



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

Issued by the Chief Inspector

Name of designated centre:	SVC - AT
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	24 October 2019
Centre ID:	OSV-0004022
Fieldwork ID:	MON-0022557

About the designated centre

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

SVC - AT designated centre is made up of two individual units both of which are located on a large campus in central North-West of Dublin city. Both units are located within close distance of each other and provide services to an aging group of individuals with intellectual disabilities. The centre provides 24 hour residential supports through a nurse led team to meet the complex healthcare needs of residents availing of its services. There is a person in charge, a clinical nurse manager, and a staff team of staff nurses and carers employed in the centre. The core values of the centre which are outlined in the statement of purpose communicate a commitment to service, respect, excellence, collaboration, justice and creativity.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
24 October 2019	08:45hrs to 14:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met with a number of residents who were availing of the services of the centre and spent time observing care and support interactions by staff members. In addition, the inspector received five completed questionnaires from residents and family members which explored areas such as general satisfaction with the services provided, accommodation, food and mealtime experience, arrangements for visiting, residents' rights, activities, care and support, staffing arrangements, and complaints. The inspector found that there were high levels of satisfaction communicated through the completed questionnaires and from speaking with residents.

Capacity and capability

The inspector found that high standards of care and support were being provided to residents in this centre. There was evidence to demonstrate that a person-centre approach to the provision of care and supports was in place in the centre. Both the staff and management team were found to have placed high value on supporting residents to live happy, meaningful and dignified lives.

A review was completed of the centre's staffing arrangements and the inspector found that there were appropriate numbers of staff with the right skill, qualifications and experience deployed in the centre. Staff members were observed to respond to residents in a timely manner and treated individuals with kindness and respect. The inspector found that there was an appropriate skill mix amongst the staff team. A review of a sample of staff files found that in one instance there was an unexplained gap in the staff member's employment history and in another case evidence of a staff member's qualification was not available.

The inspector reviewed staff training records and found that there were high levels of completion of training by staff members in mandatory areas. With the exception of one area, all staff had completed and were up-to-date with all mandatory training requirements as determined by the registered provider.

A review of staff supervision arrangements found that there were systems in place for the formal supervision of staff. There was evidence available which demonstrated that staff members completed formal supervision on a regular basis through one-to-one supervision meetings with the person in charge. In addition, there were a range of informal supervision arrangements in place including team meetings, handovers of care, and both the clinical nurse manager and person in charge working front line and along side staff members on a regular basis.

The inspector completed a review of the governance and management of the centre and found that there were effective arrangements in place to ensure that high standards of care and supports were delivered to residents in a person-centred approach. The person in charge demonstrated appropriate governance through a suite of ongoing and effective audits. There was clear evidence available to demonstrate that the service provided was safe, appropriate to the needs of residents and effectively monitored.

A statement of purpose in place in the centre (dated September 2019) was reviewed by the inspector and found not to contain a number of areas outlined as being required by the regulations. An opportunity was provided to the person in charge to revise and update the statement of purpose and submit this to the inspector following the inspection. This revised version of the statement of purpose (dated 24 October 2019) was found to contain all required information.

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 and implemented effective systems in this regard. There was a complaints policy in place (dated December 2018) and easy read versions of both a charter of residents' rights and the complaints procedure were on display in the centre. A complaints register was maintained and a review of this document found that no complaints had been made in the time since the last inspection of this centre.

Regulation 15: Staffing

Through a review of a sample of staff files, it was identified that there was a gap in the employment history of one staff member and an absence of evidence of the academic qualifications of another staff member.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector found that 15 staff members had not completed training in food safety as required by their organisation.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre was found to have been insured against accidents and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate arrangements in place for the governance and management of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A revised statement of purpose (dated 24 October 2019) submitted to the inspector following the inspection was found to contain all required information as outlined in schedule 1 of the regulations.

Judgment: 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 inspector found that there was an effective procedure in place for making complaints which was user-friendly, accessible to residents and displayed in a prominent location.

