



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

Issued by the Chief Inspector

Name of designated centre:	SVC - MPH
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	24 February 2021
Centre ID:	OSV-0007769
Fieldwork ID:	MON-0032139

About the designated centre

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

This designated centre is based on the St Vincent's Campus in a suburban area of North Dublin. It is comprised of one residential unit which consists of an entrance hallway; a kitchen, dining and living room area; a sensory room; a staff office; seven resident bedrooms; toilets, bathrooms and shower rooms; store rooms; a visitor room and a laundry room. The centre supports up to seven residents with complex medical needs. It provides a 24 hour residential service to residents and employs a staff team made up of a person in charge, a clinical nurse manager, staff nurses, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 - 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 24 February 2021	09:30hrs to 14:30hrs	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 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 aware of these and had begun to address them.

The centre was located on a large campus setting and was within walking distance of amenities such as the Phoenix Park, local shops, post office, bus network, gym and swimming pool. While the centre was well managed overall, there was a need for the ongoing development and implementation of management systems to ensure appropriate oversight of the care and support being delivered to residents.

The centre was found to be fully accessible, comfortable and homely. There was enough space for residents to share and socialise but also spend time alone if they wished to do so. There was a large open plan living and dining room and there was a sensory room which resident could use whenever required. All of the residents had their own bedrooms and there were sufficient toilets, showers and baths to meet their needs. Bedrooms were decorated in line with residents' tastes which demonstrated consideration had been given to individuality and personal preferences. While the premises of the centre met the needs of residents, the inspector found that significant areas required painting and decorating. There were, for example, multiple areas with damage noticeable to walls, doors and door frames which required attention.

The inspector briefly met with six residents and observed staff members support them. Residents appeared to be happy and relaxed in the company of the staff members and were being supported to eat and drink at this time. Some residents were watching television and appeared to be comfortable and enjoying the programme they were watching. One resident told the inspector that they felt safe in the centre and that they enjoyed the company of the staff members supporting them. The staff team were observed to be kind, patient and respectful towards residents during the period of the inspection.

In addition to meeting with residents and observing care and support being delivered, the inspector spoke with three family members by telephone. Overall the family members were very complimentary of the staff team and managers and communicated that they felt that their relatives were safe residing in the centre. While there were some areas for improvement noted by the family members including access to allied health professionals, communication and the response to COVID-19, overall, they stated that there was a high standard of care and support being provided to residents in this centre. One family member stated that the staff team were "first class" while another said that they "could not praise them enough".

The inspector received six completed resident questionnaires which asked

participants for 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 very positive feedback contained in the completed questionnaires with residents indicating that they were satisfied with the service they were in receipt of.

There was evidence available to demonstrate that residents enjoyed a good quality of life while living in the centre. While the day-to-day activities available to residents had changed significantly due to COVID-19 restrictions, the staff team were supporting residents to engage in alternative activities such as video calls with family members, video calls with friends from day services and residents in other centres, online exercise classes, DVD nights, baking, arts and crafts and walks in the local area.

The inspector found that residents were treated with dignity and respect and where possible were consulted with about decisions such as their care, the operation of the centre and about their individual preferences. There were regular resident meetings being held with opportunity for residents to contribute to decisions such as menu and activity planning. Each resident had an identified key-worker to support them with their goals and to longer term ambitions. There was a self-advocacy group set up within the organisation and information was available with contact details for independent advocacy services and the Health Service Executive confidential recipient. Staff members were observed interacting with residents in a caring and respectful manner. For example, they were observed knocking on bedroom and bathroom doors before entering and when speaking about residents used respectful and appropriate language at all times.

It was clear that the staff team knew the residents very well and had developed good relationships. The majority of the staff team had worked in the centre for some time and this facilitated continuity of care and allowed for staff to become very familiar with residents' individual communication methods and to know their likes and dislikes. Residents appeared comfortable and at ease with the staff members on duty on the day of the inspection.

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

The inspector found that overall, resident were in receipt of a good standard of care and support in this centre. The registered provider, local management team and the staff team were striving to ensure that residents were in receipt of high standard and safe care and support. While the centre was well managed, there were areas

identified that required improvement including the development and implementation of effective management systems and increased oversight of the management of risk in the centre.

There was a clearly defined management structure which meant that the staff team and management teams were aware of their responsibilities and to whom they were accountable. The centre was adequately resourced and there was a person in charge appointed to manage it. The inspector identified a need for increased oversight of the care and support being delivered, for example, an annual review for 2019 or 2020 had not been completed and effective management systems needed further development and implementation. This was clearly evidenced through the systems employed to manage risk and the lack of appropriate oversight of this key area.

The inspector found that there were appropriate numbers of staff members with the right skills deployed in the centre to meet the identified needs of residents. There were planned and actual staff duty rosters maintained and a review of a sample of four staff files found that all required information was present.

