



# 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:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	25 August 2021
Centre ID:	OSV-0003167
Fieldwork ID:	MON-0025854

## 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 to 16 adults with a disability. The centre 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, with six bedrooms being single occupancy and the seventh shared by two residents. The two bungalows within the centre 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:	16
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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
Wednesday 25 August 2021	09:20hrs to 16:15hrs	Thomas Hogan	Lead

## What residents told us and what inspectors observed

From what the inspector observed, the residents who were availing of the services of this centre experienced a relatively good quality of life and were supported in a dignified and safe manner. Overall, the inspector found that the centre was well managed and while there were areas which required improvement, the provider was generally aware of these and had begun to address them.

The inspector met with 12 residents during the course of the inspection and spent time observing the care and support they were in receipt of. The residents appeared to be happy and relaxed at this time. Some residents were listening to music while others were spending time in their bedrooms. One resident was enjoying the good weather and was sitting in the garden space to the rear of one of the units of the centre.

In addition to meeting with residents, the inspector received 16 completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was positive feedback provided in the completed questionnaires with respondents indicating that they were very satisfied with the service they were in receipt of. While a number of residents highlighted that they would like to have their "own bedroom", overall, the comments made in the returned questionnaires were positive. One resident stated "I look forward to my family visiting again when COVID-19 restrictions are lifted" while another resident said they liked getting to go out for a "walk or ride my bike around the campus".

The inspector also spoke with three family members of residents who were availing of the services of the centre by telephone. In all cases the family members told the inspector that they were very satisfied with the services their loved ones were in receipt of and were very complimentary of both the staff team and person in charge. One family member said that they had "no concerns about anything" while another stated that they "were very satisfied with everything". A third family member told the inspector that the "staff are doing a fantastic job in the centre" and that they were "very happy with the service being provided".

The inspector completed a full walk through of both units of the centre in the company of the person in charge. The centre was clean throughout and provided for a comfortable living environment for residents overall. The inspector found, however, that there was a need for painting and decoration throughout almost all areas of both units. A number of residents were continuing to share bedrooms in both units and the inspector found that this did not promote their rights to privacy or dignity. While the inspector was informed that there was a plan being formed by the registered provider to address this practice, it was found to be at an early stage

of development.

A number of staff members were met with during the course of the inspection and the inspector found that they were respectful in their interactions with residents and motivated to provide care and support of a high standard. They were observed to act in a dignified manner through knocking on doors of bedrooms and bathrooms before entering and by speaking about residents and their needs in a sensitive and respectful way. The staff team knew the individual needs of residents very well including their preferences and methods of communication.

The inspector found that while the basic care needs of the resident group were being met, there were insufficient numbers of staff members employed in the centre to facilitate individuals to live active and meaningful lives. For example, at the time of the inspection residents were generally unoccupied and when asked about plans for activities for the day the inspector found that there was an absence of such an activity plan. A review of activity trackers found that residents were in the most part restricted to campus based activities and the majority of these took place within the centre. Many of the activities recorded in residents' records consisted of entries such as "TV", "listened to music", "radio", and "YouTube". When staff members were asked about this they cited the limited resources available as a barrier to facilitating community based and more meaningful activity offerings.

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

## Capacity and capability

Overall, the inspector found that this centre was well managed and there was good levels of oversight of the care and support being provided to residents. The inspector found, however, that the centre was not adequately resourced which had impact on the opportunities for residents to engage in off-campus community based activities.

There was a strong person in charge in place along with clinical nurse managers. The inspector found that this local management team clearly understood their roles and responsibilities and were committed to the ongoing quality improvement of the services being provided. The management structures were clear and there were effective management systems in place which allowed for good oversight of the care and support being delivered to residents. The registered provider had completed annual reviews and six-monthly unannounced visits to the centre as required by the regulations and had self-identified many of the areas of non-compliance with the regulations which required improvement.

The inspector found that there were a number of vacancies in the staff team which

had not been filled and there was a considerable deficit in the overall rostered staff hours in the centre when staff duty rosters were compared with the commitments outlined by the registered provider in the centre's statements of purpose. The inspector found that this deficit equated to two full-time posts on some of the weeks sampled as part of the review of staff duty rosters. The registered provider was unable to explain this deficit during the course of the inspection.

