Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	SVC - BW
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	15 March 2023
Centre ID:	OSV-0004028
Fieldwork ID:	MON-0030256

About the designated centre

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

The designated centre is made up of one unit and is based on a campus setting in North Dublin. It provides 24 hour residential supports for up to four residents with complex support needs. The centre is comprised of two areas one of which accommodates one resident. It contains a kitchen and dining room, a small sitting room, a bathroom and a bedroom. The second area of the centre accommodates three residents and contains a staff office, three resident bedrooms, a kitchen and dining room, a laundry room, a sitting room, and a bathroom. Both areas of the centre share an outdoor garden space. The staff team employed in the centre are made up of a person in charge, a clinical nurse manager, social care workers, staff nurses, and carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 15 March 2023	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector of social services observed, there was evidence that the residents living in the centre received good quality care and support. Some improvements were required regarding maintenance of the premises and arrangements for the review of restrictive practices and personal plans.

The centre is situated on a campus based setting, with 10 other residential bungalows, all of which are operated by the provider. The centre is located in close proximity to local amenities, including, shops, restaurants, cinema, swimming pool, public parks and public transport links. The centre is a bungalow and comprises of two separate areas. The central area has a kitchen come dining room, a sitting room area, three resident bedrooms, and an adapted bathroom with shower and bath facilities. There is also an adjoining self contained apartment which comprised of an open plan living and dining space with a kitchenette, a resident's bedroom and a bathroom. This area had a minimalistic feel as per the resident's preference. Each of the residents had their own bedroom which had been personalised to their own taste and choice. For example, one of the resident's bedroom had a number of pictures of motorbikes which was this residents' passion. Pictures of residents and their families were on display throughout the centre. Art work completed by some of the residents was framed and on display in areas. There was a good sized, secure, private and accessible garden for residents use. This included a seating area. Residents could also access a number of communal gardens within the campus and a sensory garden. Laundry facilities were available in an external utility room.

The centre is registered to accommodate up to four adult residents and there were no vacancies at the time of inspection. Two of the residents were present on the day of inspection. These residents were unable to tell the inspector their views of the service but they appeared in good form and comfortable in the company of staff and their peer.

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 but suitable accommodation for two of the residents had been identified and a draft transition plan had been formulated. A discovery process had been progressed with a number of the residents and their families. The purpose of this was to determine the individual residents' 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 lives' lead who was responsible for coordinating the de-congregation process. A number of management and staff had completed enhanced quality 'good lives' training for de-congregation.

Each of the four residents had been living together for an extended period and were

reported to generally get along well together. It was noted that the behaviours of a small number of the residents could on occasions be difficult for staff to manage in a group living environment. However, overall incidents appeared to be well managed and residents were provided with appropriate support. 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 meeting 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. A number of the residents went for overnight stays to their family home each week.

Residents were supported to engage in some meaningful activities in the centre and within the local community at a level that best suited the individual. However, it was acknowledged that engagements for some residents within their local community was limited and should be facilitated more so as to support these residents to develop a valued social role within the community. Three of the four residents were engaged in a formal day service programme operated within the campus. However, because of staffing vacancies within the day service it was noted that day service hours had been reduced to two to three days per week. The fourth resident was engaged in individualised activities coordinated from the centre which it was felt best met this resident's needs. There was a horticulturist working on the campus who supported some of the residents with gardening tasks. Examples of other activities that residents engaged in within the centre and within the community included, 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, bowling and shopping. The centre had access to a vehicle which could be used to facilitate residents to access community activities and visits to families. The centre was also located in close proximity to a range of public transport links.

There was one and a half whole time equivalent staff vacancies 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 keys 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 on extended leave at the time of inspection and the provider had appointed an interim person in charge. The interim person in charge held a masters in intellectual disability nursing practice, a degree in nursing and a certificate in clinical leadership. She had more than five years management experience. The interim person in charge had a sound knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations. She had been working within the service for an extended period. She was in a full time position and was also responsible for one other centre located nearby on the same campus. The interim 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 interim person in charge was supported by a clinical nurse manager (CNM1). The interim person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The interim 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 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, health and safety, 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. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents. However, there was one and a half whole-time equivalent staff vacancies at the time

of inspection. 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. There were regular staff meetings every six to eight weeks and evidence that agreed actions from each meeting were followed up on at the next meeting.

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 interim 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 was one and a half whole time equivalent staff vacancies at the time of inspection. However, 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

Overall, staff were provided with appropriate training to support them in their role. However, it was noted that a small number of staff were overdue to attend refresher training in some mandatory training areas. Suitable staff supervision arrangements were in place.

Judgment: Substantially 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 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, reviews of residents' personal plans on an annual basis, and arrangements for review of restrictive practices.

The residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. However, it was identified that two of the residents' personal plans had not been reviewed on an annual basis in line with the requirements of the regulations. For one of the other residents, an annual review had been completed but there was no evidence of family involvement or that the effectiveness of the plan in place had been reviewed as per the requirement of the regulations. Personal goals had been identified for individual residents. However, in some cases goals identified were not specific and consequently this meant it would be difficult to monitor any progress in achieving them. For example, a goal for one resident was to support well-being walks. 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.

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 some worn surfaces on floors, walls and woodwork in areas and surfaces of individual pieces of furniture were slightly worn in areas. 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 infection control and 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.

Residents were provided with appropriate emotional support. Support plans were in place for residents identified to require same and these contained detailed proactive and reactive strategies to support residents. The plans had been devised and reviewed by the providers' clinical nurse specialist in positive behaviour support. It was noted that a number of the residents presented with some behaviours which could on occasions be difficult for staff to manage in a group living environment. However, overall behavioural incidents were well managed. There was a restrictive practice register in place which was reviewed at regular intervals. It was noted that there was a multi-disciplinary team decision making process regarding the use of restrictive practices. There were reduction plans in place for some restrictive practices. However, the rationale for the ongoing use of a restrictive practice around meal times for one of the residents was not clear. There was limited evidence available on the day of inspection, to demonstrate where an identified residents' behaviour necessitated a restrictive practice intervention during meal times.

There were measures in place to protect residents from being harmed or suffering from abuse. There were appropriate arrangements in place to respond, report and manage any safe guarding concerns. Staff spoken with were knowledgeable about safeguarding procedures and of their role and responsibility. The provider had a safeguarding policy in place.

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 the overall living space was limited for the four residents living there but all egress routes were maintained clear. There were two separate private garden areas to the rear of the centre which included a seating area.

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 regular hazard 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 some worn surfaces on floors, walls and woodwork in areas and surface of individual pieces of furniture were slightly worn in areas. 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

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. However, two of the residents personal plans had not been reviewed on an annual basis in line with the requirements of the regulations. For one of the other residents, an annual review had been completed but there was no evidence of family involvement and or that the effectiveness of the plan in place had been reviewed as per the requirement of the regulations. Personal goals identified for some of the residents were not specific or measurable. Engagements for some residents within their local community was limited and did not always support these residents to develop a valued social role within the community.

Judgment: Substantially 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 rostored 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

Overall, residents were provided with appropriate emotional support and there was a restrictive practice register in place which was reviewed at regular intervals. However, the rationale for the ongoing use of a restrictive practice around meal times for one of the residents was not clear. There was limited evidence available on the day of inspection, to demonstrate where an identified resident's behaviour necessitated a restrictive practice intervention during meal times.

Judgment: Substantially compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Safeguarding information was on display and included information on the nominated safeguarding officer. It was noted that safeguarding was discussed at staff and resident house meetings. It was noted that a number of the residents presented with some behaviours which could on occasions be difficult for staff to manage in a group living environment and could have an impact on other residents. However, overall incidents were considered to be well managed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. All of the staff team had attended human rights training and told the inspector that it positively impacted their work with residents. There was evidence that residents were consulted with, regarding their choice and preferences for meals and activities. A rights assessment and rights awareness document had been completed for each of the residents and included details of identified actions to be progressed. 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 and advocacy discussed at residents meetings. The residents guide had been reviewed and included information on residents rights. The provider had an identified human rights officer and a regional steering advocacy committee that provides oversight on advocacy issues as they arise.

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	Substantially compliant
Regulation 23: Governance and management	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC - BW OSV-0004028

Inspection ID: MON-0030256

Date of inspection: 15/03/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A training needs analysis has been completed identifying the deficits in staff training. A list of outstanding training has been completed and forwarded to the training department. Staff will be scheduled in for mandatory training. All outstanding mandatory training will be completed by 30/6/2023	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: New floor covering has been laid in one bedroom. A maintenance plan has been implemented to address IP&C issues identified and the following areas are prioritized; worn floor surfaces, surfaces of individual pieces of furniture, walls and woodwork	
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:
Staff to view Webinar Series to support the Implementation of the National Framework for Person Centred Planning as devised by the HSE

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.

Keyworker to evaluate progress of goals on a monthly basis.

PIC to monitor overall progress of PCP goals on a quarterly basis.

Families will continue to be given opportunities to attend MDT and PCP meetings

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Restrictive Practices interventions are reviewed in line with Avista Policy on Restrictive Practices
Restrictive practices around access to the kitchen during will be reviewed by the MDT for one individual resident to ensure that the least restrictive measures are being considered and that the plan is reviewed quarterly or sooner as necessary

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2023
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	03/10/2023

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.	Not Compliant	Orange	30/06/2023
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Not Compliant	Orange	30/06/2023
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation	Substantially Compliant	Yellow	30/06/2023

	every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			