



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:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2021
Centre ID:	OSV-0005548
Fieldwork ID:	MON-0028995

About the designated centre

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

The designated centre provides full-time residential services to six individuals and is based in a suburban area of North Dublin. The centre is located within reach of 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, a social care worker and care assistants. The premises of the centre are made up of one building which on the ground floor contains an entrance hallway, a large living room, a large kitchen and dining space, a small utility room, and a small toilet area. On the first floor there are two large resident bedrooms (one of which has en-suite facilities), a staff sleep over bedroom, a staff office, a large main bathroom, a storage room, and a boiler room. The exterior space of the centre includes a driveway to the front of the building and a small garden space to the side and rear.

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 - 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
Thursday 10 June 2021	10:00hrs to 14:35hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From speaking to residents and from what the inspector observed, this was a well run centre which provided a high standard of care and support to the individuals who were availing of its services. The inspector found that there was a culture present in the centre which promoted the human rights of residents and delivered services in a person-centred approach. It was clear that residents enjoyed a good quality of life and were supported to live active and meaningful lives.

The inspector met with three residents on the day of the inspection. They were engaging in various activities including supporting staff members prepare for a barbecue which was planned for later in the evening. The residents told the inspector that they enjoyed living in the centre and felt safe. One individual told the inspector about a recent close bereavement they experienced and the staff team explained how they supported this resident to come to terms with this loss. Staff members supporting the resident group were observed to be kind and respectful in their interactions with individuals. The staff team knew the individual needs of residents very well including their preferences and methods of communication. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease.

In addition to speaking with residents, the inspector received four completed resident questionnaires. The questionnaires asked for participant 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 provided in the completed questionnaires with residents indicating that they were satisfied with the service they were in receipt of. One resident, with the assistance of a staff member, stated: "I like being able to go for walks in the local park and having our own garden". The resident also said they were "happy" living in the centre and enjoyed going "swimming, watching planes at the airport and long walks". Another resident said they "like the staff team" and was enjoying "growing tomatoes" while a third resident said they were also happy in the centre and liked "going for walks, drives, picnics in the park, the cinema and day trips".

The inspector also spoke with two family members of residents who were availing of the services of the centre by telephone. In both cases, the family members told the inspector that they were very satisfied with the services their loved ones were in receipt of and were very complimentary of both the staff team and person in charge. One family member said "the staff team have always been great but have really proved their value in the last 18 months with the ongoing pandemic". They added, "we really admire what they have done" and that they were "...completely happy with the service" being provided in the centre. Another family member stated that "the staff team have been absolutely wonderful" and that the centre was "a

lovely home" for the residents.

Due to the public health guidelines in place at the time of the inspection, the inspector visited only one of the two units which made up the centre. The inspector completed a full walk through of the premises of this unit in the company of the person in charge. The unit was clean throughout decorated in line with the preferences of the residents and provided for a homely living environment. Each resident had their own bedroom and the unit was spacious in nature to allow for a comfortable environment. There was a garden to the rear and side of the house which provided for an outdoor dining space, areas for relaxation and for gardening and the planting of vegetables.

The inspector found that there was clear evidence available to demonstrate that residents enjoyed a good quality of life while living in this centre. It was also clear that the human rights of the resident group had been considered, promoted and protected by the staff team. There was a culture present in the centre which placed the residents at the centre of decisions taken and promoted their involvement in the operation of the centre. While there had been interruption to the day-to-day activities and routines familiar to the resident group as a result of the COVID-19 pandemic, the inspector found that creative and individualised alternatives had been developed by the staff team to support residents during this period. There was evidence that during this time residents were supported with goals such as building on their independent living skills, maintaining good relationships with families, looking after a new pet and learning music. Some residents told the inspector how they were planning to go on day trips, go on an overnight break away to a hotel, meet with family and friends, and re-engage with their day services once the public health restrictions were lifted.

There was evidence available to the inspector to demonstrate that considerable thought had been given to the manner in which residents were supported with their personal rights. There were regular resident meetings held where a wide range of issues were discussed including complaints, safeguarding, maintenance issues, access to day services, fire drills, COVID-19, the importance of hand hygiene, family visits, menu planning, personal goals, upcoming birthdays and activity planning. Residents had been fully informed about the COVID-19 vaccination programme. The staff team developed social stories and easy read information on the vaccine programme to ensure that informed consent was in place. In one case, the staff team adapted a communication device for one resident to assist them prepare for the COVID-19 vaccine. This device also allowed for communication about a range of matters such as meals, snacks, activities, clothing and the inspector observed how it had been modified to show centre specific pictures so it had greater relevance for the resident. Staff members met with outlined how this had helped empower the resident and provided for greater choice and control over their daily life.

Overall, the findings of this inspection were very positive, however, there were some areas that required improvement to ensure compliance with the regulations. These included the need for improved continuity of care and support for residents; clarity on the part of the registered provider regarding the staffing allocation in the centre; and the need for redeployed, agency and relief staff to be included in the formal

staff supervision arrangements.

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

Overall, the inspector found that this centre was well managed and residents were in receipt of high quality and safe services. The findings of the inspection were very positive and there was clear evidence to demonstrate that care and support was being delivered through person-centred and human rights based approaches. Despite this, the inspector identified some areas which required improvements to ensure that the centre would be fully compliant with the regulations.

