



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

Issued by the Chief Inspector

Name of designated centre:	SVC - SE
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	09 October 2020
Centre ID:	OSV-0003159
Fieldwork ID:	MON-0025956

About the designated centre

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

SVE - SE, provides a respite service to 27 identified residents with an intellectual disability on a planned basis. This centre supports residents with mild to high support needs and is also able to facilitate residents with reduced mobility. The staffing arrangements in this centre are based on the assessed needs of each resident and are altered accordingly depending on which residents are availing of the service. The maximum capacity of this centre is four residents; however, the average number of residents accommodated was reduced during the COVID-19 pandemic. The centre is based on a campus setting and residents have access to transport and public services such as taxis, public buses and trains. Each resident has their own bedroom for the duration of their stay and the centre has suitable communal and dining areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Friday 9 October 2020	10:00hrs to 16:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met with two respite users during the course of the inspection. Due to social distancing requirements, the registered provider had reduced the numbers of respite users who could avail of the services of the centre at any one time to a maximum of two individuals. The respite users met with by the inspector appeared to be happy and relaxed in the centre. The inspector spoke with family representatives of two other respite users via telephone during the inspection. Both representatives spoke very highly of the centre, the staff team, the person in charge and the services being provided. The family members stated that they felt respite users were safe in the centre and cared for and supported in an appropriate manner.

Capacity and capability

The inspector found that this was a good centre which operated a person-centred approach to the provision of respite services to a large group of individuals with intellectual disabilities who presented with complex needs. While there were some areas for improvement identified by the inspector, overall, it was found that the centre was well managed and there was appropriate oversight of the care and support being delivered in the centre.

A review was completed of the centre's staffing arrangements and the inspector found that there were appropriate numbers of staff with the right skills, qualifications and experience deployed in the centre. Staff were observed to attend to respite users' needs in a timely and sensitive manner and interact in a respectful and kind manner. A review of a sample of staff duty rosters found that while there were 'actual' and 'planned' rosters maintained in the centre, on a number of occasions full staff member names were not recorded and the grades of some staff were not listed on these documents. In addition, the working hours of the person in charge were not outlined in the duty rosters.

The inspector reviewed staff training records and found that there were deficits in four of eight training areas described as mandatory by the registered provider. These calculations took account of a recent amendment made to the organisation's staff training policy which allowed for a grace period of three months due to the impact of the COVID-19 pandemic. The inspector also found that formal staff supervision was not taking place at regular intervals and there was an absence of clear guidance in the form of an approved organisational policy on this matter.

The arrangements for the governance and management of the centre were reviewed by the inspector. It was found that there was appropriate oversight and

monitoring of the care and support being delivered to respite users. There were clearly defined management structures in place and there were developed management systems to facilitate the delivery of safe and appropriate support. Arrangements had been established to ensure the performance management of staff members and this was found to have been completed on an annual basis. While there were annual reviews completed, the inspector found that the most recent review, which was for 2018, had not included consultation with representatives of the respite user group.

The inspector reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as required by the regulations.

A review of complaints management was completed by the inspector and it was found that the registered provider had established effective systems in this regard. There was a complaints policy in place and a record of all complaints were maintained. The inspector found that three complaints had been made since the last inspection and all were appropriately followed up on by the registered provider and promptly addressed to the satisfaction of the complainants.

Regulation 15: Staffing

The full names of some staff members were not recorded in the centre's duty rosters. In addition, some staff grades were not listed and the working hours of the person in charge were not included.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were deficits in four of eight training areas which were described as mandatory. These included safeguarding vulnerable adults, manual handling, food safety, and fire safety. In addition, formal staff supervision was not taking place in the centre on a regular basis with a significant time frames between supervision meetings with staff members.

Judgment: Not compliant

Regulation 23: Governance and management

The most recently completed annual review of the centre did not include

consultation with families of the respite users as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that notifications had been made to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider was found to have established effective systems to manage complaints in the centre.

Judgment: Compliant

Quality and safety

The inspector found that respite users were appropriately protected and safeguarded from experiencing abuse in the centre. The person in charge was knowledgeable of the different types of abuse and the actions that are required to be taken in the event of an allegation, suspicion or safeguarding incident occurring. A review of incident and accident records found that a minor number of safeguarding incidents had occurred and these were appropriately managed in accordance with organisational and national policies.

