



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

Issued by the Chief Inspector

Name of designated centre:	SVC - CN
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	20 April 2023
Centre ID:	OSV-0003167
Fieldwork ID:	MON-0035085

About the designated centre

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

SVC-CN provides full-time residential care and support for adults with a moderate to severe disability. The centre is registered to accommodate 16 residents but there were only 15 residents living in the centre at the time of inspection. It is located within a campus setting in a residential area of North Dublin and is close to local shops and other amenities such as cafés, public houses and a swimming pool. The centre comprises of two bungalows with seven bedrooms in each. At the time of inspection there were seven residents living in one of the bungalows who each had their own bedroom and eight in the other bungalow. This meant that two of the residents in that bungalow were sharing a bedroom. The two bungalows are of a similar design, with residents having access to an open plan communal area which incorporates both a lounge, kitchen and dining room areas. The open plan area also has direct access to a well maintained garden with seating areas. Each bungalow provides 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 also provided which is used for quiet activities and to enable residents to meet their friends and family in private. Residents are supported 24 hours a day, seven days a week by a staff team which comprises of nursing, care and domestic staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 (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 20 April 2023	10:30hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector of social services observed, there was evidence that the residents living in the centre received good quality care and support. Some improvements were required regarding the bedroom facilities for two residents in one of the houses and for maintenance in both houses.

The centre is situated on a campus based setting, with 10 other residential bungalows, all of which are operated by the provider. The centre is located in close proximity to local amenities, including, shops, restaurants, cinema, swimming pool, public parks and public transport links. The centre comprises of two separate bungalows with a similar layout which are situated adjacent to each other. Each of the bungalows had a comfortable and homely feel. It was noted that one of the bungalows had more minimalistic feel which was the reported preference of the residents living in that house.

There were seven resident bedrooms in each of the bungalows, a kitchen come dining and sitting room area, laundry room, a visitor room and adapted bathroom and toilet facilities. Each of the residents in one of the bungalows and six of the eight residents in the other bungalow had their own bedroom which had been personalised to their own taste and choice. The remaining two residents had a shared bedroom which meant that their private space was negatively impacted. At the time of the last inspection, one of the bedrooms in the other bungalow was also a shared room. However, with the discharge of one of the residents in that bungalow, single occupancy bedrooms had been assured for the remaining residents. Proposed plans were in place for one of the residents to transition to a new placement within the community. It was proposed that this transition would facilitate each of the remaining residents to have their own bedroom. These proposed plans and a timeline for same had not yet been agreed. Pictures of residents and their families were on display throughout the centre. There were good sized, secure, private and accessible garden for residents use to the rear of each of the bungalows. These included seating areas, planting and a gazebo. Residents could also access a number of communal gardens within the campus and a sensory garden.

The centre is registered to accommodate up to 16 adult residents. However, at the time of this inspection there was one vacancy and consequently there were 15 residents living in the centre. There were no plans for any further admissions to the centre. The inspector met briefly with each of the residents on the day of this inspection. These residents were unable to tell the inspector their views of the service but they appeared in good form and comfortable in the company of staff and their peers.

There were long term plans to de-congregate the centre in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". A number of residents had been identified to transition to

more suitable accommodation within the community. A defined time-line for the de-congregation of the centre had not yet been determined but suitable accommodation for one of the residents had been identified and a draft transition plan had been formulated. A discovery process had been progressed with a number of the residents and their families. The purpose of this was to determine the individual residents' needs, will and preferences in relation to their future life plans as they transition to live in their own home within the community. The provider had put in place a 'transforming lives' lead who was responsible for coordinating the de-congregation process. A number of management and staff had completed enhanced quality 'good lives' training for de-congregation.

Each of the 15 residents had been living together for an extended period and were reported to generally get along well together. The age range of the residents was 40 to 79 years with the majority being in the older range. It was noted that the behaviours of a small number of the residents could on occasions be difficult for staff to manage in a group living environment. However, overall incidents appeared to be well managed and residents were provided with appropriate support. Staff were observed to interact with the residents in a caring, patient and respectful manner. A number of the residents had limited speech but were observed to be supported by staff to communicate their feelings and wishes.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported to communicate their needs, preferences and choices at these meetings in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had consulted with residents' families as part of its annual review of the quality and safety of the service and the feedback from families was positive.

Residents were supported and encouraged to maintain connections with their friends and families. A number of the residents were supported to visit their family home on a regular basis and visits by friends and family to the centre were facilitated. On the day of inspection one of the residents went out for a drive with their parents which was a regular occurrence.