The inspector found that there was effective leadership in the centre through the person in charge who was aware of their responsibilities, the requirements of the regulations and legislation and had developed and implemented local effective management systems. There were clear management structures in place and the centre was adequately resourced. An annual review for 2020 and unannounced visits to the centre had been completed as required by the regulations.

There was a need on the part of the registered provider to clarify the allocation of staffing to the centre as a review of duty rosters found that there was a shortfall of approximately 30 hours per week when the documents were compared to the allocation of staffing as set out in the centre's statement of purpose. Despite this, the inspector found that the number and skill mix of the staff team deployed in the centre was appropriate to meet the number and needs of the residents who were availing of its services. The inspector identified the need for improved continuity of care and support for residents. There was a reliance on relief and agency staff members to support the centre's staff team. For example, in April 2021 agency and relief staff were rostered for 21.8 per cent of all hours and in May 2021 this increased to 26.5 per cent.

There was a wide range of ongoing training being completed by the staff team as part of their continuous professional development. All staff members had completed all training described as being mandatory in the organisation's policies. While there were good arrangements in place for the supervision of the permanent staff team, there was an absence of such arrangements for staff members who had been redeployed to the centre from other areas and for relief and agency staff.

Regulation 15: Staffing

While the inspector found that the centre was appropriately resourced, there was a lack of clarity on the part of the provider as to the agreed staffing allocations for the centre. There was a reliance on agency and relief staff to support the staff team and the inspector found that this resulted in discontinuity of care and support for residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a need for the registered provider to appropriately supervise some members of the staff team who at the time of the inspection were not in receipt of formal supervision when employed in the centre. There were good arrangements in place for the oversight of staff training and the inspector found that all staff members had completed training courses described by the registered provider as being mandatory.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of high-quality person-centred care and support. There was good oversight of the care and support being delivered to residents and there was evidence to demonstrate ongoing quality improvement initiatives within the centre. There was a strong and competent person in charge leading the staff team and effective management systems had been developed and implemented.

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 effective systems for the management of complaints in the centre. A complaints register was maintained and there was clear evidence available to demonstrate that complaints had been investigated and responded to in a timely manner and complainants were satisfied with the outcomes of these actions. There were easy read procedures on display in the centre to support residents when making a complaint and the inspector observed a culture of promoting and welcoming complaints from residents and their representatives.

Judgment: Compliant

Quality and safety

The inspector found that the residents who were availing of the services of the centre appeared to receive care and support which was of a high standard, promoted a human rights and person-centred approach, and safeguarded them from experiencing abuse. There was evidence available to demonstrate that residents were supported to live active, meaningful and rewarding lives in the centre. The activities which residents were engaging in reflected their interests and facilitated the ongoing development of life skills. Residents were consulted with about how the centre would be operated and their needs were being met through good access to healthcare services and allied health professionals.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. While there had been a number of incidents of a minor nature in the time since the last inspection, the inspector found that these had been appropriately followed up on and investigated in line with local and national policies.

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

Regulation 17: Premises

The premises of the centre were found to be very clean, spacious and well maintained throughout. There was sufficient provision of private and communal accommodation and provided for a comfortable living environment for residents. Overall, the premises of the centre were found to meet the individual and collective needs of the residents through its design and layout.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider and person in charge had a good understanding of the different levels of risk, the type of service being provided, the individual needs of residents, and the needs of the staff team and visitors and had taken appropriate action to manage presenting risks. There was a risk management policy in place and the person in charge had maintained a risk register which was found to contain all presenting risks and hazards. A sample of risk control measures were reviewed and were found to be in place at the time of the inspection. There were quarterly reviews of incidents and accidents which had occurred in the centre and a sample of these were reviewed by the inspector who found that appropriate follow up actions had taken place where required.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. Residents had been supported to understand the COVID-19 pandemic and the need for increased infection prevention and control practices such as regular hand washing and sanitization.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. 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.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe in the centre and their families reported observations which supported these statements. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise their rights; were included in decision making processes about their care and support; and were supported to exercise choice and control over 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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-RC/TL OSV-0005548

Inspection ID: MON-0028995

Date of inspection: 10/06/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 15(1) The staff WTE will be updated in the Statement of Purpose and Function to reflect the following:</p> <ul style="list-style-type: none"> • An additional 60hrs support is currently being provided across the designated centre (i.e. 30 hours in Rossan Court, 30 hours in The Lodge) in response to residents receiving day service supports via their home. • Maternity leave post continues to be covered by regular relief staff (as per SOPF) and recruitment process remains ongoing. <p>15(3) The designated centre has a cohort of regular agency and relief workers who are familiar with the individual needs of those who reside in the centre. Evidence of same can be viewed on duty rosters. SOPF to be updated to include this information.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: 16(1)(B) The PIC had completed induction with agency and relief staff prior to this visit. Going forward the PIC will include agency and relief workers in the centers supervision schedule. Documented evidence of same will be maintained in line with service supervision guidelines.</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	31/07/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/07/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	14/08/2021

