue was due to be investigated after the inspection had taken place.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An accessible complaints procedure was provided to residents. It was evident that residents were supported to use this process to ensure that their voice was heard, and that improvements could be made.

It was noted that no time-line was referenced in the accessible complaints procedure to outline the length of time it should take for residents' complaints to be dealt with.

Judgment: Substantially compliant

Quality and safety

The inspector found there was a good level of oversight of care delivery. Structures had been put in place to ensure residents would be supported in line with their assessed needs.

Residents living in the centre had a personal plan which outlined the supports they required. These included guidance on how staff members would support residents to achieve goals that were important to them. There was evidence of involvement of a wide range of health and social care professionals including occupational therapists and physiotherapists.

It was noted on the previous inspection in March 2021 that the residents' home did not promote accessibility in line with the assessed needs of one resident. A number of residents spoken with also told the inspector that they would like to live in an urban area where they would have better access to local amenities. It was evident that the registered provider was actively responding to this. The registered provider was trying to find a more suitable home for these residents, which would meet the accessibility needs of one resident, and also be located in an urban area. Despite their best efforts, the registered provider had not been able to find a suitable premises.

In the interim, an assessment of the suitability of the current premises and adaptations that could be made to promote the residents access and independence had been completed by an occupational therapist. Planned modifications were due to be carried out in the weeks after this inspection. These included the installation of a new back door, a kitchen work bench, changes to the bathroom area and an accessible garden. The resident's bedroom had an accessible desk that they could use, and they could safely access the kitchen table to have meals with those they lived with.

Emergency lighting, fire-fighting equipment and fire-resistant doors were evident on

the day of the inspection. Confirmation was received to verify that door handles and fixtures were of the appropriate fire safety standard. However daily fire checks were not always completed on a daily basis as prescribed.

A number of measures had been put in place to ensure that residents were protected against potential infection, in line with guidance on the management of COVID-19. All residents had received certification after completing a course about hand hygiene. A contingency plan had been developed to guide staff members on what to do in the event of an outbreak of COVID-19. This included the procedures to be enacted if a resident needed to self-isolate. However, the contingency plan did require review. It was evident that staff members were aware of relevant guidance, and that they had access to personal protective equipment (PPE).

Regulation 13: General welfare and development

Staff and residents told us that participation in community activities only occurred during the week as there was only one staff on duty on the weekends. It was evident that residents had less opportunities to engage in activities when one staff was rostered. Staff members did their best to provide in-house activities to residents on these days.

Judgment: Substantially compliant

Regulation 17: Premises

The provider was actively trying to locate a suitable premises for residents. It was acknowledged that this search had been challenging. In the interim, an assessment of the suitability of the current premises and changes that could be made to promote residents access and independence had been completed. Planned modifications were due to be carried out in the weeks after this inspection. The registered provider was listening to residents' views on what their new home would look like, including that it would be located in an urban area.

The house where no residents lived was clean and suitably decorated. It was noted that the environment would need to be assessed to ensure it would meet the needs of future residents, when potential residents were identified. There were no plans for any residents to move to this house.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Measures had been taken to ensure residents were protected against potential sources of infection, including COVID-19. This ensured that residents were protected from potential sources of infection. However the registered provider's contingency plan in the event of an outbreak of COVID-19 did require review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management systems were evident on the day of the inspection. This included emergency lighting, fire-fighting equipment and fire-resistant doors. Daily fire checks were not always being completed on a daily basis as required by the registered provider.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Support plans were developed with regular input from a variety of allied health and social care professionals including occupational therapists and physiotherapists.

Goals had been developed with residents in line with their choices and wishes. It was clearly evidenced how staff would support them to achieve their goals.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were involved in decisions about their care and support. This included what their new home would look like and where it would be located. Plans were in place to address the accessibility of the residents' current home as they awaited a suitable premises to be available.

Although staffing issues did impact on residents' rights, staff members had completed rights restrictions referrals which were sent to the organisation's human rights committee. It was evident that staff members advocated on behalf of residents to ensure their rights were upheld, and where they were restricted, that

plans were put in place to address this. This is actioned under regulation 15 staffing.

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 15: Staffing | Not compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Substantially compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Nova Residential Services OSV-0005091

Inspection ID: MON-0032978

Date of inspection: 04/11/2021

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 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. Comprehensive assessments and review of personal plans, which are underway, will be completed to ascertain the correct staffing levels required in line with the residents needs 2. Once completed a planning system will be put in place to facilitate the provision of additional staff at evenings and weekends to facilitate the residents choices around community activities as required. 3. The Provider will continue to ensure that that two staff are present at the times one resident requires support with her physio programme | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The Provider will ensure that staff supervision records are made available to Inspector during inspections 2. Records will be available to evidence that concerns raised by staff at supervision meetings are being addressed 3. A planning system will be put in place to facilitate the provision of additional staff at evenings and weekends to facilitate community activities in line with residents wishes as required. | |

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| Regulation 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. The "I'm not Happy" Complaints Policy is currently under review and timelines for resolution of complaints will be clearly identified | |
| Regulation 13: General welfare and development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ol style="list-style-type: none"> 1. Comprehensive assessments and review of personal plans, which are underway, will be completed to ascertain the correct staffing levels required in line with the residents needs 2. The Provider will continue to ensure that that two staff are present at the times one resident requires support with her physio programme 3. A system will be put in place to facilitate the provision of additional staff at evenings and weekends as required to meet the planned expressed wishes of residents in the designated centre | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The planned modifications, which were due to be carried out in the weeks after the inspection, have been completed 2. The provider will continue to seek a more suitable house closer to the town which will better meet the needs of the residents | |
| Regulation 27: Protection against infection | Substantially Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1. The contingency plan had been reviewed in August 2021 and will be reviewed in January in line with emerging public health guidelines.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. Staff have been reminded of the necessity to complete the daily fire checks as required.</p> | |

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 13(2)(b) | The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs. | Substantially Compliant | Yellow | 31/03/2022 |
| 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. | Not Compliant | Orange | 31/03/2022 |
| Regulation 17(6) | The registered provider shall ensure that the designated centre | Substantially Compliant | Yellow | 16/12/2021 |

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| | 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 designated centre to ensure it is accessible to all. | | | |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/03/2022 |
| Regulation 23(3)(b) | The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents. | Substantially Compliant | Yellow | 16/12/2021 |
| Regulation 27 | The registered provider shall ensure that residents who may | Substantially Compliant | Yellow | 31/01/2022 |

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| | be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | | | |
| Regulation 28(2)(b)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Substantially Compliant | Yellow | 16/12/2021 |
| 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 | 16/12/2021 |
| Regulation 34(2)(b) | The registered provider shall ensure that all complaints are investigated promptly. | Substantially Compliant | Yellow | 31/03/2022 |