The staff team had developed positive relationships with the residents and knew their needs and support requirements well. While there were some deficits in training categorised as being mandatory by the registered provider, the inspector found that members of the staff team had completed additional training in the areas of human rights, communication, positive risk taking, and residents' rights. There were effective arrangements in place for the supervision of the staff team.

### Registration Regulation 5: Application for registration or renewal of registration

The inspector found that registered provider had submitted the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

There were two full time vacancies in the centre at the time of the inspection. In addition, there was a lack of clarity on the part of the registered provider regarding the official number of staff allocated to work in the centre. There was a significant deficit in the total number of hours rostered in the centre in the time periods checked when compared to those outlined in the centre's statements of purpose.

Judgment: Not compliant

### Regulation 16: Training and staff development

The inspector found that a number of staff members had not completed a number of training or refresher training courses described by the registered provider as being mandatory. These included food safety, safeguarding vulnerable persons and managing behaviours of concern. There were good arrangements in place for the supervision of the staff team.

Judgment: Substantially compliant

### Regulation 22: Insurance

The provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the centre was not appropriately resourced to meet the assessed needs of the resident group. Despite this, there were clear management structures in place and well developed and effective management systems in place. There was good oversight of the care and support being delivered in the centre and there was strong leadership in place through the person in charge and clinical nurse managers. The inspector found that there was a commitment to driving quality improvement and positive culture in the centre. Annual reports and six-monthly unannounced visits were completed as required and demonstrated an overall ability by the registered provider to self-identify areas which required ongoing improvement.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose (dated 25 August 2021) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

A sample of incident, accident and near miss records were reviewed by the inspector and it was found that those which required it had been notified to the Office of the Chief Inspector.



Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had ensured that all policies outlined as being required by the regulations were in place in this centre and had been reviewed within the required time frame.

Judgment: Compliant

#### Quality and safety

Overall, the inspector found that residents were supported to enjoy a reasonably good quality of life while living in this centre. There was evidence to demonstrate that residents were safe and appropriately protected from experiencing abuse. Where possible, residents were consulted with about the running of the centre and were supported to develop and maintain good relationships with their natural support networks.

The inspector reviewed incident and accident records and found that there had been no incidents or alleged incidents of a safeguarding nature in the centre in the time since the last inspection. Both the staff team and residents' family members told the inspector that they thought that the resident group were safe living in the centre. Staff members were observed by the inspector to treat residents with respect and interact with them in a dignified manner. Staff members met with by the inspector spoke about residents in a kind and respectful manner and knew the group and their needs well.

A review of the measures taken by the registered provider to protect residents against infection was completed by the inspector. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of personal protective equipment (PPE) and there were systems in place for stock control and ordering. There was a COVID-19 information folder available, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

#### Regulation 12: Personal possessions

The inspector found that there were appropriate arrangements in place for the storage of residents' personal belongings. The registered provider was found to be supporting the residents group with the management of their personal finances and a sample of these records were reviewed by the inspector. There were receipts maintained for all expenditure and a check of resident monies found that the stated balances were in place.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that the premises of the centre were clean, warm and bright throughout. There were a number of residents who were required to share bedrooms and the inspector found that this continued to impact on their privacy and dignity. While there was a risk assessment in place regarding this practice, the inspector found that personal and intimate care was carried out for some residents while others were within close proximity. In addition, the inspector found that both units of the centre required painting and decorating.

