



Office of the Chief Inspector

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

Name of designated centre:	Nova Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	25 July 2019
Centre ID:	OSV-0005098
Fieldwork ID:	MON-0022594

About the designated centre

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

This centre consists of a complex of five apartment style residences. Each apartment has one or two resident bedrooms and the maximum capacity for the centre is seven residents. Each apartment also has bathroom facilities, a kitchen/living area and storage available. The centre is open overnight 365 days of the year and also on a 24 hour basis at weekend and during day service holiday periods. The centre closes from 09.30 until 16.30 Monday to Thursday and until 15:30 on Fridays. The centre currently provides residential services for six females with mild to moderate intellectual disabilities. Some residents within the centre are supported by staff at a semi-independent level while one resident is supported by a one to one staff member in the evenings, weekends and during holidays on a sleepover basis. Staff support is provided by a team leader, a social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
25 July 2019	10:00hrs to 18:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

The inspector met with four residents on the day of inspection and spent time with all of them in their own apartments. One resident, who has been unwell, is due to transfer to live in another centre shortly and was not present on the day and another resident was away on holiday. This centre is currently an all-female residence. When the inspector arrived initially at the centre all of the residents were out for their days activities and did not return home until the afternoon. Staff report that this is the pattern everyday with residents attending a combination of day services, workshops or supported employment. Staff also outlined centre specific social events to the inspector such as 'girlie nights' on set evenings where residents come together to socialise.

One resident welcomed the inspector into her home; she showed the inspector numerous sporting trophies and awards on display in her living room and outlined activities that she liked to be involved in. She opened her personal electronic tablet and showed the inspector a photograph of her baby nephew and explained with humour, how the baby was waking her brother up very early in the morning. The inspector later spoke to a relative of this resident who described how enthusiastic the resident feels about living in the centre and how well supported and happy she is.

Another resident, who lives in a shared apartment, explained that her friend was on holiday and she was on her own at the moment. She showed the inspector and staff members, photographs from a recent party which were in a frame in the hallway. The resident had kept the celebratory balloons and they were in the bedroom. They outlined to the inspector what they had done throughout the day and who they had been chatting to.

One of the other residents owns cats, and showed the inspector a painting she had done of her pets with the support of staff which hung above the mantle. She was seen during the afternoon outside feeding the cats and playing with them on the lawn area to the front of the centre. This resident was in the process of a 'spring clean' and was being supported by staff to put items away, however explained to the inspector that she liked to have a secret untidy place which she didn't have to worry about and that was the hall cupboard.

The final resident that the inspector met, welcomed the inspector into her home, she explained that she had not been feeling well recently and so was not as busy previously in the community but really liked the social nights with the other residents and liked to go to the cinema or to the hairdresser.

Capacity and capability

The inspector found that this was a well-managed centre with good structures and levels of accountability evident, which actively promoted residents well-being and independence. This centre falls under a new service, as part of an overall review of services by the registered provider. As a result of the development of the new service this centre had recently had a change in the role of person in charge and a new services manager.

The post of person in charge was held by a suitably qualified and experienced individual who currently only had responsibility for this centre. There were good reporting systems evident between the person in charge, the service manager and the regional service manager. There were unannounced visits undertaken on behalf of the provider and detailed reviews and actions were identified as a result. In addition despite only recently taking on the centre, the inspector found that robust auditing systems had been consistently applied by the person in charge and the service manager which supported on going review of care.

The providers annual review of care and support for 2018 was available. This was clear and presented in an easy to read format and reported on incidents or untoward events, residents views and unannounced inspections. Additional oversight of the service was provided from monthly visits by the service manager or person in charge, and actions from these visits were seen to be discussed at staff meetings.

A core group of consistent staff was employed and they had the required experience to support the residents. Each of the staff who spoke with the inspector was found to be knowledgeable in relation to residents' care and support needs. Through discussions with residents and staff it was evident that consistency of staff was particularly important in the centre in line with residents' needs and wishes. However, a proportion of staffing hours were aligned to a specific resident, not currently present, who was shortly due to move to another centre. These allocated hours were utilised for the other residents, to meet their assessed needs during the hours of 23.30 up to 09.30. While the provider was aware of this and were actively looking at securing additional funding to provide additional staffing, on the day of the inspection the staffing levels did not reflect the reality for the other residents assessed needs. The provider was seeking to minimise the impact that the loss of the resident specific staff hours would have on the residents and they were in the process of reviewing staffing arrangements in place, but the staffing levels remain unclear. The residents were very happy with the staff and explained they felt supported in their home. There were effective systems for communication between staff and managers in place to ensure consistency of care.

From a review of a sample of personnel files the inspector found that recruitment procedures were satisfactory with the required documents and checks being completed. Staff supervision systems were carried out also.

