



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

Name of designated centre:	Sylvan Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	10 July 2018
Centre ID:	OSV-0001485
Fieldwork ID:	MON-0021583

## About the designated centre

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

Sylvan Services can support nine male and female residents aged over 18 years with a diagnosis of intellectual disability, who require a level of support ranging from minimum to high, which may include co-morbidity. This service is a combination of residential and respite care. Respite care is provided on the basis of planned, recurrent, short stay placements.

Sylvan Services comprises two houses in residential settings on the outskirts of a city. The houses are centrally located and close to amenities such as shops, restaurants, public transport, pharmacists and churches. The houses are comfortably furnished, have gardens, and meet the needs of residents. All residents have their own bedrooms.

Residents are supported by staff teams which include the person in charge, social care workers and care assistants. Staff are based in the centre whenever residents are present, including at night time.

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

Current registration end date:	14/12/2018
Number of residents on the date of inspection:	7

## How we inspect

To prepare for this inspection the inspector or 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
10 July 2018	09:30hrs to 16:55hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with all seven residents who were living in the service on the day of inspection. Some residents talked about living in the centre, while some did not have the capacity to discuss the service with the inspector. However, the inspector observed that residents were relaxed and comfortable in the centre and in the presence of staff and other residents. It was evident that staff prioritised the welfare of the residents, and ensured that they were supported to take part in activities that they enjoyed doing during the day based on each person's individual abilities and preferences. The inspector received feedback and views from families of some residents who used this service. Overall, families expressed a high level of satisfaction with the service their family members received, and all were very complimentary of staff. However, some families expressed dissatisfaction with certain aspects of the service and these were reviewed during the inspection.

## Capacity and capability

The inspector found that residents received care and support that was person centred in nature and facilitated them to enjoy activities of their choice on a daily basis. The provider's practices further ensured that residents' well-being was promoted at all times.

There were effective governance and management arrangements in place which ensured that the service received by residents in the centre was safe and of a good quality.

On the day of inspection there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs including their activity programmes. It was evident that staff knew the residents and their care needs well.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. The person in charge was based in the centre and worked closely with residents and staff. He also ensured that staff had formal supervision sessions at least three times each year. Throughout this registration cycle, the inspector had found the person in charge to be very familiar with residents' care and support

needs, knowledgeable of his legal responsibilities, and competent in his role. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge.

Since the last inspection, the provider and management team had ensured that any issues that required improvement had been addressed, which improved the overall quality and safety of service to residents. However, some minor improvement was required to service agreements, the complaints process and the statement of purpose.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the chief inspector as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training relevant to their roles such as diabetes care and feeding, eating and drinking. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

#### Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place in the centre. These agreements included the required information and had been agreed with residents' representatives. However, while the terms on which residents shall reside in the designated centre were clearly stated, it was not clear that all services were being provided in accordance with the terms of the written agreements.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations and was being reviewed annually by the person in charge. However, it did not clearly state some of the information required by the regulations. In addition, the statement of purpose had not been made available to residents and their representatives.

Judgment: Substantially compliant

## Regulation 30: Volunteers

There was evidence that volunteers in the centre met the requirements of the regulations, such as having suitable vetting disclosures.

Judgment: Compliant

## Regulation 34: Complaints procedure

Overall, there was a suitable procedure for the management of complaints. The provider had ensured that residents were aware of the complaints process. While there had been a low level of complaints in the centre, records showed that complaints were taken seriously by the provider, and had been investigated and finalised. However, there was a lack of clarity about the appeals process. The information in the complaints policy regarding the independent appeals process was not consistent with the information stated in the centre's procedure. In addition, there was no evidence to show that details of the appeals process were made known to a complainant with the outcome of the complaint.

Judgment: Substantially compliant

## Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that residents were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

Residents' quality of life was prioritised by the systems in the centre - and their choices were supported. The inspector could see that residents were out and about in the community and they confirmed that they enjoyed this.

Overall, the centre suited the needs of residents. As both houses were centrally located residents had very good access to local amenities. All residents had their own bedrooms. The rooms were decorated to residents' liking and there was adequate furniture such as wardrobes, bedside lockers and chests of drawers for residents to store their clothing and belongings. All residents had access to keys to their bedrooms and could lock their doors if they chose to. Overall, the centre was clean, comfortable, well decorated and suitably furnished. However, some improvement was required, as in some areas paintwork had become worn and

stained and required to be cleaned or upgraded. This reduced the comfort of residents using these areas.

