



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

## Issued by the Chief Inspector

Name of designated centre:	SVC - BW
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	22 June 2022
Centre ID:	OSV-0004028
Fieldwork ID:	MON-0036885

## About the designated centre

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

The designated centre is made up of one unit and is based on a campus setting in North Dublin. It provides 24 hour residential supports for up to four residents with complex support needs. The centre is comprised of two areas one of which accommodates one resident. It contains a kitchen and dining room, a small sitting room, a bathroom and a bedroom. The second area of the centre accommodates three residents and contains a staff office, three resident bedrooms, a kitchen and dining room, a laundry room, a sitting room, and a bathroom. Both areas of the centre share an outdoor garden space. The staff team employed in the centre are made up of a person in charge, a clinical nurse manager, social care workers, staff nurses, and carers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

4

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
Wednesday 22 June 2022	11:30hrs to 16:30hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received good quality care and support. Since previous inspections, improvements had been made across a number of key areas resulting in improved outcomes for the residents.

This unannounced inspection was undertaken to inform an application by the provider to remove a restrictive condition which had been placed on the providers registration by the office of the chief inspector. This condition states that the registered provider shall take all necessary action to implement their compliance plan submitted on 12 June 2020 and to comply with Regulation 23 Governance and Management, Regulation 13 General Welfare and Development, Regulation 7 Positive Behaviour Support, and Regulation 9 Residents' Rights to the satisfaction of the Office of the Chief Inspector no later than 31 October 2021. This inspection found that overall the provider had implemented said compliance plan. There were improved levels of compliance with the regulations and ongoing quality improvement initiatives. However, there remained some areas for improvement in relation to behaviour support, infection control and the premises.

The centre comprises of two areas within a single storey unit. It was based on a large campus operated by the provider. One area is a self contained apartment for one resident. It contains a bedroom, bathroom, kitchen and a dining come sitting room area. The second area included three resident bedrooms, a kitchen come dining room, a laundry room, bathroom and separate sitting room. As identified in the previous inspection report, the space provided for residents in the centre was limited and not suitable for the long term provision of residential services to the current number of residents being accommodated. The provider reported that alternative accommodation was being sought for two of the residents within the community.

Each of the four residents had been living in the centre for an extended period. Over the course of the inspection, the inspector met briefly with one of the four residents. This resident appeared in good spirits and respectful interactions between the resident and staff caring for them was observed. This resident had limited verbal communication so the views of the resident regarding their care in the centre was not attained. The other three residents were at their day service and attended scheduled activities in the evening. The fourth resident was observed to go out for short walks with staff members on the campus. Staff were observed to interact with the resident in a caring and respectful manner.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of their home. 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 meeting 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.

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.

Overall, residents were supported to engage in meaningful activities in the centre. However, it was noted that one of the residents who presented with complex needs, had minimal opportunities to engage in meaningful activities and links within their local community. The evidence to support this position was not clear. Three of the four residents were engaged in a formal day service programme. An individualised programme of activities were provided for the fourth resident from the centre. Examples of activities that residents engaged in within the centre and in the community included, walks within the campus and to local scenic areas, mindfulness programme, meals out, spectators at motorbike races and church visits. An activity log was maintained. The centre had use of a vehicle to facilitate residents to access community activities and visits to families. There was a sensory room and number of communal garden areas within the campus for residents use.

The full complement of staff were in place. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. Staff were observed to be respectful, kind and caring. Each of the residents had assigned key workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge. It was noted that the staffing roster had been revised in the preceding period to include additional staff at the weekend to meet residents identified needs.

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 person in charge was suitably qualified and experienced. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge had a background as a registered staff nurse and held a degree in intellectual nursing and a certificate in leadership, management and quality initiative in intellectual nursing. She had more than five years management experience. She was in a full time position and was responsible for one other centre

which was located on the same campus. She was found to have a good knowledge of the requirements of the regulations. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her 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. She reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The person in charge and CNM 3 held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service for 2020 and was in the process of completing one for 2021. Unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations had also been completed. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, risk assessments, restrictive practices, rights assessments, incident and accidents, safeguarding, staff training and health and safety checklist. 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.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the timelines 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 sufficient numbers of staff members employed in the centre to meet the assessed needs of the residents. There was a consistent team of staff working with the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Judgment: Compliant

### Regulation 23: Governance and management

Suitable governance and management arrangements had been put in place. The provider had completed an annual review of the quality and safety of the service for 2020 and were in the process of completing one for 2021. Unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations had also been completed. There were clear lines of accountability and responsibility.

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.

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. It was noted that the size and layout of the centre was not suitable for the number of residents currently residing in the centre. There was some upkeep and maintenance required in areas.

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.

There were suitable infection control procedures in place. 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 COVID-19 had been completed. The inspector observed that areas appeared clean but as referred to above some surfaces were worn which meant that these areas could be more difficult to effectively clean from an infection control perspective. A cleaning

schedule was in place which was overseen by the person in charge. Colour coded cleaning equipment was available. 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. Staff and resident temperature checks were being taken at regular intervals. Disposable surgical face masks were being used by staff, in line with national guidance.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately responded to. Appropriate arrangements were in place to report and respond to any safeguarding concerns. The provider had a safeguarding policy in place.

