



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

Issued by the Chief Inspector

Name of designated centre:	SVC - RC/TL
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	18 October 2022
Centre ID:	OSV-0005548
Fieldwork ID:	MON-0028973

About the designated centre

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

The designated centre comprises of two separate houses in suburban areas of North Dublin. The centre provides full-time residential services to six individuals. The first house is a two storey, four bedroomed house in a quiet community estate. This house is home to two residents. The second house comprises of a four bedroomed bungalow which is located on its own grounds within a campus based setting, operated by the provider. Residents in each of the houses have their own bedroom which had been personalised to their own taste. Each of the houses are located a short distance from a wide variety of local amenities and public transport infrastructure. Residents availing of the services are supported through a staff team which is comprised of a person in charge, social care workers 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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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
Tuesday 18 October 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents, who lived in both of the houses received quality care in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations.

The centre comprised of two separate houses located a relatively short drive away from each other. The first house was home to two residents and it was located in a quiet community housing estate. The second house was home to four residents and was located on its own grounds but within a campus based setting operated by the provider. There were no vacancies at the time of inspection. For the purpose of this inspection, the inspector visited both of the houses. The inspector met with four of the six residents living in the designated centre. A number of the residents met with were reluctant to engage with the inspector but appeared in good form and relaxed in the company of their peers and staff members. A number of the residents indicated that they were happy living in the centre and that the food was to their liking. Warm interactions between the residents and staff caring for them. The residents in one of the houses was observed to enjoy a take away meal together.

The residents in each of the houses had been living together for an extended period and were considered to get along well together. The two residents living in the community based house had previously lived on a campus based setting for an extended period. Staff spoke of the significant enhancement to the lives of both residents since their transition to the community based house some years previous.

Conversations between the inspector and the residents took place from an approximate two metre distance, with the inspector wearing the appropriate personal protective equipment in adherence with national guidance.

Both of the houses were found to be comfortable, homely and overall in a good state of repair. However, there was some worn and chipped paint on walls and wood work in both of the houses, the tile grouting was worn and stained behind the kitchen sink in one of the houses and the bathroom shower tray in the other house had worn and broken surfaces. This meant that these areas could be more difficult to clean from an infection control perspective. Each of the houses had a nice sized private back garden with a seating area for residents use and other items such as a mini basket ball hoop, bird feeder and barbeque. Each of the houses had been personalised to the tastes of the residents who lived there and were a suitable size and layout for the residents' individual needs. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. Halloween decorations were on display in each of the houses.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of their respective homes

and their care. There was evidence that each of the resident's needs and preferences regarding activities and meal times were considered. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support that the residents received. The provider had completed a survey with relatives as part of their annual review which indicated that relatives were happy with the care and support being provided for their loved one.

Residents were supported to engage in meaningful activities. Each of the six residents were connected with a day service programme. Five residents were engaged on a full time basis with a day service programme. One of the residents chose to engage more in an individualised service from this designated centre but maintained a connection with their formal day service programme. Each of the residents were engaged in a good range of other activities within the centre and the local community. Examples of these activities included, walks to local scenic areas, gardening club, bowling, gardening, attending football matches of their chosen team and dining out. A number of the residents enjoyed visits to church and family members graves. One of the residents enjoyed photography and was in the process of creating a calendar with a selection of photos that they had taken. Another resident had a piano keyboard in their bedroom and was an accomplished pianist.

The full complement of staff was in place in one of the houses at the time of inspection. However, there were two whole time equivalent staff vacancies in the other house. These vacancies were being covered by regular agency staff. This meant that consistency of care for each of the residents was being promoted. Recruitment was underway for the vacant positions. The majority of the staff team had been working in the centre for a prolonged period. This enabled relationships between the residents and staff to be maintained. The inspector noted that the resident's needs and preferences were well known to staff met with, and the person in charge on the day of this inspection.

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 management systems and processes in place to promote the service provided to be safe, consistent and appropriate to each resident's needs.

The centre was managed by a suitably qualified and experienced person. She had taken up the position in June 2022 and was found to have a good knowledge of the assessed needs and support requirements for each resident. The person in charge held a degree in applied social studies and a certificate in management. She had more than three years management experience. She was in a full time position and was not responsible for any other designated centre. 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 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 reported to a clinical nurse manager, grade 3 (CNM3) who in turn reported to a service manager. The person in charge and CNM3 held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included, quality and safety checks, fire safety, finance and infection control. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separate management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs residents. However, at the time of inspection, there were two whole time equivalent staff vacancies in one of the houses. The vacancies were being covered by a number of regular relief staff. This provided some consistency of care for the residents. Recruitment was reportedly underway for the vacant positions. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided and booked for staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

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

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents. However, at the time of inspection there

were two whole time equivalent staff vacancies in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended all mandatory training with the exception of one staff member who was overdue to attend refresher training for manual handling. However, this training was scheduled to be completed the week following this inspection. Suitable staff supervision arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations. However, it was identified that a recent allegation or suspicion of abuse had not been reported in line with the requirements of the regulations.

