



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

Issued by the Chief Inspector

Name of designated centre:	SVC - AT
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	30 September 2021
Centre ID:	OSV-0004022
Fieldwork ID:	MON-0028746

About the designated centre

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

SVC - AT is designated centre which is made up of two individual units both of which are located on a large campus in the North-West of Dublin City. Both units are located within close distance of each other and provide services to an aging group of individuals with intellectual disabilities and complex medical conditions. The centre provides 24 hour residential supports through a nurse led team to meet the needs of residents availing of its services. There is a person in charge, clinical nurse manager and a staff team of staff nurses, carers and household staff employed in the centre. The core values of the centre which are outlined in the statement of purpose communicate a commitment to service, respect, excellence, collaboration, justice and creativity.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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 30 September 2021	09:00hrs to 14:30hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From spending time in the centre and observing the care and support being provided, the inspector found that residents were living comfortable and safe lives in this centre. There was clear evidence that the staff team employed in the centre were invested in providing care and support of a high standard to the resident group. Overall, residents were found to be enjoying a good quality of life and were in receipt of care and support consistent with their assessed needs. The inspector found, however, that there was a need for improvement across a number of regulations including staffing, training and development, and governance and management.

The inspector met with 10 of the 14 residents who were availing of the services of the centre at the time of the inspection. Due to the nature of their disabilities, some residents were unable to verbally communicate with the inspector. The resident group were engaging in various activities including listening to music, watching a film, going for a short walk with a staff member, and enjoying a sleep in. The residents all appeared happy and relaxed. In one unit of the centre, residents were engaging with staff members who were preparing some home baking. Overall, the inspector found that there was a homely and enjoyable atmosphere in the centre.

Staff members explained to the inspector that while the COVID-19 pandemic was challenging for the resident group, it had offered an opportunity to spend more one-to-one time with residents and allowed for a slower pace to develop where staff members and residents had valuable time to connect. It was clear to the inspector that the staff team knew the residents and their individual needs and preferences well. Residents were observed to be very comfortable in the company of the staff team and were able to communicate with them with ease. The staff members spoke about the residents in a respectful and appropriate way and interactions between the staff members and the resident group were timely, patient and respectful.

In addition to observing the care and support being provided to residents, the inspector spoke by telephone to two family members. In both cases the family members were very satisfied with the care and support being delivered to the resident group. One family member stated that they "couldn't praise the staff team enough" and added that the staff were "very helpful and kind". They explained that there was "great communication and engagement" with the staff team and added they had "no concerns about the care being provided" in the centre. The second family member stated that their relative was "well looked after" and was "very happy living in the centre". They also complimented the staff team and stated "we couldn't say one bad thing about them". In both cases, the family members felt that their loved ones were safe in the centre.

The inspector completed a full walk through of the centre in the company of the person in charge. The centre was clean, bright, warm, well decorated and homely throughout and provided for a comfortable living environment for the resident

group. All residents had their own individual bedrooms which were decorated in line with their own preferences and tastes. The centre was spacious and provided for sufficient numbers of bathrooms, showers and toilets. There were good arrangements for storage of personal belongings. In one unit, there were recent renovations and upgrade works carried out in the garden space to the rear of the building. Both units had access to patio areas, lawns and outdoor dining and recreation spaces.

A number of staff members told the inspector how there had been some significant birthdays of residents celebrated in recent months. Due to the public health guidelines and associated restrictions, they explained that it was difficult to celebrate the birthdays in a traditional fashion. Instead, to mark the occasion, the staff team held a themed party which included a 50s, 60s, and 70s music night along with the favourite take aways of the residents. They explained that everyone loved the event and families were able to partake remotely through video calls. The staff members told the inspector that a new phone had been purchased along with computer tablets and these allowed for increased communication with families through video calls. This assistive technology was described as being "very beneficial" for reconnecting with families and friends during the period of the pandemic.

