



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:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	05 October 2022
Centre ID:	OSV-0007769
Fieldwork ID:	MON-0028974

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:

7

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 5 October 2022	10:00hrs to 16:00hrs	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.

The centre comprised of a seven bed-roomed bungalow. It is situated on a campus based setting, with 10 other residential bungalows, all of which are operated by the provider. The bungalow comprises of seven bedrooms, 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. Each of the residents' bedrooms had been personalised to their own taste and choice. For example, one of the resident's bedroom had a number of pictures of horses which was this residents passion. Pictures of residents and their families were on display throughout the centre. There was a good sized, private and accessible back garden. This included a table and chairs for outdoor dining, pots with planting of herbs and flowers, painted bird houses, sensory ornaments, wind chimes and a gazebo. Residents could also access a number of communal gardens within the campus and a sensory garden. The centre was located in close proximity to local amenities, including, shops restaurants, cinema, swimming pool, public parks and public transport links.

The centre is registered to accommodate seven adult residents and there were no vacancies at the time of inspection. Six of the residents were present on the day of inspection. The seventh resident was staying in their family home for an extended period.

There were long term plans to de-congregate the centre in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". A number of residents had been identified to transition to more suitable accommodation within the community. A defined time-line for the de-congregation of the centre had not yet been determined. It was reported that a discovery process had been commenced with a number of the residents and their families. The purpose of this was to determine their needs, will and preferences in relation to their future life plans as they transition to live in their own home within the community. The provider had put in place a 'transforming lead coordinator in place. The person in charge and clinical nurse manager 1 were scheduled to complete enhanced quality training for de-congregation.

Each of the seven residents had been living together for an extended period and were reported to get along well together. Over the course of the inspection, the inspector met briefly with each of the six residents present on the day of inspection. Although the majority of the residents met with were unable to tell the inspector their views on the quality of the service, they appeared in good spirits. A number of residents were observed to return from their day service and two of the residents

went out on a shopping trip and for something to eat. One of the residents was observed to spend some time in the sensory room and mobilise between various rooms. Staff were observed to interact with the residents in a caring and respectful manner. A number of the residents had limited speech but were observed to be supported by staff to communicate their feelings and wishes.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of the centre. 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 meetings 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. The provider had consulted with residents' families as part of its annual review of the quality and safety of the service and the feedback from families was positive.

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.

Residents were supported to engage in meaningful activities in the centre and within the local community. This supported these residents to develop a valued social role within the community. Each of the residents were engaged in the day service programme ranging from 2 to five days per week. Examples of activities that residents engaged in within the centre and in the community included, library visits, walks within the campus and to local scenic areas and beaches, church visits, family home visits, cooking and baking, gardening, arts and crafts, meals out, plane watching and shopping. There was a horticulturist working on the campus who supported some of the residents with gardening tasks. One of the residents had recently attended an open day in the local Garda station which it was reported that they had recently enjoyed. Six of the seven residents used public transport on a regular basis with the support of staff. In addition, the centre had access to a vehicle which usage was coordinated by the providers transport manager and driver. This could be used to facilitate residents to access community activities and visits to families.

There was one staff vacancy at the time of inspection but this was being filled by regular agency and relief staff. This provided consistency of care for the residents. Recruitment was underway for the position. 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.

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 in intellectual disabilities and she held a certificate in management and quality initiatives. She had been working within the service for an extended period and had more than five years management experience. She was in a full time position and was also responsible for one other designated centre which was located adjacent to this centre within 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 (CNM1). The person in charge 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 and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, finance, incident reports, care plans and medication. 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.

The staff team were found to be appropriately qualified and experienced to meet the residents needs. This was a staff nurse led service with a registered staff nurse rostered on each shift. There was one staff vacancy at the time of inspection but this was being filled by regular agency and relief staff. This provided consistency of care for the residents. Recruitment was underway for the position. The actual and planned duty rosters were found to be maintained to a satisfactory level. The inspector reviewed a sample of staff files and found that all of the documentation required by the regulation was in place.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the time-lines 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 one whole time equivalent staff vacancy at the time of inspection but this was being filled by regular agency and relief staff. Recruitment was underway for the position. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. All training was coordinated centrally and records showed that staff were up to date with all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had been reviewed in June 2022. On review it was found to contain all of the information required by 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. Overall, there were relatively low numbers of incidents in this centre. There were arrangements in place to review trends of incidents on a quarterly basis or more frequently where required.