From a review of the staff training records mandatory training was up to date for

staff which included first aid. While one staff member did require refresher training related to the safe administration of medication this was seen to have been booked and arrangements were in place from the person in charge to support the staff while awaiting the training date. All staff and managers demonstrated a sound knowledge of the residents needs and preferences and residents were observed to be comfortable and interacting easily with the staff in their home.

The provider had a transparent and easy to use complaints system in place. In reviewing the complaints record which was maintained in the centre, the inspector was satisfied that any complaint received, was responded to promptly, in line with the providers policy and that the concerns of residents were addressed in a satisfactory manner. There were a number of compliments also recorded on the records maintained.

All policies and procedures set out in Schedule 5 were in place. However, some of the review dates for one of these policies was at an interval that exceeded three years. The inspector acknowledges that the registered provider was reviewing all service policies and implementing new versions. All of these bar one was implemented on the day of inspection.

Registration Regulation 5: Application for registration or renewal of registration

A complete application for the registration of the centre was submitted to the office of the chief inspector in a timely manner. However amendments were required to the application form which was promptly re-submitted following inspection.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced, full time in post and carried out the role effectively.

Judgment: Compliant

Regulation 15: Staffing

The skill mix and staffing levels were appropriate to meet the current assessed needs of the residents. However when one resident transitions the centre is due to

lose a number of staffing hours and the inspector was concerned that levels will then not be sufficient for the assessed need. The registered provider is proactive in currently trying to secure additional resources.

From a review of a sample of personnel files the inspector saw that recruitment procedures were satisfactory and safe.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had the training and skills to support residents. It was evident that the provider was committed to providing mandatory and other training necessary to meet the residents assessed needs. Effective staff supervision and induction processes were also in place.

Judgment: Compliant

Regulation 19: Directory of residents

A complete directory of residents was in place which had been recently reviewed and contained all information as specified under Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

Details of up to date insurance was forwarded as part of the registration application.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effective and responsive with consistent auditing systems in place to provide oversight of the centre. Six monthly unannounced reviews of the quality of care and support for residents were in place. The annual review of quality of care and support in the centre had been completed for 2018.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in accordance with the regulations and practices in the centre accurately reflected this service.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector having reviewed the records was satisfied that all notifications required by regulations were made to the Office of the Chief Inspector as appropriate.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an easy to use and transparent system of making and managing complaints. From review of the records maintained it was apparent that the provider made every effort to address the concerns of both residents and relatives as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures set out in Schedule 5 were in place. However, some of the review dates for one of these policies was at an intervals that exceeded three years.

Judgment: Substantially compliant

Quality and safety

It was apparent to the inspector that residents' quality of life and overall safety of care was prioritised and managed in a person-centred manner, with emphasis on the resident's choices and preferences evident. Their social care needs were actively promoted and encouraged. They accessed numerous external activities such as table tennis, cinema trips, restaurant visits and their local communities and holidays away. Residents had very busy lives and all attended a number of different workshops or day services including office skills or art. There was an emphasis on supporting residents with life-skills including using public transport, money management and looking after their own home, which the inspector saw that they took pride and ownership in.

This centre comprised of a number of self contained apartments all of which were well maintained and personalised. A shared garden space ran behind the property and each resident had a screened seating area for privacy. Residents had access to washing lines and a small garden shed. To the front of the property was an area shared with an office building used by the registered provider. Each apartment had flowers in pots adjacent to the front doors.

Residents were encouraged to understand and manage their own health care needs and had access to pertinent health and social care services such as physiotherapy, speech and language therapy and dieticians. Staff were seen to help the residents implement any recommendations by these specialists. Where one resident had significant changing healthcare needs, the provider had provided specialist training for staff and linked in with hospital services to ensure the resident could be safely supported in her home. Residents had access to their own mobile phones or personal electronic devices and they were also supported with easy read versions of various documents.

Residents had regular multidisciplinary reviews according to their needs and also annual support meetings which they and their representatives attended and which were used to make plans with the residents. For one resident at a recent review they felt their health was their current priority and did not wish to engage in the process of planning or setting goals. This was respected by the provider and staff continued to ensure daily activities were offered and supported. Other residents were able to discuss their goals with the inspector and it was clear that they were actively involved in the development of these. Each resident was involved in informal meetings at which they planned the day or week ahead, agreed events for the centres' social nights or outings with one another. It was apparent and the residents told the inspector that they were always consulted regarding their own choices for their home life , their day services and activities.

Where required residents had positive behaviour support plans in place. The inspector reviewed a sample of these plans and found them to be sufficiently detailed to guide staff who were able to outline the steps that they would take to promote positive behaviour among residents. This provided assurance that there was a positive approach to the management of behaviour that was tailored to meet the needs of residents living in the centre. The person in charge carried out analysis

on a quarterly basis of all incidents where a behaviour that was challenging had occurred and there was evidence of learning and review from this. There were some restrictive practices that had been put in place for one resident to support them in developing skills with support, to manage their finances and their possessions. A restrictive practice log was maintained in the centre and all restrictive practices were under active review by the providers human rights committee. The resident had given consent for the use of all restrictive practices in place.