Residents were provided with appropriate emotional and behavioural support. However, some of the support plans in place did not provide sufficient guidance for staff on how to manage and support some residents behaviours and were not based on evidence. The behaviours presented by a small number of residents were difficult on occasions for staff to manage in a group living environment. However, overall incidents were well managed and residents were supported. A log was maintained of all restrictive practices in place and these were subject to regular review.

### Regulation 13: General welfare and development

Overall, residents were supported to engage in meaningful activities in the centre. However, it was noted that one of the residents who presented with complex needs, had minimal opportunities to engage in meaningful activities and links within their local community. The evidence to support this approach was not clear.

Judgment: Substantially compliant

### Regulation 17: Premises

As identified in the previous inspection report, the space provided for residents in the centre was limited and not suitable for the long term provision of residential services to the current number of residents being accommodated. The provider reported that alternative accommodation was being sought for two of the residents within the community.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, there were a number of worn surfaces. For example, there was worn paint on walls and woodwork in some areas, the covering on the sofa in the sitting room of the main area was broken, the grouting around the toilet in the main bathroom was worn or missing and the flooring in one of the bathrooms appeared worn. This meant that these areas were more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional support. However, some of the support plans in place did not provide sufficient guidance for staff on how to manage and support some residents behaviours and were not based on evidence. There was evidence of greater input from members of the multidisciplinary team and allied health professionals. The behaviours presented by a number of residents were difficult on occasions for staff to manage in a group living environment. However, overall incidents were well managed and residents were supported. A log was maintained of all restrictive practices and these were subject to regular review. While there remained significant levels of restrictive practices in use in the centre, the oversight of their usage had improved and they were being actively monitored by the person in charge.

Judgment: Substantially compliant

## Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately responded to. Safeguarding information was on display and included information on the nominated safeguarding officer. Generally, the provider had demonstrated an understanding of the need to protect residents from experiencing incidents of safeguarding while living in this centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. Individual rights assessments had been completed for each of the residents. These covered access to personal possessions, home, wider community and environment, money, privacy, safety, health and well being and freedom of speech. However, there were compatibility issues for the three residents living in the main part of the centre which impacted on these residents' rights. This was evident from required restrictions during meal times. It was noted that there were longer term plans for the decongregation of two of the three residents to more suitable accommodation within the community.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for SVC - BW OSV-0004028

Inspection ID: MON-0036885

Date of inspection: 22/06/2022

## 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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Full MDT for one resident will take place to review all supports in place and to ensure a clear outline of activity sampling to support community inclusion based on their will and preference. The MDT will support the development of an action plan, and incorporate the findings into the individual's personal plan. The plan to be audited on a monthly basis.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider has identified in line with Individual Needs and preference Assessment that two residents would benefit from alternative living accommodation in a community setting. Funding has been secured for suitable premises and the housing officer is actively searching for a suitable location.</p> <p>PIC has commenced training in Enhancing Quality for Transition Practitioner Programme.</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>The designated centre is scheduled for painting in August 2022. All residents will participate in home décor choices.</p> <p>New soft furnishings have been ordered for the sitting room in the designated centre awaiting delivery.</p> <p>All flooring surfaces in the designated centre have been reviewed and areas identified for refurbishment have been prioritized.</p> <p>Deep clean of premises by an external cleaning company to continue in line with planned schedule.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Positive Behaviour Support Plans for residents will be reviewed by the MDT and will include pertinent historical information/data. It will also contain clear guidelines for staff on how to appropriately and effectively manage and support resident's behaviors of concern.</p> <p>The registered provider has identified in line with Individual Needs and preference Assessment that two residents would benefit from alternative living accommodation in a community setting. Funding has been secured for a suitable premises.</p> <p>Restrictive practice will continue to be reviewed and reduced where appropriate with relevant reduction plans by MDT and CNS Positive Support.</p>	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Human Rights Officer works closely with the staff and management in the Designated centre, ensuring that that the appropriate and systems and supports are in place to ensure that each residents rights are upheld. The human rights officer also supports the MDT to ensure that restrictions in use are justified and proportionate to the needs of residents and for the shortest duration possible. Restrictions in place are reviewed 3 monthly by the wider MDT team, and monthly by the PIC, CNS Positive Support and Senior Psychologist.</p> <p>The registered provider will ensure that residents are supported to exercise choice and support over their daily lives in line with their needs, wishes and preferences.</p>	

The organisation has set up a Human Rights committee and will provide oversight of restrictions in place.

The registered provider has identified in line with Individual Needs and preference Assessment that two residents would benefit from alternative living accommodation in a community setting. Funding has been secured for a suitable premises.

Referral to be made to National Advocacy Service (NAS) for one individual with complex needs in relation to access to meaningful activities and community participation.

## 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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	31/12/2022
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	30/04/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	31/10/2022

	designated centre are clean and suitably decorated.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/10/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/10/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Substantially Compliant	Yellow	31/12/2022

	disability has the freedom to exercise choice and control in his or her daily life.			
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	30/04/2023