Judgment: Not compliant

### Regulation 20: Information for residents

There was a residents' guide in place in the centre which was available to residents. The inspector found that this document contained all required information as outlined in the regulations.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency. The inspector found, however, that staff members had not received training specifically in the use of evacuation aids used for a significant number of residents. The use of these evacuation aids was also found not to have been risk assessed by the registered provider. In addition, some fire containment measures in use were not effective as a number of fire doors were found not to be closing as required and ceilings had been chased to facilitate the installation of electrical wiring in two bedrooms and were not sealed following completion of this work.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable and safe practices in place for the management of medication. A sample of administration and prescription records were reviewed and it was found that all required documentation had been completed. Medication prescribed to residents had been administered and there was appropriate systems in place for the safe disposal of spoiled or out of date medication. PRN (as the need arises) prescriptions stated the circumstances for the administration of PRN medicines and the maximum dosage in 24 hours was stated. There were completed capacity assessments on file for residents regarding the self-administration of medication.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that clear guidance and recording practices were not in place regarding the specific supports required for the administration of enteral feed. The inspector was not assured that accurate records of fluids administered were maintained locally and there was ambiguity with regards to the amount of fluids to be administered in a 24 hour period in addition to the enteral feed. The local management team arranged for a review by an allied health professional on the day of the inspection provided assurances to the inspector with regards to the findings outlined.

Judgment: Substantially compliant

### Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Staff and family members told the inspector that they felt the residents were safe in the centre. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for SVC - CN OSV-0003167

Inspection ID: MON-0025854

Date of inspection: 25/08/2021

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Regulation 15 (1) A review of the Statement of Purpose and Function has been completed and compared to Service Personnel analysis which outlines what we are funded for by the HSE. The necessary amendments have been made to the staffing compliment.</p> <p>Recruitment of staff to fill vacant posts will be carried out by HR department with an aim to have posts filled by 30/10/21. Familiar agency/relief staff will be used to fill the gaps while awaiting completion of the recruitment process. One additional staff nurse has already being recruited and is due to commence on 20/10/21.</p> <p>The PIC will set up a Tracker record to monitor the implementation of Person Centered goals for the Residents with an emphasis at looking at Residents participation in the life of their community to be commenced in October and November 2021 and will be reviewed with Service Manager/ CNM3 in December 2021. The PIC will review and discuss the Government Plan - "Keep well in your Community" with staff and Residents. It is aimed at showing people of all ages, in communities across Ireland, how we can mind our own physical and mental health and wellbeing by adding healthy and helpful habits to our daily and weekly routines.</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:            Regulation 16 (1) (a);PIC will ensure that all staff who are due training/ refresher training will complete online HSELAND Safeguarding of Vulnerable adults, Food safety Training and Managing Behavior's of concern by 30/10/2021. On day of inspection the Inspector was provided with copy of Training tracker which outlined staff who are booked in for training dates.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PPIM will review the staffing requirements for the designated centre with the PIC on an annual basis or more frequently if needs are identified. Where a requirement for additional staffing is identified that exceeds the agreed WTE funded posts for that cost centre, this will be escalated to the Provider for review and for discussion with the HSE if necessary.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Regulation 17 (1) (a); One Resident is currently being considered for transitioning to living in community. PIC is currently in discussions with relevant MDT members in developing a transition plan for one Resident. A second resident will be considered for any further vacancies as they arise and has an Individual Preference and Needs Assessment (IPNA) completed. 31/12/2021 and ongoing.</p> <p>Regulation 17 (1) (b); Painting and decorating had commenced in the Centre but had to be paused due to Covid 19 outbreak. The Provider has engaged with Painting contractors and works will be completed by 31/12/2021.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28 (3) (a);.All fire doors will be checked and adjustments made where necessary to ensure they close properly. Provider has engaged with fire seal company in relation to sealing off holes in ceiling where electrical wiring was installed. Same had to be paused due to recent Covid 19 outbreak. Provider will ensure that the instillation of electrical wiring in bedrooms will be sealed off to ensure fire containment measures are effective before 30/9/2021.</p> <p>Regulation 28 (4) (a); The Registered Provider will source and provide training for all staff in centre in the use of Fire Evacuation sheets by 30/11/2021. The Registered Provider will complete Fire Evacuation sheet Risk Assessments for all relevant Residents by 31/10/2021.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Regulation 6 (1); On the day of the Inspection the PIC organized for the Dietician to review and update Residents Peg feeding Regimen. Following this review the Residents care plan and fluid recording forms have been updated to reflect recommendations made by the Dietician.</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(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.	Not Compliant	Orange	31/12/2021
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	30/10/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/12/2021

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
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	31/12/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2021
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire	Not Compliant	Orange	31/10/2021

	alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	25/08/2021