Residents were supported to engage in some meaningful activities in the centre and within the local community at a level that best suited the individual and their age profile. Majority of residents were engaged in a formal day service programme operated within the campus. However, because of staffing vacancies within the day service it was noted that day service hours had been reduced. One of the residents chose to engage more in individualised activities coordinated from the centre which it was felt best met this resident's needs. There was a horticulturist working on the campus who supported some of the residents with gardening tasks. Examples of other activities that residents engaged in within the centre and within the community included, walks within the campus and to local scenic areas and beaches, church and family grave visits, family home visits, cooking and baking,

gardening, arts and crafts, meals out, bowling and shopping. The centre had access to a vehicle which could be used to facilitate residents to access community activities and visits to families. The centre was also located in close proximity to a range of public transport links.

There was a half, whole time equivalent staff vacancy at the time of inspection but this was being filled by regular relief staff. This provided consistency of care for the residents. Recruitment was underway for the position. Staff were observed to be respectful, kind and caring. Each of the residents had assigned keys workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were suitable governance and management arrangements in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person. The person in charge held a higher diploma in intellectual disability nursing practice and a certificate in management. He had more than seven years management experience. The person in charge had been in the role for one year but had been working as the deputy manager prior to this for more than five years. He was in a full time position and was not responsible for any other centre. He was supported by a deputy manager. The person in charge had a sound knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations. He reported that she felt supported in her role and had regular formal and informal contact with his manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a clinical nurse manager (CNM1). The person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The person in charge and CNM3 held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, health and safety, finance, incident reports, care plans and medication. There was evidence that actions were taken to address issues identified in these audits and checks.

There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to be appropriately qualified and experienced to meet the residents needs. This was a staff nurse led service with a registered staff nurse rostered on each shift. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents. However, there was a half whole-time equivalent staff vacancy at the time of inspection. This was being filled by regular relief staff. Recruitment was underway for the position. The actual and planned duty rosters were found to be maintained to a satisfactory level. There were regular staff meetings bi-monthly and evidence that agreed actions from each meeting were followed up on at the next meeting.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the time-lines required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate levels and experience within the staff team to meet residents needs. There was a half whole time equivalent staff vacancy at the time of inspection. However, this was being filled by regular relief staff. Recruitment was underway for the position. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. Staff had attended training and refresher training in mandatory areas. Suitable staff supervision arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Suitable governance and management arrangements were in place. The provider had completed an annual review of the quality and safety and unannounced visits to review the safety of care, on a six monthly basis as required by the regulations. There were clear lines of accountability and responsibility.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for sample of residents reviewed and contained all of the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations. Overall, there were relatively low numbers of incidents in this centre. There were arrangements in place to review trends of incidents on a quarterly basis or more frequently where required.

Judgment: Compliant

Quality and safety

The residents living in the centre appeared to receive person centred care and support which was of a good quality. However, some improvements were required regarding maintenance of the premises, use of a multi-occupancy bedroom in one of the houses and cleaning and disinfecting processes in one of the houses.

The residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with

their individual health, communication and personal care needs and choices. Detailed communication passports were in place to guide staff in supporting the resident to effectively communicate. A small number of the residents were engaged with the provider's speech and language therapist to support their communication. Personal support plans had been reviewed in line with the requirements of the regulations. Personal goals had been identified for individual residents which although limited for some were considered to be appropriate for the residents age profile, interests and abilities. The majority of the residents were engaged with day activities programme which were coordinated on the same campus. There was evidence that residents were regularly engaged with some activities within their local community. A staff nurse was rostered on each shift to ensure that residents' medical needs were being met. There was a health action plan for each of the residents which included an assessment and planning for individual resident's physical and mental health needs.

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. Suitable arrangements were in place for the management of fire.

There were infection control procedures in place. However, it was noted in one of the houses that the use of colour coded cleaning equipment in line with the providers policy and procedure, were not being appropriately used. This meant that the risk of cross contamination was not being controlled in this house. Colour coded cleaning equipment was available for use in the other house. In addition, there were some worn surfaces on walls and woodwork in areas and surfaces of individual pieces of furniture were slightly worn in areas, e.g. sofa in visitors room in one of the houses and kitchen presses. This meant that these areas were more difficult to effectively clean from an infection control perspective. The provider had a contingency plan for the COVID-19 and a range of standard operating procedures which were in line with national guidance. A risk assessment for infection control and COVID-19 had been completed. A cleaning schedule was in place which was overseen by the person in charge. All areas appeared clean. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff.