There were appropriate procedures in place to ensure that each resident living in the centre was protected from all forms of abuse. Areas of vulnerability had been identified and the inspector saw evidence that reasonable and proportionate measures were taken to ensure the safety of residents where required. The inspector was satisfied that all systems for the protection of vulnerable adults were sufficiently robust and that all residents in this centre were appropriately safeguarded. For one resident, while accessing the community independently, they had recently been involved in a significant incident that required An Garda Síochána involvement. The providers oversight, management and response to this incident was adequate. A protocol for community access was updated and a safeguarding plan was put in place and reviewed continuously. As a result appropriate safeguarding plans were implemented to prevent incident re-occurrence and to appropriately safeguard residents. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff. The provided had also ensured that residents received training to support them to develop knowledge, self-awareness, understanding and skills for self-care and protection.

The inspector was satisfied that appropriate efforts were being made in the designated to promote the health and safety of residents within the designated centre. However an up-to-date risk register was not in place and although each resident, where required, had individual risk assessments in place to promote their quality of life and protect them from harm these did not encompass all identified risks. Audits in the areas of health and safety were also being carried out and any learning from risks or adverse incidents were shared with staff to ensure that such issues were appropriate responded to. One risk identified for all residents was that of the risk of fire or emergency if no staff member present and this was part of the providers current application for an increase in staffing, as there will be no overnight staff once the resident scheduled to move does so.

Fire safety systems were effective. All of the fire management equipment was available and serviced regularly in all of the apartments, with appropriate fire containment systems installed. Regular checks were undertaken to ensure the systems were working. The residents had appropriate personal evacuation plans and staff diligently undertook regular drills with residents and any issues noted were addressed. The residents told the inspector the purpose of the fire doors in their apartments and the system for evacuation.

Residents were protected by appropriate policies, and procedures in relation to the ordering, receipt, storage and disposal of medicines. Staff had received training in the safe administration of medication training and practical administration prior to administering residents' medicines. For one resident where more complex

administration practices were required the provider had ensured that staff had received additional training and support. In addition, protocols were in place to guide staff practice in relation to some as required medications for a number of residents. The provider outlined to the inspector the systems in place to explore if residents wished to take part in any aspect of self-administering their medicines which some did. Medication audits were completed regularly and medication incidents were recorded and fully investigated.

Regulation 13: General welfare and development

Residents were supported to engage in opportunities for education or employment. For activities of residents' choice, both in and away from the designated centre, these were facilitated and actively encouraged. Facilities for occupation and recreation were provided for residents.

Judgment: Compliant

Regulation 17: Premises

The designated centre was suited to meet the needs of the residents living in the centre. It was presented in a clean manner on the day of inspection, was observed to be a good state of repair, well decorated and furnished and provided a homely environment for residents living in the centre. It was noted that the apartments had been personalised with photographs and art works created by residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident was shortly to transition to another provider and had been in receipt of acute hospital support for a period of time. The provider had comprehensive documentation in place detailing liaison with the other service, the resident and their representative.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge and registered provider did not have an up-to-date risk register in place and although each resident, where required, had individual risk assessments in place to promote their quality of life and protect them from harm these did not encompass all identified risks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations.

Fire drills were regularly carried out regularly with evidence of learning from these. Staff and residents were provided with training in the area of fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Systems for the administration and management of medicines were suitable and safe with regular reviews of residents medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were developed with the participation of residents and their representatives where appropriate. Such plans were informed by appropriate assessments. Regular reviews were carried and personal plans had multidisciplinary input.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly with the residents full involvement.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to the support of relevant allied health professionals and there was evidence of regular review of their support plans and relevant risk assessments. Staff had access to relevant training and refreshers to support residents. The use of restrictive practice was carefully assessed and reviewed with oversight by the provider.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by safeguarding policies, procedures and practices in the centre. Staff had completed training in relation to safeguarding residents. Where a significant safeguarding incident had occurred the provider had ensured appropriate safeguarding plans were implemented to prevent incident re-occurrence and to appropriately safeguard the resident. The providers designated officer met with the inspector to outline all systems and supports that were in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had the right to make decisions, make their preferences known and be supported to achieve their own goals and wishes.

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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nova Residential Services Waterford City OSV-0005098

Inspection ID: MON-0022594

Date of inspection: 25/07/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The required amendments to the application form were re-submitted on the 26th July 2019 as requested.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Negotiations and discussions are ongoing to secure the correct resources and supports when the resident transitions.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: A review of the schedule 5 policy folder will be undertaken with a view to updating any identified policies that are currently out of date.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A full review of the risk register will be undertaken with all relevant work completed ensuring the risk register encompasses all identified risks and complies with regulation 26.	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	26/07/2019
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.	Substantially Compliant	Yellow	31/03/2020
Regulation 26(2)	The registered provider shall	Substantially Compliant	Yellow	01/12/2019

	ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/12/2019