



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

Issued by the Chief Inspector

Name of designated centre:	SVC - AG
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	19 July 2021
Centre ID:	OSV-0004021
Fieldwork ID:	MON-0025691

About the designated centre

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

SVC-AG provides full-time residential care and support to adults with intellectual disabilities who are of an aging profile and who have complex medical presentations with multiple comorbidities. SVC-AG is located within a campus setting in a residential area of a city and is close to local shops and other amenities such as cafes, public houses and a swimming pool. The centre comprises of three bungalows. The communal facilities in each bungalow are of a similar layout with residents having access to an open plan communal area which incorporates lounge, kitchen and dining room facilities. The open plan area in two of the bungalows also provides direct access to rear gardens with covered seating areas. The third bungalow does not have a rear garden, although a front garden is provided again with a covered seating area for residents to use. The bungalows have two toilets as well as a communal bathroom with an additional toilet facility as well as an accessible walk-in shower and adapted bath. A further smaller sitting room is provided in each bungalow to enable residents to meet their friends and family in private. Residents are supported in each bungalow by a staff team which comprises of nursing, care and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Monday 19 July 2021	10:00hrs to 13:30hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From meeting and spending time with residents and from what the inspector observed, it was clear that this was a well run centre which provided high standards of care and support to those who were availing of its services. There were multiple examples available to the inspector which demonstrated that a person-centred culture had been established in the centre and residents enjoyed a good quality of life as a result of the care and support interventions provided.

The inspector met briefly with 13 residents who were living in the centre at the time of the inspection. They were engaging in a variety of activities including relaxing outdoors, watching television, listening to music, and enjoying a meal. Some other residents had gone for a walk with staff members. There was a relaxed and clam atmosphere in the three units of the centre and the resident group appeared to be happy, comfortable and content.

It was clear that despite the complex health conditions that residents presented with, the staff team had made considerable efforts to support residents to live meaningful and active lives. While the centre was located on a campus setting and availed of shared services such as centralised kitchens and stores, the staff team had commenced local shopping for groceries to allow for a more person centred approach and to facilitate the individual likes to be accommodated. In addition, the inspector found that a recent transfer of a resident into the centre from another area of the service was well managed and brought about positive changes for the individuals involved.

The inspector observed that the staff team were respectful in their interactions with residents and treated them in a kind and patient manner. They were observed to act in a dignified manner through knocking on doors of bedrooms and bathrooms before entering and by speaking about residents and their needs in a sensitive and respectful way. 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 meeting with residents, the inspector received three 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 positive feedback provided in the completed questionnaires with respondents indicating that they were very satisfied with the service they were in receipt of.

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 told the inspector that despite the difficult and challenging times caused by the COVID-19 pandemic, "...the staff team made it so easy for us". They added that the "staff team were absolutely excellent" and stated that they "would never be able to fully express their gratitude to the staff for all they have done". Another family member stated that staff team were "absolutely brilliant" and that they "had no concerns about the standard of care being provided".

Overall, the inspector found that this was a good centre which was well managed and had employed effective systems to allow for appropriate oversight of the care and support being provided to residents. There was clear evidence to demonstrate that the resident group were safe and supported to live good quality and meaningful lives where possible.

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

This centre was well managed and operated and there was good oversight of the care and support being delivered to residents. The findings of the inspection were very positive and there was clear evidence to demonstrate that high quality services were being provided in the centre.

The inspector found that there was effective leadership by the person in charge and registered provider and there were appropriate arrangements in place for the governance and management of the centre. In all but one case, the regulations inspected against were found to be compliant and it was clear that the registered provider was supporting the staff team and person in charge to develop a good knowledge of the requirements of the regulations. The inspector found that the centre was appropriately resourced to meet the needs of the resident group and there was a competent workforce employed. There was a clear management structure in place and developed and effective management systems had been implemented to allow for oversight of the care and support being delivered.

The inspector found that there were sufficient numbers of staff employed in the centre with the right skills and qualifications to meet the assessed needs of the resident group. There was, however, a reliance on relief and agency staff to supplement the staff team where there were a number of long term vacancies and sick leaves. There were significant levels of training and development in place for staff members. A review of training records found that all staff had completed the training outlined as required by the registered provider. There was additional training completed in areas such as health and safety, infection control and

prevention, and dementia person centred approaches. There were appropriate arrangements in place for the supervision of the staff team and regular one-to-one supervision meetings were taking place with all staff members.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there were sufficient numbers of staff employed in the centre with the right skills and qualifications to meet the assessed needs of the resident group. There was, however, a reliance on relief and agency staff to supplement the staff team where there were a number of long term vacancies and sick leaves. In addition, the inspector found that staff duty rosters maintained did not meet the required standard. For example, in some cases the start and finish times of staff member shifts were not recorded.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of residents and promoted safe social care practices. The inspector found that there were satisfactory arrangements in place for the supervision of the staff team.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: 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 a strong leadership in place and the person in charge demonstrated that they were competent and were knowledgeable of the legislation, regulations, national policy and their statutory responsibilities. An annual review and six monthly unannounced visits to the centre had been completed by the registered provider as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated July 2021) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported and encouraged to have a good quality of life while residing in this centre. There was evidence to demonstrate that residents were consulted with and been informed and supported to exercise their rights where possible. Residents were supported to live meaningful and rewarding lives in this centre.

There was evidence to demonstrate that residents' social care needs were being met through the supports provided in the centre. The family members of residents told the inspector that they engaged in a variety of activities and social outings and had maintained good relationships with their natural support networks. Staff members explained that despite the COVID-19 related restrictions on visiting the centre, residents had maintained good relationships with their families through a range of assistive technologies including tablet computers where video calls were made. Activities that residents were supported to engage in reflected their abilities, needs and interests and it was clear to the inspector that the staff team knew the residents' needs well and acted as advocates for them when required.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. Staff members had completed training on safeguarding and had developed a good understanding of the various types of abuse and the actions to be taken in the event of abuse occurring.

Regulation 20: Information for residents

There was a residents' guide in place in the centre which was available to residents. The inspector found that this document contained all required information as outlined in the regulations.

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 along with a risk log. A sample of risk control measures were reviewed and were found to be in place at the time of the inspection. There were regular 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 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. Family members of residents told the inspector that they felt that their loved ones were safe in the centre. 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC - AG OSV-0004021

Inspection ID: MON-0025691

Date of inspection: 19/07/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. There has been a marked reduction in the use of agency/relief staff in the last month as staff are now returning from long term sick leave & redeployment. 2. PIC & PPIM will continue to monitor and review staffing within the designated centre at monthly supervision meetings to ensure continuity of care for all residents. 3. All staff rostered to work night duty will have a shift start and end time allocated to their roster with immediate effect.	

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(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	31/12/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/07/2021