Residents were provided with appropriate emotional support. Support plans were in place for residents identified to require same and these contained detailed proactive and reactive strategies to support residents. The plans had been devised and reviewed by the providers' clinical nurse specialist in positive behaviour support. It was noted that a number of the residents presented with some behaviours which could on occasions be difficult for staff to manage in a group living environment. However, overall behavioural incidents were well managed. On the day of

inspection, a small number of residents were observed to be effectively supported by staff in line with their behaviour support plans. There was a restrictive practice register in place which was reviewed at regular intervals. It was noted that there was a multi-disciplinary team decision making process regarding the use of restrictive practices. There were reduction plans in place for some restrictive practices.

There were measures in place to protect residents from being harmed or suffering from abuse. There were appropriate arrangements in place to respond, report and manage any safe guarding concerns. Staff spoken with were knowledgeable about safeguarding procedures and of their role and responsibility. The provider had a safeguarding policy in place.

Regulation 17: Premises

Overall, the premises was clean and designed to meet the needs of residents. Each of the houses were found to be comfortable and homely. However, there was not sufficient private space for residents in one of the bungalows, as two of the residents in that bungalow shared a bedroom. As identified under regulation 27, maintenance was required in some areas but overall the centre was in a good state of repair.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were suitable risk management arrangements in place. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There was evidence of a regular hazard inspection.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place for prevention and control of infection. However, it was noted in one of the houses that the use of colour coded cleaning equipment in line with the providers policy and procedure, were not being appropriately used. This meant that the risk of cross contamination was not being controlled in this house. Colour coded cleaning equipment was available for use in the other house. In

addition, there were some worn surfaces on walls and woodwork in areas and surfaces of individual pieces of furniture were slightly worn in areas, e.g. sofa in visitors room in one of the houses and kitchen presses. This meant that these areas were more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents was prominently displayed. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication and personal care needs and choices. Personal plans had been reviewed in line with the requirements of the regulations.

Judgment: Compliant

Regulation 6: Health care

The residents' health needs were being met by the care and support provided in the centre. There was a registered staff nurse rostered on duty at all times. Detailed health action plans were in place. Records were maintained of all contacts with health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional support. Support plans were in place for residents identified to require same. The plans had been devised and reviewed by the providers' clinical nurse specialist in positive behaviour support. There was a restrictive practice register in place which was reviewed at regular intervals.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Safeguarding information was on display and included information on the nominated safeguarding officer. It was noted that safeguarding was discussed at staff and resident house meetings. It was noted that a number of the residents presented with some behaviours which could on occasions be difficult for staff to manage in a group living environment and could have an impact on other residents. However, overall incidents were considered to be well managed.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' rights were promoted by the care and support provided in the centre. A number of the staff team had attended human rights training and told the inspector that it positively impacted their work with residents. There was evidence that residents were consulted with, regarding their choice and preferences for meals and activities. Staff were observed to treat residents with dignity and respect. Residents had access to advocacy services. In 2022, one of the residents was supported to access independent advocacy services. The residents guide had been reviewed and included information on residents rights. The provider had an identified human rights officer and a regional steering advocacy committee that provided oversight on advocacy issues as they arise. A rights assessment document had been completed for residents and included details of identified actions to be progressed. However, two of the residents in one of the houses shared a bedroom. This meant that for these residents, their dignity and independence was not being promoted to the optimum level.

Judgment: Substantially 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for SVC - CN OSV-0003167

Inspection ID: MON-0035085

Date of inspection: 20/04/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: 1 of the residents in the centre has been identified as a candidate to transition to a community house. This would address the shared bedroom in the designated centre.</p> <p>Transforming Lives Project Lead has scheduled a pre-transition planning meeting with resident, keyworker and PIC, with the view to commencing the transition process. Same scheduled for 06/06/2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>PIC has addressed deficits in IPC practices with staff, i.e. Colour Coding Equipment. Same documented on staff meeting minutes (27/04/2023). IPC remains as a standing item on staff meeting agenda.</p> <p>Worn surfaces on walls and woodwork has been added to the centres Maintenance Risk Log for attention of maintenance department. PIC has forwarded this request to maintenance manager.</p> <p>New sofa for visitors sitting room has been approved and ordered.</p> <p>Costing for upgrade of 1 kitchen in the designated centre has been submitted to the finance dept by Service Manager.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1 of the residents in the centre has been identified as a candidate to transition to a community house. This would address the shared bedroom in the designated centre. (see Regulation 17).</p> <p>In an effort to protect residents rights, a privacy screen is available in the shared bedroom.</p> <p>A visitors room is available as an alternative space should residents wish to have some privacy.</p> <p>Residents Rights remains as a standing item on house meeting agenda.</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 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 number and needs of residents.	Substantially Compliant	Yellow	31/03/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	31/10/2023

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/03/2024