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. However, some improvements were required regarding maintenance of the premises.

A number of residents living in the centre had complex medical needs. Overall, the residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. A staff nurse was rostered on each shift to ensure that residents medical needs were being met. There was a health action plan for each of the residents which included an assessment and planning for individual resident's physical and mental health needs. Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication and personal care needs and choices. Detailed communication passports were in place to guide staff in supporting the resident to effectively communicate. A small number of the residents were engaged with the provider's speech and language therapist to support their communication. There was evidence that goals had been identified for each of the residents and progress in achieving identified goals was recorded. Personal plans had been reviewed on an annual basis in line with the requirements of the regulations.

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. Suitable arrangements were in place for the management of fire.

There were suitable infection control procedures in place. However, it was noted that there was worn and chipped paint on some walls and woodwork in communal areas and on the ceiling in one of the bathrooms. The flooring and handrail surface in one of the bathrooms appeared worn. It was noted that some damage was related to residents' wheelchair use. This meant that these areas were more difficult to effectively clean from an infection control perspective. 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. A cleaning schedule was in place which was overseen by the person in charge. All areas appeared clean. 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.

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. Staff spoken with were knowledgeable about safeguarding procedures and of their role and responsibility. 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. Residents presented with minimal behaviours that challenge. There had been no peer to peer incidents in the preceding period.

Regulation 17: Premises

The centre was comfortable and homely. Each of the residents had their own bedroom which had been personalised to their own taste and choice. As identified under regulation 27, maintenance was required in some areas but overall the centre was in a good state of repair. It was noted that storage arrangements for equipment used by residents was limited in the centre but all egress routes were maintained clear. There was a private garden to the rear of the centre which included a table and chairs for outdoor dining, pots with planting of herbs and flowers, painted bird houses, sensory ornaments, wind chimes and a gazebo.

Judgment: Compliant

Regulation 26: Risk management procedures

There were suitable risk management arrangements in place. 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 was evidence of a weekly hazard inspection. However, it was noted on the day of inspection that there was some moss build up on paths at the back of the centre which lead to a fire escape route. Arrangements were made to address this on the day of inspection.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place for prevention and control of infection. However, it was noted that there was worn and chipped paint on some walls and woodwork in communal areas and on the ceiling in one of the bathrooms. The flooring and handrail surface 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 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents was prominently displayed. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place.

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.

Judgment: Compliant

Regulation 6: Health care

The residents' health needs were being met by the care and support provided in the centre. There was a registered staff nurse rostered on duty at all times. Detailed health action plans were in place. Records were maintained of all contacts with health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional support. Support plans were in place for residents identified to require same. Overall residents presented with minimal behaviours of concern. There was a restrictive practice register in place which was reviewed at regular intervals. There were reduction plans in place for some restrictive practices.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. Safeguarding information was on display and included information on the nominated safeguarding officer. It was noted that safeguarding discussed at resident house meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights were promoted by the care and support provided in the centre. There was evidence that residents were consulted with, regarding their choice and preferences for meals and activities. Each of the residents had their own bedroom which promoted their dignity and independence. Staff were observed to treat residents with dignity and respect. Residents had access to advocacy services. It was noted that staff had completed some training regarding residents rights. The residents guide had been reviewed in July 2022 and included information on residents rights.

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	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	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC - MPH OSV-0007769

Inspection ID: MON-0028974

Date of inspection: 05/10/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Painting schedule is in place in designated center, ensuring to include high priority areas ie. Communal area walls, bathrooms and woodwork in communal areas.</p> <p>Identified bathroom has been prioritized for refurbishment, which will include new flooring and handrails.</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 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	30/07/2023