The inspector completed a walk-through of the centre in the company of a staff member. The centre was clean throughout, well maintained, decorated in a homely manner, and spacious. Each respite user was found to have their own bedroom and there were adequate numbers of bathroom and showering facilities which were adapted to meet the needs of respite users. The centre was fully accessible for respite users and the varying needs which presented amongst the group of individuals who availed of the centre's services.

A review of the arrangements for managing risk was completed by the inspector. There was a risk management policy in place which met the requirements of the regulations and there was a comprehensive risk register maintained in the centre. Incidents and accidents were reviewed in a risk context on a quarterly basis and all

presenting risks were found to be identified and assessed. A sample of control measures listed in risk assessments were reviewed and were found to be in place to manage identified risks.

The inspector reviewed the measures taken by the registered provider to protect against infection and found that a framework had been put in place to prevent or minimise the occurrence of healthcare-associated infections including COVID-19. The registered provider had developed policies, procedures and guidelines for use during the pandemic. They had also updated existing policies, procedures and guidelines to include information relating to COVID-19. In addition, the registered provider had undertaken a comprehensive review of the provision of respite services in the context of COVID-19. Staff members had access to some stocks of personal protective equipment in the centre and there were systems in place for stock control and ordering. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence. These included documents such as a COVID-19 response plan, a business continuity plan, cleaning and disinfection guidelines, visiting procedures and guidelines, and a COVID-19 local induction checklist.

Fire safety precaution measures were reviewed by the inspector. There were individual personal emergency evacuation plans in place for each respite user which clearly outlined the specific supports required during an fire or similar emergency. Service records maintained in the centre demonstrated that both the fire alarm and detection system and emergency lighting were serviced or maintained on a regular basis. Fire drills were completed on a regular basis and records demonstrated that respite users and staff could evacuate the centre in an appropriate time frame. While the centre had fire containment measures installed in the form of fire doors, the inspector found that self-closing mechanisms were not in place on a number of such doors including those in bedrooms.

Regulation 17: Premises

The premises of the centre were found to be very clean, spacious and well maintained throughout.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate systems were found to be in place in the centre for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had developed policies, procedures and guidelines for use during the COVID-19 pandemic to prevent or minimise the occurrence of the virus in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Self-closing mechanisms were not installed on a number of fire doors including those in bedrooms.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of respite users availing of the services of the centre.

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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for SVC - SE OSV-0003159

Inspection ID: MON-0025956

Date of inspection: 09/10/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ol style="list-style-type: none"> 1. PIC's working hours have been added to the duty roster with immediate effect 2. All staff's full names and grades have been added to the duty roster with immediate effect. 	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ol style="list-style-type: none"> 1. Training deficits in the areas of safeguarding, manual handling and children's first have been completed (via online forum) since inspection date. 2. Training deficit in the area of fire safety is planned for one staff member on November 4th 2020 – this was planned prior to inspection 3. Training in food safety will be planned in consultation with Staff Training and Development Coordinator. 4. Since re-opening as a respite service in August 2020 formal supervision has recommenced – evidence of this viewed by inspector. Supervision schedule for remainder of 2020 was made available to the inspector on the day of inspection. 	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. PIC has liaised with Quality and Risk officer to ensure family feedback/ consultation informs findings of Annual Quality Review report – Quality and Risk officer has provided assurance that going forward all families will be invited to participate in an annual survey and the analysis of the feedback will be included in the annual report.</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. Work on self-closing mechanisms to begin in SVC-SE week commencing 19/10/2020. Letter from registered contractor (dated 20/03/2020) highlighting previous attempts to commence this work was available in Fire Register on date of inspection. This work could not progress as SVC-SE was then operating as an isolation facility during Covid-19 pandemic.</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 15(4)	The person in charge shall 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.	Substantially Compliant	Yellow	31/10/2020
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.	Not Compliant	Orange	31/12/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/10/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph	Substantially Compliant	Yellow	31/03/2020

	(d) shall provide for consultation with residents and their representatives.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2020