Judgment: Substantially compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. However, to ensure that reviews of the personal plans were completed on an annual basis, in line with the requirements of the regulations and some improvements were required for the maintenance of the premises.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. An individual assessment, care plan and person centred plan was in place for each of the residents. However, an annual review of the person centred plan, in line with the requirements of the regulations, had not been completed for each of the residents. There was evidence that a number of plans had been reviewed on a regular basis by staff. Although, personal goals had been identified for each of the residents, in some cases the goals identified were not specific, far reaching or measurable. For example, goals set for one resident were to 'explore the community and activities'.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place. 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 residents availing of respite. This promoted opportunities for learning to improve services and prevent incidences. Suitable precautions were in place against the risk of fire.

There were procedures in place for the prevention and control of infection. However, there was some worn and chipped paint on walls and wood work in both of the houses, the tile grouting was worn and stained behind the kitchen sink in one of the houses and the bathroom shower tray in the other house had worn and broken surfaces. This meant that this area could be more difficult to effectively clean from an infection control perspective. All other areas in both houses appeared clean and in a good state of repair. The provider had completed risk assessments and put a COVID-19 contingency plan in place, which was in line with the national guidance. A cleaning schedule was in place in each house which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. 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. Disposable surgical face masks were being used by staff whilst in close contact with the resident, in line with national guidance.

Regulation 17: Premises

Both of the houses were found to be comfortable, homely and overall in a good state of repair. However, there was some areas for improvement in terms of maintenance as referred to under Regulation 27 below. Both of the houses were found to be a suitable size and layout for the individual residents living there. Each of the residents had personalised their own homes according to their individual tastes and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, there was some worn and chipped paint on walls and wood work in both of the houses, the tile grouting was worn and stained behind the kitchen sink in one of the houses and the bathroom shower tray in the other house had worn and broken surfaces. This meant that this area could be more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. The fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in both houses. There were adequate means of escape from each of the houses and a fire assembly point was identified to the front of the houses. A procedure for the safe evacuation

of residents in the event of fire was prominently displayed in each house. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving residents had been undertaken at regular intervals. It was noted that the residents in each house were evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices. However, an annual review of the person centred plan, in line with the requirements of the regulations, had not been completed for each of the residents. There was evidence that a number of plans had been reviewed on a regular basis by staff. Although, personal goals had been identified for each of the residents, in some cases the goals identified were not specific, far reaching or measurable. For example, goals set for one resident were to 'explore the community and activities'.

Judgment: Substantially compliant

Regulation 6: Health care

Each resident's healthcare needs appeared to be met by the care provided in the centre. Health plans were in place for residents identified to require same. Each of the residents had their own GP who they visited as required. A healthy diet and lifestyle was being promoted for residents in both houses.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. A small number of the residents presented with some behaviours which could be difficult for staff to manage in a group living environment. However, all incidents appeared to be well managed. Behaviour support plans were in place for residents identified to require same and the provider's behaviour specialist provided

support as required.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. The provider had a safeguarding policy in place. However, it was identified that a recent allegation or suspicion of abuse had not been reported in line with the providers own safeguarding policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to advocacy service and information about same was available for residents. Easy to read documents on residents rights were available. There was evidence of active consultations with residents and their families regarding their care and the running of the centre. Records of 'Choice meetings' were maintained where residents choices are agreed regarding activities and meals. It was noted that rights was a standing agenda item for residents meetings in both of the houses. The provider holds monthly 'Rights Tuesday' meetings across the service which residents can attend if they so wish.

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC - RC/TL OSV-0005548

Inspection ID: MON-0028973

Date of inspection: 18/10/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Two care staff commenced employment 3/10/2022 & 14/11/2022. Staffing in the centre is at full complement.</p> <p>The Statement of Purpose and Function has been updated to reflect the filling of vacant posts.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: PIC will ensure that all notifications of incidents for the designated centre are in line with regulatory requirements.</p> <p>A late notification for a suspected allegation of abuse has been submitted on a NFO6 form.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: A maintenance plan has been implemented to address IPC issues identified and the following areas are prioritised for action:</p> <p>Stained grouting on tiles will be replaced.</p> <p>Shower tray will be replaced.</p> <p>Worn or chipped paint on walls and woodwork will be repainted</p>	

Painting schedule is in place for the centre.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All staff to view Webinar Series to support the Implementation of the National Framework for Person Centred Planning as devised by the HSE</p> <p>Each person's PCP will be reviewed by the PIC and keyworker to ensure goals identified are based on the interests and preferences of the person and are written in a SMART format.</p> <p>Keyworker to review goals monthly and make changes as required</p> <p>PIC to monitor overall progress of PCP goals on a quarterly basis.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All staff will complete refresher Adult Safeguarding training on HSELAND.</p> <p>The Designated Officer will deliver additional training to all staff on the reporting and management of safeguarding concerns in line with the organisation's safeguarding policy</p> <p>A multidisciplinary Team meeting was convened on 27.11.22 to discuss recent allegation of abuse made by one individual. Safeguarding plan is in place.</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.	Substantially Compliant	Yellow	30/11/2022
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	Substantially Compliant	Yellow	30/06/2023

	infections published by the Authority.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	30/11/2022
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	30/06/2023

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2022