

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

## Issued by the Chief Inspector

Name of designated centre:	Nova Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	14 August 2024 and 15 August 2024
Centre ID:	OSV-0005098
Fieldwork ID:	MON-0038845

## About the designated centre

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

This centre consists of a complex of five apartment style residences. Each apartment has one or two resident bedrooms and the maximum capacity for the centre is six residents. Each apartment also has bathroom facilities, a kitchen/living area and storage available. The centre is open overnight 365 days of the year and also on a 24 hour basis at weekend and during day service holiday periods. The centre closes from 09.30 until 16.30 Monday to Thursday and until 15:30 on Fridays. During the COVID-19 pandemic, when day services are closed, the centre is staffed at these times. The centre currently provides residential services for five adults with mild to moderate intellectual disabilities. Residents within the centre are supported by staff at a semi-independent level. There is one staff member on duty during the day and one sleepover staff member at night. Staff support is provided by a team leader, a social care worker and care assistants.

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

Number of residents on the date of inspection:	6
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 14 August 2024	11:00hrs to 17:00hrs	Miranda Tully	Lead
Thursday 15 August 2024	09:30hrs to 14:00hrs	Miranda Tully	Lead
Wednesday 14 August 2024	11:00hrs to 17:00hrs	Louise Griffin	Support
Thursday 15 August 2024	09:30hrs to 14:00hrs	Louise Griffin	Support

## What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor levels of compliance with regulations. The inspection took place over two days and was completed by one inspector. This inspection was completed as part of a group inspection whereby inspectors were present simultaneously in three centres operated by the provider and in the provider's offices over a two day period.

Residents lived in individualised apartments that were of a good standard and were designed and decorated to residents individual tastes. The inspector had the opportunity to meet and speak with four of the six residents who lived in this centre. Other residents were attending their day services or with their families. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On the first day of inspection, the inspector was met with by the person in charge on arrival. The inspector also met with two staff who were supporting two residents. The inspector met with one residents who had recently moved to the centre. The resident spoke about their activities for the day which included going for coffee with staff. They also spoke about the furniture in their home and noted their placement was on trial.

The inspector completed a walk round of each individual apartment guided by the person in charge. As noted previously the centre comprised five apartments. One apartment was shared between two residents, another apartment had facilities for staff sleepover arrangements while the remaining three apartments were single occupancy. Apartments for the most part were clean and well maintained, however there were areas which required works such as kitchen surfaces, flooring and areas of paint work. The provider was aware of the works required and was in the process of arranging the necessary works.

The inspector met another resident in their apartment along with their support staff, the resident had returned from an earlier medical appointment. They spoke to the inspector about their typical routine and upcoming events and family. The resident was complementary of the support they received in the centre.

Later in the day, the inspector met with a resident who had returned from their day service, the resident spoke to the inspector about their busy schedule which included voluntary work. The resident showed the inspector their apartment and spoke about their family. It was evident the resident held the person in charge in high esteem and spoke positively about the support they received from them.

The fourth resident the inspector met with, spoke about their engagement in the local

church and the support they provide there. The resident appeared relaxed in their home and in the company of staff. The resident spoke about recent savings they made towards a holiday and efforts they were making to prepare healthy meals at home.

On the second day of inspection, the inspector returned to the centre, a number of residents had left the centre to attend work as scheduled. The inspector completed further documentation review and met with staff working at the time.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. It was found that the care and support provided was person-centred and in line with the residents' specific needs in this centre.

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

## Capacity and capability

Overall findings from this inspection were that the residents were in receipt of a good quality and safe service. The provider was monitoring the quality of care and support they received and working to support residents to gain independence and make choices in their day-to-day lives.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The local management team were found to be familiar with residents' care and support needs and were motivated to ensure that residents were happy, well supported, and safe living in the centre.

Findings indicated that improvements were required in the governance and oversight systems as put in place by the provider. These included improvements in terms of assessment of resident needs and access to documentation to ensure appropriate information was available to staff in a timely manner. This is discussed further in Regulation 26; risk management and also Regulation 23; governance and management.

In addition, improvements were required in the management of residents possessions to ensure appropriate oversight in accordance with individual assessment.

## Regulation 15: Staffing

There was an appropriate number and skill mix of staff present in this centre. There was one sleep over staff and an additional day service staff who provided one to one support for one resident. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents.

The staff personnel files were reviewed by the second member of the inspection team in the provider's offices. The review of staff files completed found that these files contained the information required by the Regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas such as fire safety, safety intervention, safeguarding, infection control and medication management. The inspector reviewed the staff training records and found that all staff had received up to date training or refresher training had been scheduled.

Staff had received supervision in line with the providers policy and procedures.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences.

The provider had oversight mechanisms in place that are required by the Regulation including an annual service review and six monthly unannounced visits and the corresponding reports. These reviews had led to the development of quality improvement plans

Within each of the houses, the person in charge was reviewing oversight systems in place such as audits of key service areas, these included medicines management, fire safety and infection prevention and control. Staff members were clear on their roles in completing daily or weekly reviews and how to access the provider's systems and policies.

However, findings indicated that improvements were required in the governance and oversight systems as put in place by the provider. These included access to

information to ensure the appropriate assessment of need for residents. A resident had transferred to the centre in April, while an assessment was available further information pertaining to risk and healthcare needs became apparent post transition, it was unclear if this information was included in the assessment of the resident. In addition, the consultation and review of impact on other residents was not evident. It is recognised that the trial period for this resident has been extended.