Judgment: Compliant

Quality and safety

A review of the general welfare and development of residents was completed by the inspector and it was found there were appropriate supports in place to facilitate residents to live comfortable, meaningful and dignified lives. The inspector found that there was a strong focus on providing services through a person-centred and human rights based approach in the centre. There was clear evidence of a culture which promoted homeliness, friendships and the maintenance of personal relationships. While the centre supported an aging population, the inspector found that residents lived active and meaningful lives through engaging in a wide variety of social activities.

The inspector completed a full walk through of the premises of the centre in the company of the person in charge. It was found to be clean and well maintained throughout. The inspector found that the centre was decorated to a high standard and provided for outdoor recreational space for residents in addition to spacious areas internally. However, the inspector found that two residents were sharing a bedroom for many years and while this arrangement impacted upon their privacy, the residents appeared comfortable with this arrangement.

A review was completed of the arrangements in place for the preparation of meals. The inspector found that the registered provider had an arrangement in place whereby main meals (lunch and dinner) was prepared in centralised kitchen off site and delivered to the centre for meal times. The inspector found that formed an institutionalised practice and did not promote the involvement of residents in the preparation of meals. Despite this, residents were observed to partake in a baking session during the inspection and food served to residents was found to be appetising, healthy and balanced.

The inspector reviewed the centre's risk management policy and found that it appropriately outlined information required by the regulations. There was a risk register in place which outlined all presenting risks in the centre. This was reviewed in the context of incident, accidents and near misses on a regular basis. A sample of control measures reviewed by the inspector were found to be in place and incidents and accidents which had occurred were appropriately managed and follow up actions were taken in all cases.

A review of fire precaution arrangements found that there was a fire alarm and detection system and emergency lighting installed in the centre. There were appropriate fire containment measures in place also and all fire exit routes were clear of obstruction. Fire drills were found to have been completed on a regular basis and staff members spoken with stated that they were confident that residents, visitors and employees could be safely evacuated from the centre in the event of a

fire.

The inspector found that residents were appropriately protected and safeguarded from abuse in the centre. Staff members spoken with were knowledgeable of the different types of abuse and the actions to take in response to witnessing or suspecting incidents of a safeguarding nature. A sample of incident and accident records were reviewed and the inspector found that all incidents which had occurred were appropriately managed and followed up on.

Regulation 13: General welfare and development

The inspector found that residents were appropriately supported to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

Two residents were found to be sharing a bedroom in the centre which did not promote the privacy of the individuals involved.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector found that the arrangement of preparing meals in a centralised kitchen off site was an institutionalised practice and limited residents' involvement or inclusion in this process.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

An appropriate system was found to be in place in the centre for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the registered provider had taken appropriate precautions relating to fire safety in the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that staff members were vigilant and recognised the signs of abuse. The registered provider demonstrated a high level of understanding of the need to ensure the safety of residents.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for SVC - AT OSV-0004022

Inspection ID: MON-0022557

Date of inspection: 24/10/2019

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person on Charge has ensured that a gap in employment history for a staff member has now been obtained and is in place in relevant human resource staff file. Completed</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has liaised with the training department to schedule dates for remaining staff to complete food safety training.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider has agreed that no further admission will occur to this designated centre until the numbers are reduced to 14 beds, which will ensure that all residents have their own bedrooms.</p> <p>The registered provider continues to monitor vacancies across the whole organization through the Admissions, Discharges and Transfer committee to facilitate a further</p>	

reduction in shared occupancy bedrooms in line with a previous action plan sent to HIQA as part of a wider commitment to phase out shared bedroom occupancy.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

The person in charge shall in so far as is reasonable and practicable ensure that residents are supported, to buy, prepare and cook their own meals if they so wish. The residents currently complete their weekly grocery shopping online supported by staff team. Opportunities for the residents to cook and prepare their own food are provided through assisted cooking/baking sessions in their homes at least once a week.

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/11/2019
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.	Substantially Compliant	Yellow	30/03/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the	Substantially Compliant	Yellow	31/12/2020

	number and needs of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/12/2020
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	30/03/2020