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 was a reasonably well managed centre. While there were positive outcomes for residents availing of the services of the centre, there were a number of areas which required improvements.

The inspector found that the centre was appropriately resourced and the management structures were clearly defined. There was a full-time person in charge who reported to a person participating in management who in turn reported to a service manager. The person charge provided leadership for the local staff team and was found to be knowledgeable of the relevant legislation, regulations and national policy. The inspector found that the person in charge had a clear understanding and vision for the services to be provided in the centre and promoted a culture that promoted a person-centred approach to the provision of residential services.

While the management structures were found to be clear, the inspector found that there was a need for the development and implementation of effective management systems. The absence of such systems resulted in reduced oversight of the care and support being provided in the centre. For example, the registered provider experienced difficulties in producing up-to-date information on staff training during the course of the inspection. Additionally, an annual review for 2020 was in draft

format at the time of the inspection and while the provider had engaged with residents and their representatives during the review process, the findings from this engagement was not clearly included in the draft report. It was not clear to the inspector how the completion of annual reviews and six-monthly unannounced visits to the centre were guiding the ongoing quality improvement of the services being provided in the centre. For example, the most recently completed six-monthly unannounced visit by the registered provider and draft annual review for 2020 failed to self-identify the need for improvement in the area of staffing.

Regulation 15: Staffing

While the inspector found that there were appropriate numbers of staff members deployed to work in the centre and meet the needs of residents at the time of the inspection, there was a lack of clarity on the part of the provider as to the agreed staffing allocations for the centre. The centre's statement of purpose stated that the official full time equivalent (FTE) allocation was 20.22, however, a review of a sample of duty rosters found that the actual staffing hours worked in the centre varied between 17.19 and 19.39 FTE. The registered provider was unable to explain this reduction at the time of the inspection. While there was use of agency and relief staff to support the staff team employed in the centre, the inspector found that there was some discontinuity of care and support for residents. For example, seven different agency and relief staff worked in the centre in September 2021. While there were actual and planned staff duty rosters maintained in the centre, the inspector found that planned rosters were not complete. The local practice of the night manager for the shared campus allocating a staff member the work in the centre on each night meant that forward planning by the person in charge could not be facilitated. In addition, this practice meant that a core staff team was not in place for the centre. A review of a sample of staff files found that in one case there was no employment history available for a staff member as required by the regulations.

Judgment: Not compliant

Regulation 16: Training and staff development

While there were suitable arrangements in place for the supervision of the staff team, the inspector found that there were deficits in training described by the registered provider as being mandatory. Of the eight course required by the registered provider for completion by the staff team (including required refresher training), there were deficits noted across seven courses. In addition, the inspector found that the registered provider had not developed or implemented appropriate systems to monitor the mandatory training provided to relief and agency staff deployed to work in the centre.

Judgment: Not compliant

Regulation 23: Governance and management

The inspector found that there was a need for the further development of the management systems employed in the centre to ensure that they were effective and provided an appropriate level of oversight of the care and support being delivered.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place. There was a local complaints officer and the complaints process was on display and outlined in the centre's statement of purpose. There had been no complaints made in the time since the last inspection of the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were enjoying a good quality of life in this centre and were appropriately protected from experiencing incidents of a safeguarding nature. The resident group were supported, where possible, to engage in activities which reflected their interests and abilities. They were supported to develop and maintain good relationships with their families and representatives.

The inspector found that the registered provider, person in charge and staff team 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.

A review was completed of the arrangements to support residents with their rights. The inspector found, overall, that there was evidence of the promotion of the individual and collective rights of residents. Where possible, residents were supported to self-advocate and staff members had a detailed understanding of the communication methods of the residents who were unable to verbally communicate. For example, one staff member told the inspector about how they knew when a

specific resident was unhappy or wanted to engage in various activities. There was information on display about the services provided by independent advocacy services and the confidential recipient. A number of residents were actively involved in a locally organised self-advocacy group which met on a regular basis prior to the COVID-19 pandemic. There were choices available at meal times and 'house meetings' took place every second week where a wide range of topic were discussed including COVID-19, activity planning, menu planning, shopping, fire safety, complaints, safeguarding, advocacy, rights, news and staff rosters. There were an intimate care policy in place along with intimate care plans for each resident and there were signs on each bedroom door to promote the privacy of residents.

