



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

Issued by the Chief Inspector

Name of designated centre:	Shiven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	12 November 2020
Centre ID:	OSV-0007803
Fieldwork ID:	MON-0031091

About the designated centre

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

Shiven Services can provide a mix of full time residential and respite services to a maximum of 6 individuals of mixed gender who are over 18 years of age and have varying levels of intellectual disability. The service can support individuals with mobility issues who do not require specialised equipment and can support those with medical, mental health and/or sensory needs, those with complex needs and those who may require assistance with communication. The service can support individuals who require different levels of support in areas of everyday living including community activities, housekeeping, shopping, personal care and maintaining family contact. Shiven Services consists of one dwelling comprising two bungalows attached by a glass corridor both providing a combination of living and sleeping accommodation. The centre is spacious with large bedrooms and has two large sitting rooms, two kitchen/diners, an office and a staff sleepover room. An accessible garden with an outdoor dining space and raised beds is attached. The centre is located on the edge of a rural town and has good access to a wide range of facilities and amenities. Residents are supported by a staff team of a team leader, social care workers and care assistants. Staff are based in the centre when residents are present including at night.

The following information outlines some additional data on this centre.

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 12 November 2020	11:00hrs to 16:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with two of the four residents who received this service and both residents were happy to discuss their lives in the centre. These residents said that they were very happy living there. They said that they had good involvement in the community and described social and leisure activities that they took part in and enjoyed. They discussed projects and activities that they were involved in and showed some of their projects and achievements to the inspector. Residents told the inspector that they had no complaints, but that if they had they would tell staff and they were confident that they would be addressed. Both residents said that their bedrooms were comfortable and they spoke of how they had chosen and shopped for the décor and furnishings, such as beds, bed linen and colours for paintwork, before the centre opened.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

A clear management structure had been developed by the provider. There was a suitably qualified and experienced person in charge who was frequently present in the centre and who knew the residents and their support needs. There was a wide range of audits being carried out by the person in charge and staff to review the quality and safety of the service. These included audits of medication, residents' finances, personal outcomes, accidents and incidents, fire drills and complaints. The management team was aware of the requirement to undertake six-monthly audits of the service, but these had not yet been carried out as the centre was not six months in operation. Similarly, an annual review of the service was not yet due. Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included a directory of residents, service agreements, a risk register and fire safety records. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

There were sufficient staff on duty to support residents' assessed needs. Rosters confirmed that this was the normal staffing level. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred.

The provider had measures in place to ensure that staff were competent to carry

out their roles. Staff had received mandatory training such as fire safety and safeguarding, in addition to infection control training such as breaking the chain of infection and hand hygiene. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were informative and up to date.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the person in charge and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived, or received respite services, in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained. The sample of records viewed during the inspection were of good quality, were up to date, and were readily available to view as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Written agreements for the provision of service were in place for all residents. These agreements included the required information about the service to be provided.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service.

Residents received person centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's well-being was promoted at all times and that residents were kept safe.

Comprehensive assessments had been carried out for each resident, which included a range of information and guidance to ensure that arrangements were in place to meet the assessed needs of each resident. Formal planning meetings between residents, their families and staff had not taken place since the centre opened. As residents had recently transitioned to the centre, their current personal goals and support needs had already been planned in previous centres or in day service. Staff were working to achieve the goals that had been identified. Some further goals had also been identified based on residents' preferences, and having regard for current public health restrictions, and these were being progressed. During the inspection, it was evident that residents were involved in activities and projects that they were interested in and enjoyed, such as photography, computer skills, pampering sessions and creating a cookery book of their favourite recipes.

The centre suited the needs of residents. It was spacious, clean, comfortable, well decorated and suitably furnished. All residents had their own bedrooms. These rooms were decorated to residents' liking, and residents had been involved in choosing and shopping for their furnishings. However, there was no permanent means of ventilation in two rooms in the centre and the provider was asked to assess if the ventilation in these rooms was suitable.

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Residents' nutritional needs were well met. Residents had been assessed for their nutritional care requirements and suitable foods were ensured to meet their assessed needs. Some residents received a respite service in the centre. Due to the short duration and intermittent nature of these residents' respite stays, their healthcare arrangements were mainly supported by their families.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A clear contingency plan had also been developed and detailed cleaning plan was being implemented in the centre.

The provider had made arrangements to manage risk, including fire safety risks. In addition to the identification and management of a range of environmental risks in the centre, individualised risks specific to individuals had also be assessed. There

were interventions recorded to manage these identified risks such as falls risks, fire safety and compatibility. Individualised risks for residents had also been updated to include risks associated with COVID-19. Fire safety arrangements included servicing of fire safety equipment, internal fire safety checks by staff, provision of fire doors, and the completion of frequent fire evacuation drills. The provider also had measures in place to protect residents from any harm. These included an up-to-date safeguarding policy, safeguarding training for all staff and access to a designated safeguarding officer.

Measures were in place to ensure that residents' rights were being upheld. Rights assessments were being completed for all residents which included, for example, assessments of privacy, financial capacity, religious preferences and education preferences. The provider had ensured that residents had freedom to exercise choice and control in their lives. Preferences around involvement in religious and civil rights were also explored and supported. In addition residents were supported to keep in touch with their families in line with public health requirements.

Regulation 11: Visits

There was evidence that traditionally residents were supported to meet with, and visit, family and friends in both the centre and in other places. However, due to COVID-19 restriction these arrangements had been reviewed and contact with families was being achieved in line with national guidance.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. Suitable arrangements had been made to support residents to continue to take part in projects and activities that they enjoyed within the requirements of public health restrictions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was spacious, well maintained, clean and suitably

decorated. However, the ventilation to the external air in two habitable rooms required review and the provider was asked to assess this.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and were involved in the preparation of, their own food. Suitable foods were provided to suit residents' nutritional needs and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

There were robust arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Hand sanitising and temperature monitoring facilities were available, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' civil, political and religious rights were supported and that residents had freedom to exercise choice and control in their daily lives.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shiven Services OSV-0007803

Inspection ID: MON-0031091

Date of inspection: 12/11/2020

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: New panels ordered for double doors with opening window panel which will ensure that the premises meets the regulations with regard to ventiation.	

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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2021