A review of staff training records found that in the majority of cases staff had completed training described by the registered provider as being mandatory. However, there were a number of staff members who had not completed required training in the areas of fire safety and managing behaviours that challenge. There were good arrangements in place for the supervision of staff members and one-to-one supervision meetings were taking place with all staff members on a regular basis.

The inspector reviewed the centre's complaints log and found that complaints were investigated and followed up on in a prompt manner. There was a complaints policy in place (dated December 2018) and there were easy read procedures for making a complaint displayed in the centre. A complaints officer had been appointed and their contact details were also on display. There had been five complaints made in the time since the centre was established and in all five cases had been appropriately followed up on. Family members confirmed that they were satisfied with the outcome of the complaints made.

Regulation 15: Staffing

Residents were observed to receive assistance, interventions and care in a respectful, timely and safe manner due the centre employing appropriate number of staff members with the right skills.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff members had not completed training or refresher training in two training courses described by the registered provider as being mandatory.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had not completed a 2019 or 2020 annual review of the centre and there was a need for the development and implementation of effective management systems to ensure greater oversight of the care and support being delivered to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated 24 February 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

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented appropriate systems for the management of complaints in the centre.

Judgment: Compliant

Quality and safety

Overall, the residents living in the centre were in receipt of a good standard of care, however, there were some areas identified which required improvement including the painting and decoration of the premises of the centre and the manner in which risk was managed.

A review was completed of the arrangements in place for the management of risk in the centre. The inspector found that while there was a risk register maintained, this did not outline all identified or presenting risks. In addition, some risk assessments did not appropriately assess risk. For example, a risk assessment was completed regarding the risk of COVID-19 spreading in the centre, however, this was risk rated 12/25 despite a significant outbreak of COVID-19 occurring in the centre in the weeks preceding the inspection. While the management team cited COVID-19 as the greatest current risk in the centre, the risk tools and documentation did not reflect this. As a result, the inspector found that completed risk documentation was not guiding the practice of managing risk in the centre and there was limited oversight of some elements of this regulation.

The inspector reviewed fire precaution arrangements and found that there was a fire alarm and detection system in place along with appropriate emergency lighting. These systems were maintained and serviced on a regular basis by the registered provider. 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 were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. 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.

A review was completed of the measures taken by the provider to protect residents against infection. 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) in the centre and there were systems in place for stock control and ordering. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur in the centre. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing PPE in line with public health guidelines.

The inspector found that residents were appropriately safeguarded from experiencing abuse in the centre. Both the person in charge and staff team were aware of what constituted the different forms of abuse and what to do if they

witnessed, suspected or had an incident of abuse reported to them. There was a safeguarding policy in place in the centre (dated June 2019) and a review of incident and accident data demonstrated that no incidents of a safeguarding nature had occurred in 2019 or 2020.

Regulation 17: Premises

A significant number of areas of the centre required painting and decoration including hallways, bedrooms, door frames and doors.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a need for increased oversight of the management of risk in this centre. The systems in use for managing risk were not effective and assessments of risk were not guiding practice.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector found that the registered provider had taken appropriate action to prevent or minimize the occurrence of healthcare-associate infections in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate actions had been taken by the registered provider to ensure that residents, staff and visitors were protected in the event of a fire in the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken appropriate action to safeguard residents from experiencing abusive incidents in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported where possible to exercise choice and control in their daily lives while availing of the services of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC - MPH OSV-0007769

Inspection ID: MON-0032139

Date of inspection: 24/02/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has reviewed all staff training records and put a plan in place with the training department to address training requirements for staff in 2021: Fire Safety- four staff out of a team of 11 require refresher fire training. This has been escalated to the training department for immediate attention with a date scheduled for completion for end of May 2021 Food Safety- An online food safety programme is now available through the training department. All staff will be facilitated to complete this training by 30th April 2021.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has requested the Quality and Risk Officer to carry out an annual review of quality and safety by June 2021	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Painting and decorating of all rooms/bedrooms and hallways will be prioritized in line with level 5 Covid restrictions being lifted.

All residents will participate in home décor choices.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The register provider has requested the Service Manager, PIC and the PPIM to carry out a comprehensive review of risk management systems in the designated centre to ensure that all risks are assessed, managed and reviewed in line with the organisations risk management policy. The risks identified in the centre will be reviewed quarterly by the PIC and PPIM/ Service Manager.

Review of all risk ratings of risk assessments to be carried out to ensure accurate scoring/risk management.

The Quality and Risk Officer will provide enhanced training on risk management to the PIC and local staff team.

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 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	31/05/2021
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	31/07/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/07/2021
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	30/06/2021

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/06/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2021