The provider had ensured that effective measures were in place to protect residents from harm or abuse. These included policies and procedures to guide staff, safeguarding training, and behaviour management protocols and support.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. Recommendations from multi-disciplinary supports were included in residents' personal plans to ensure that the plans were comprehensive. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met. In a sample of personal plans viewed, the inspector found that while progress in achieving person goals was being well recorded and that many of the goals had been achieved, suitable progress had not been made to address one goal that was very important to a resident.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as chiropody, dental and optical services, were arranged in the local community. Plans of care were developed for residents' which identified their specific healthcare needs. This ensured that residents' healthcare requirements were identified, and that plans were in place to ensure that this care was appropriately delivered.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

### Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their own wishes, and there was sufficient rooms in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends.

Judgment: Compliant

### Regulation 13: General welfare and development

Suitable support was provided to residents in line with their individual choices and interests, as well as their assessed needs as described in their personal plans.

Residents were supported to develop living skills, take part in household tasks, take walks, go shopping, use computerised technology, and to eat out.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre is comprised of two houses, which were clean, comfortably furnished and generally well decorated. However, in parts of the centre, paintwork had become stained and defective.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in the preparation of, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

### Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There were suitable arrangements in place to support any resident who transitioned to or from the centre. There was an up-to-date policy to guide practice. A recent transition plan for a resident was based on transparent criteria, was person centred, well planned, and contained a range of relevant information to support the resident

during the transition. The person in charge was very mindful of the importance of compatibility in the transition process.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings were attended by the resident or their representatives, support staff, and multidisciplinary supports if relevant. Residents' personal goals, both social, health and developmental, were agreed at these meetings and were further reviewed at six-monthly intervals. Records of residents' personal goal planning were kept - these included specific time frames, named supports and progress updates in achieving the goals. However, a goal that was very important to a resident had not been progressed due to an organisational arrangement, and this impacted on all residents' access to, and enjoyment of, a specific activity.

Judgment: Substantially compliant

### Regulation 6: Health care

The health needs of residents were well met. Residents healthcare needs were assessed and they had good access to general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. All staff had attended training in relation to the management of behaviour that challenges. Behaviour support plans had been developed when required, with input from a psychologist or behaviour support specialist. These plans were being implemented and there had been a reduction in occurrences of incidents

arising from behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, there was an up-to-date safeguarding policy to guide staff, and there was a designated safeguarding officer to support residents and staff. The management team were very clear about what constituted abuse and suitable safeguarding plans has been developed as required.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Sylvan Services OSV-0001485

Inspection ID: MON-0021583

Date of inspection: 10/07/2018

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>All contracts for residents in Sylvan Services have been reviewed with the residents and/or his/her family representative including the terms on which that resident resides within the designated centre. The contracts include the quantum of residential placements offered to residents.  </p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed and amended to include all the required information set out in the regulations. A copy of the Statement of Purpose has been placed in the centre for residents and their representatives to view. In addition to this, an easy to read summary of the Statement of Purpose has been drafted and made available to residents. This summary contains visuals and staff will support the residents at weekly house meetings with reviewing its content.  </p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Sylvan Services local procedure on complaints has been reviewed and amended to include the appeals process which is consistent with the organisation's policy and procedure.</p> <p>This updated procedure has been displayed in the centre. In the event of a complaint</p>	

being made the complainant will be informed promptly of the outcome of his/her complaint and details of the appeals process as per regulation 34.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  The PIC, PPIM and Ancillary service manager continue to ensure that the designated centre is kept in a good state of repair internally and externally and arrangements are in place to address the painting requirement.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  The registered provider has ensured, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident. However, one specific activity currently cannot be provided to residents as the organisation's insurers have specified that this activity is not covered by the insurance policy and they are not prepared to extend cover despite the organisation's best efforts to have same extended.	

## 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 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	31/01/2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	27/09/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/09/2018
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	12/07/2018
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	27/9/2018