Regulation 17: Premises

The design and layout of the centre was found to meet the needs of the residents availing of its services. There was adequate private and communal accommodation and the centre was fully accessible for the resident group. The centre appeared to be kept in good structural and decorative repair. There was suitable heating, lighting and ventilation of the premises and was found to be appropriately furnished.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector found that the arrangement of preparing meals in a centralised kitchen off site was an institutionalised practice and limited residents' involvement or inclusion in this process.

Judgment: Substantially 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. Staff members had access to stocks of personal protective equipment 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.

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 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. The inspector found, however, that staff members had not received training specifically in the use of evacuation aids used for a significant number of residents. The use of these evacuation aids was also found not to have been risk assessed by the registered provider.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable and safe practices in place for the management of medication. A sample of administration and prescription records were reviewed and it was found that all required documentation had been completed. Medication prescribed to residents had been administered and there was appropriate systems in place for the safe disposal of spoiled or out of date medication. PRN (as the need arises) prescriptions stated the circumstances for the administration of PRN medicines and the maximum dosage in 24 hours was stated. There were completed capacity assessments on file for residents regarding the self-administration of medication.

Judgment: Compliant

Regulation 8: Protection

The inspector found that residents were appropriately protected and safeguarded from experiencing abuse in the centre. While there had been two incidents of a safeguarding nature reported in the centre in the time since the last inspection, these were found to have been appropriately managed and followed up on in line with local and national policy requirements.

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 where possible.

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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC - AT OSV-0004022

Inspection ID: MON-0028746

Date of inspection: 30/09/2021

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Two staff nurses commenced employment on the 10/10/21. The Statement of Purpose and Function will be updated by the 02/12/21 to reflect current staffing levels in the designated centre.</p> <p>Actual and Planned rosters in conjunction with the night manager now include night staff allocations, ensuring that there is a core staff team in place for the centre.</p> <p>Review of staff files by HR in collaboration with PIC/PPIM to be completed by 31/05/22.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>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 all outstanding training has been compiled and forwarded to the training department. All mandatory training to be complete by 31/04/22.</p> <p>A training needs analysis and corresponding staff training record has been completed for all staff in designated centre. The PIC will have access to the training records for agency and relief staff when required in the designated centre.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Annual Review for 2020 has been finalised and signed off. Family and Service User surveys and families will be analysed and reflected in the 2021 Annual Report.</p> <p>Staffing requirements for the centre will be reviewed on an Annual basis by PIC, PPIM and Service Manager or sooner if required and any changes or emerging needs identified and highlighted with the Provider. Complete for 2022 by 30/04/22</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Currently there are ongoing developmental plans in conjunction with residents to improve the kitchen area in the designated centre, which will facilitate the residents to be included in the preparation of their meals. Structural engineer has provisionally approved proposed reconstruction plan. PIC to link with Maintenance manager to arrange schedule for work to commence. Funding for the project has been allocated. Work to be completed by 30/11/22.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The training department has being contacted by the PIC and asked to source and provide training for all staff in the designated centre in the use of Fire Evacuation sheets and Fire Evacuation Pads by 28/02/22. PIC to complete Risk Assessment in use of evacuation aids for all relevant residents by 31/12/21</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.	Not Compliant	Orange	30/11/2021
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.	Not Compliant	Orange	30/11/2021

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.	Not Compliant	Orange	30/11/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/05/2022
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.	Not Compliant	Orange	30/04/2022
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	30/04/2022

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	28/02/2022