In addition, practices in relation to resident finances were not sufficient to ensure appropriate oversight and safeguards. For example, while there was oversight of current accounts there was no documentary evidence of oversight of saving accounts for residents.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspector had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider is required to develop, adopt, and implement policies in accordance with Schedule 5 and that are specific to the care needs and services provided. The inspectors reviewed the provider's policies and examined each policy individually, as outlined in Schedule 5. From the review of the providers policies, there was no policy in place covering 'The use of restrictive procedures and physical, chemical and environmental restraint'. Therefore this did not provide written guidance for staff in the development of procedures or written guidance on the recognition, assessment, implementation and review of restrictive practices in any of the centres inspected.

Judgment: Not compliant

## Quality and safety



Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. Residents were supported by a staff team who were for the most part familiar with their needs and preferences. Residents appeared comfortable and content in their homes. Residents and staff engaged with the inspectors over the course of the inspection and residents were observed to be out and about and to lead active lives.

As noted previously, improvements were required in the systems in place to support residents finances. In addition further action was required following restrictions not being upheld by the providers human rights committee in April.

## Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre.

Where residents were supported in the management of their finances by others, the provider was engaged with residents and their representatives and working to ensure they had transparent systems in place to ensure residents had full access to their own funds. This was an area which required further review by the provider to ensure appropriate oversight in line with the assessed needs, wishes and preferences of the residents.

In addition, on review of personal inventory lists they had not been maintained to ensure all items of value were listed. For example, electronics such as mobile phones.

Judgment: Substantially compliant

## Regulation 17: Premises

This centre consists of a complex of five apartment style residences. Each apartment has one or two resident bedrooms and the maximum capacity for the centre is six residents. Each apartment also has bathroom facilities, a kitchen/living area and ample storage available. The inspector reviewed each residents individual apartment and found that they were all clean, suitably decorated and laid out to meet the assessed needs of each resident. Residents showed the inspector their homes and gardens which they were very proud of. Some minor maintenance issues had been identified by the provider and work plans were in place to address these. For example, areas which required works included kitchens, flooring and areas of paint

work.
Judgment: Compliant
Regulation 26: Risk management procedures
<p>There were clear policies and procedures pertaining to the management of risk. A risk register was in place which outlined the systems for the identification, management and review of risk. However, risk assessments in resident files were not the most up to date reflecting recent reviews. The person in charge was aware and was in the process of reviewing documentation in resident files. Environmental Risks, Fire Safety Risks, Financial Safeguarding Risks were all reviewed on inspection. Incidents and Accidents were reported, logged, recorded, reviewed and were all found to be responded to in a proactive manner by the provider.</p>
Judgment: Substantially compliant
Regulation 28: Fire precautions
<p>There were systems in place for fire safety management. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. An external contractor was present in the centre on day one of the inspection. There was evidence of regular fire evacuation drills taking place in the centre. The provider had identified the requirement for a night time drill to be scheduled.</p> <p>Where some individuals required additional supports for evacuation such as alerting there was evidence that these were serviced, reviewed and available as required. Centre evacuation plans were in place with guidance for staff on the individual supports residents required. The inspector observed door wedges during the course of the inspection and some doors not closing. The provider was aware of both issues and had sought intervention to address both issues, however they remained outstanding at the time of inspection.</p>
Judgment: Substantially compliant
Regulation 8: Protection
Systems to safeguard residents were clearly evident and staff members knew

residents and their individual support needs very well. The inspector reviewed safeguarding incidents that had been reported and found clear investigation, follow up, learning from and corrective actions had been implemented effectively.

Staff members demonstrated good knowledge on the types of abuse, how to manage safeguarding allegations/disclosures, how to report and record safeguarding concerns and ultimately how to keep residents safe.

Judgment: Compliant

### Regulation 9: Residents' rights

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for residents in relation to their rights, complaints and advocacy services. Through observation and review of systems in place it was evident that residents were facilitated to exercise choice and control in relation to their daily lives. Residents were seen to be consulted for the most part regarding how the centre was run with regular discussion. However, there was limited evidence in relation to the consultation regarding a recent transition to the centre. There was evidence of resident complaints which the provider was in the process of reviewing.

Restrictive practices in use in the centre were reviewed by a human rights committee in April 2024, restrictions in relation to residents finances had not been upheld by the committee. There was no evidence of action or review by the provider in relation to the restrictions.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Nova Residential Services Waterford City OSV-0005098

**Inspection ID: MON-0038845**

**Date of inspection: 14/08/2024 and 15/08/2024**

## **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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>• Following a discussion, it was agreed that going forward the Service Manager and/or Person in Charge will access all documentation available prior to a new admission to ensure the appropriate assessment of needs are completed for the resident.</li><li>• The PIC is working closely with the Social Work Dept, residents and their representatives in order to ensure a clear and transparent system is in place where all residents have full access and oversight over their own funds.</li></ul>	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"><li>• While the Services Policy on Human Rights outlines the requirements for reporting of restrictions the provider is in the final stages of developing a more robust policy which will strengthen our procedures.</li></ul>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• A full personal inventory has been completed for each resident and is available on file.</li> <li>• The PIC is working closely with the Social Work Dept, residents and their representatives in order to ensure a clear and transparent system is in place where all residents have full access and oversight over their own funds.</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• Individual risk assessments have been reviewed and are now available on each residents file.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Following the inspection, maintenance was undertaken to ensure all doors close effectively.</li> <li>• A request has been submitted to have magnetic door release arms fitted to the inside doors. In the interim, all wedges have been discarded and fire doors are kept shut.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The PIC is working closely with the Social Work Dept, residents and their representatives in order to ensure a clear and transparent system is in place where all residents have full access and oversight over their own funds.</li> </ul>	

- All actions will be submitted to the Human Rights Committee in response to their request for same.



## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	28/02/2025
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.	Substantially Compliant	Yellow	28/02/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	20/08/2024

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2025
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	30/11/2024
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 disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	28/02/2025