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:	SVC - AG
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:	22 October 2020
Centre ID:	OSV-0004021
Fieldwork ID:	MON-0025694

About the designated centre

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

SVC-AG provides full-time residential care and support to adults with a disability. SVC-AG provides individualised care to residents based on their assessment of need, with the aim that each resident experiences security, self-worth and self-fulfilment in a culture that promotes individuality and quality of care. SVC-AG is located within a campus setting in a residential area of a city and is close to local shops and other amenities such as cafes, public houses and a swimming pool. The centre comprises of three bungalows. Two of the bungalows have six bedrooms, with the third bungalow having seven bedrooms. The communal facilities in each bungalow are of a similar layout with residents having access to an open plan communal area which incorporates lounge, kitchen and dining room facilities. The open plan area in two of the bungalows also provides direct access to rear gardens with covered seating areas. The third bungalow does not have a rear garden, although a front garden is provided again with a covered seating area for residents to use. Each bungalow has laundry facilities which can be accessed by residents with staff support. The bungalows both have two toilets as well as a communal bathroom with an additional toilet facility as well as an accessible walk-in shower and adapted bath. A further smaller sitting room is provided in each bungalow to enable residents to meet their friends and family in private. Residents are supported in each bungalow by a staff team which comprises of nursing, care and domestic staff. During the day and evening, residents in each bungalow are supported with their assessed needs by a minimum of three staff, with includes at least one nurse being available at all times. At night time, residents are supported by a nurse in each bungalow, with additional staff being available when required through the provider's allocation of 'floating' staff across the campus complex. In addition, the provider has arrangements in place to provide out of office hours and weekend management and nursing support when required by staff and residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

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 22 October 2020	10:00hrs to 14:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met with four residents during the course of the inspection and spent time observing the care and support being delivered to them by staff members. A number of residents had difficulty communicating, however, the inspector observed that they appeared relaxed and content during this time. Staff members were observed to be attentive to the needs of residents and to support them in a kind and respectful manner. Residents were observed to have been supported to engage with their families and friends through assistive and smart technologies.

Capacity and capability

The inspector found that overall this was a good centre which operated in a person-centred manner and placed the needs of residents at the core of decision making processes. There was a strong management team in place in the centre who were found to champion a culture of ongoing development and improvement and the promotion of high standards of care and support. While there were high levels of compliance identified during this inspection, the inspector found that there were a number of areas which required improvement including fire safety, staff training and the management of risk.

At the time of the inspection there were 19 residents living in the centre in three individual units. Due to COVID-19 the inspector was restricted to visiting only one of the three units. The inspector met with four residents and two staff members during the visit to this unit and in addition, met with the person in charge and the service manager.

The person in charge of the centre was recently appointed and facilitated the inspection. The person in charge was found to be knowledgeable of the relevant legislation, regulations and national policy and was employed in a full-time capacity in the centre. The inspector found that they met the requirements outlined in the regulations in terms of management or supervisory experience and holding a relevant management qualification.

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 residents' needs in a timely, sensitive and respectful manner. There were staff duty rosters maintained in the centre and a review of a sample of these documents highlighted that there was continuity of care and support.

The inspector reviewed staff training records and found that there were deficits in

four of six 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 found that there were appropriate arrangements in place for the formal and informal supervision of staff members. One-to-one staff supervision meetings and team meetings were taking place on a regular basis and records of these were being maintained.

The arrangements for the governance and management of the centre were reviewed by the inspector. There was a clear management structure in place and there was evidence that management systems were being developed by the management team. The centre was found to be appropriately resourced and there was good oversight of the care and support being delivered to residents. The inspector found, however, that an annual review had not been completed for 2018 as required by the regulations.

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 satisfactory systems in this regard. There was a complaints policy in place and a record of all complaints were maintained. The inspector found that one had been made since the last inspection and this was appropriately followed up on by the registered provider and promptly addressed to the satisfaction of the complainant.

Regulation 14: Persons in charge

The inspector found that the person in charge met the requirements outlined in the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were deficits in four of six mandatory staff training areas. These included fire safety, food safety, hand hygiene, safeguarding, and manual handling.

Judgment: Not compliant

Regulation 23: Governance and management

An annual review of the quality and safety of care and support being delivered in the centre was not completed by the registered provider for 2018.

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 satisfactory systems to manage complaints in the centre.

Judgment: Compliant

Quality and safety

The inspector completed a walk-through of one unit of the centre in the company of the person in charge. The unit was found to be homely, clean and well maintained throughout. Each resident 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 residents. The centre was accessible for residents and the varying

needs which presented.

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. The inspector found that all presenting risks had been identified and assessed, however, some risk assessments were found not to reflect the presenting levels of risk in the centre. For example, while the risk associated with fire had been assessed it was rated as a low risk with a 4/25 risk calculation for all three units of the centre. The inspector found that this risk rating did not appropriately consider risks such as the prolonged time taken to evacuate the centre during recently completed fire drills.

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 polices, procedures and guidelines to include information relating to COVID-19. Staff 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 for each unit.

Fire safety precaution measures were reviewed by the inspector. There were personal emergency evacuation plans in place for each resident which detailed the individual supports required in the event of a fire or similar emergency. There was a fire alarm and detection system and emergency lighting in place and these were found to have been serviced on a regular basis. While there were fire containment measures in place in the centre, in one unit these measures did not include self-closing devices on fire doors. There was, however, a plan to install these devices in the near future. A review of fire drill records found there were significant variances in the time taken to evacuated the centre and the inspector was not assured that all residents and staff could be safely evacuated in a timely manner from the centre. This was brought to the attention of the person in charge and service manager during the course of the inspection.

The inspector reviewed the arrangements in place in the centre to protect residents from experiencing abuse. There was a policy in place and staff members were aware of what constituted abuse and the actions to take if they witnessed or suspected the occurrence of abuse in the centre. A review of a sample of incident and data records found that in the time period reviewed, no incidents of a safeguarding nature had occurred in the centre.

The arrangements to support residents with their rights were reviewed by the inspector. It was found that residents were appropriately supported to make

decisions where possible about their care and in relation to the day-to-day operation of the centre. There was a key-worker system in place and resident meetings were taking place on a regular basis. There was access to advocacy services locally within the organisation through self-advocacy groups and externally through independent services if they were required. Information relating to the complaints procedure, advocacy services, residents' rights and in COVID-19 were available in the centre. In addition, there was evidence of planning for the resumption of day services to support residents in a safe and appropriate manner during the short term future.

Regulation 17: Premises

The inspector found that the premises of the centre were designed and laid out to meet the aims and objectives of the service and the number and needs of residents availing of its services.

Judgment: Compliant

Regulation 26: Risk management procedures

While presenting risks had been appropriately identified in the centre, the assessment and management of some risks was not appropriate.

Judgment: Substantially 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

There was an absence of self-closing devices on fire doors in one of the three units of the centre. In addition, the inspector was not assured that residents and staff could evacuate the centre in a timely manner in the event of a fire or similar

emergency given the time frames recorded in recently completed fire drills.

Judgment: Not 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 residents who were availing of the services of the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to make choices, where possible, in relation to their day-to-day 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	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	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC - AG OSV-0004021

Inspection ID: MON-0025694

Date of inspection: 22/10/2020

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. Training deficits in the areas of hand hygiene, safeguarding, manual handling are being completed (via online forum) since inspection date. 2. Training deficit in the area of fire safety is planned for one staff member on November 10th 2020 – this was planned prior to inspection. 3. Training in food safety will be planned in consultation with Staff Training and Development Coordinator.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Registered provider acknowledges that an annual review has been not been completed for calendar year 2018. This was discussed at date of inspection. 2. Annual quality review has been completed for calendar year 2019/2020. This was presented on the day of inspection. Information detailed in this report includes feedback from families for calendar year 2019 and information pertaining to the management of the designated centre up to September 2020.	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. The evacuation time for fire drills has been reviewed to ensure it reflects only from the start of fire bells sounding and does not include discussion time. 2. Risk register reviewed and updated to include fire evacuations and subsequent action plans	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. Health & Safety Officer has completed an audit of fire evacuation times in the centre. 2. Action plan in place includes conduction of weekly fire drills in each bungalow for the next 6/52. 3. Memo issued to all staff in the designated centre by the Fire Officer on 23rd of October, 2020 reminding them of protocol to follow if fire evacuation takes longer than 2.5 minutes. 4. Outstanding work in relation to the installation of self closing devices within designated centre will recommence following ending of Level 5 restrictions.	

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 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	31/03/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/09/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	31/12/2020

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2021
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.	Not Compliant	Orange	31/12/2020