

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

Issued by the Chief Inspector

Name of designated centre:	Nova Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	15 September 2022
Centre ID:	OSV-0005098
Fieldwork ID:	MON-0037537

About the designated centre

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

This centre consists of a complex of five apartment style residences. Each apartment has one or two resident bedrooms and the maximum capacity for the centre is seven residents. Each apartment also has bathroom facilities, a kitchen/living area and storage available. The centre is open overnight 365 days of the year and also on a 24 hour basis at weekend and during day service holiday periods. The centre closes from 09.30 until 16.30 Monday to Thursday and until 15:30 on Fridays. During the COVID-19 pandemic, when day services are closed, the centre is staffed at these times. The centre currently provides residential services for five adults with mild to moderate intellectual disabilities. Residents within the centre are supported by staff at a semi-independent level. There is one staff member on duty during the day and one sleepover staff member at night. Staff support is provided by a team leader, a social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Thursday 15 September 2022	10:00hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This centre was inspected by the Health Information and Quality Authority (HIQA) in June 2022, where significant levels of non-compliance with the regulations were found. The registered provider had outlined in their compliance plan response the actions they would take to meet regulatory compliance. This risk based inspection was completed with two clear objectives, to identify if the registered provider had taken appropriate action to come into compliance with the regulations, and to make a decision on the designated centre's application to renew its registration.

Overall, it was found that improvements had been made to improve the quality of service provision to residents. This included the provision of additional staffing, less of a reliance on the person in charge to fill staffing gaps, and increased oversight and review of safeguarding measures.

The inspector met with three of the five residents living in the designated centre on the day of this unannounced inspection. Residents told the inspector that they were happy in their home, and that they liked living there. Residents lived in an apartment style complex with five separate homes. Each of the residents' homes had one or two bedrooms. One resident spoke about living with their friends, and that one friend who lived next door regularly visited them in their home.

Four residents attended work and/or day services each day. In response to the previous inspection findings, one resident was now provided with additional staffing support each day mid-week in their home. Staff spoken with discussed how they encouraged the resident to engage in a wide variety of activities that they previously would not have been able to access due to staffing issues. The resident had trialled a tennis session which they enjoyed, and had expressed an interest in joining a tennis club. The resident told the inspector that they had purchased tennis equipment, and they were going to practice with the staff member at a local tennis court on the day of the inspection. Staff were also exploring activities including cycling, bowling, volunteer work and adult education classes, on behalf of the resident. The resident's attendance at day service had also increased since the inspection in June 2022, and they now attended two days a week for a period of two hours. Staff members reported that the resident was much more engaged, and that this had a positive impact on their life, and the provision of a meaningful day.

It was evident that residents were supported to pursue their interests. One resident spoke about their attendance at a recent training course. They had framed the certificate of achievement which they proudly showed to the inspector. Another resident spoke to the inspector about their pet cats and how they enjoyed feeding and caring for them. Residents also discussed recent improvements to their living spaces, with two residents talking about new furniture that had been purchased. Cleaning was observed taking place in one resident's apartment area. The resident told the inspector that they enjoyed having a clean living space. All residents spoken

with expressed their happiness in their home.

The next two sections of this report will 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 provided.

Capacity and capability

Improvements had been made to the oversight and management of this designated centre. The provision of additional staffing support for one resident had increased the person in charge's ability to engage in the oversight and managerial responsibilities of the role of person in charge. It was evident that this had been an important factor in increasing the oversight of the centre, and the levels of compliance identified.

Five staff members worked in this designated centre. Four of these staff members worked on a relief basis. However, it was evident that consistent staffing was provided in this centre. This consistency was important given the complex support needs of one resident. The inspector met with staff members on duty, and it was evident that they were aware of the needs of residents, and the supports they required. Staff spoken with felt well supported by the management team.

It was evident that the staffing arrangements in the centre were under constant multi-disciplinary review to ensure they were appropriate in line with the needs of residents, risk management and, incidents and accidents occurring in the centre. The staff rota did require amendments however, to ensure it clearly reflected all staff on duty in the centre.

At the time of the inspection, the centre was registered to provide supports to seven adult residents, however the registered provider had requested to reduce the capacity to six as part of the application to renew the registration of the centre. It was clear that due to the findings of this inspection, that sufficient improvements had been made to progress the application to renew the registration of this designated centre.

Regulation 15: Staffing

Additional staffing had been provided in the designated centre. This ensured that one resident had an identified staff support provided to them each day mid-week. The provision of this staffing support meant that residents were being supported to engage in, and try out new activities in line with their interests. It also meant that

staff members could adhere to the measures outlined in a resident's safeguarding plan. At the time of this inspection, a relief staff member was covering this role. However, the role had been advertised and interviews were due to commence after the inspection had taken place.

A rota had been developed in the centre. However, it did not outline all of the staff members on duty and their hours of work.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre received training to support them in their role. This included fire safety, safeguarding of vulnerable adults and first aid. In response to the COVID-19 pandemic, staff members had also completed training in infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

The provision of increased staffing levels meant that the person in charge no longer had to provide direct staffing supports to a resident. Therefore, the person in charge could fulfil their role in line with the whole time equivalent (wte) outlined in the designated centre's statement of purpose, which was 0.5wte.

There was evidence of regular multi-disciplinary review of the support needs of residents in the centre. Due to the potential for high risk incidents to occur, senior management were very much involved in the oversight of the centre. There was also evidence of multi-agency engagement to ensure the provider responded appropriately to the complex support needs of one resident.

Judgment: Compliant

Quality and safety

Increased oversight and multi-disciplinary input had a direct impact on increasing the quality of care and support provided to residents in this designated centre. Although it was acknowledged that the staff team did provide complex levels of care in this centre, the addition of increased staffing ensured that staff members had the

time to provide individualised supports to those that required this level of support. Residents spoken with were happy with the supports provided in their home.

A multi-disciplinary approach to safeguarding and risk management was evident in this centre. Safeguarding plans were developed in response to allegations of suspected/confirmed abuse. There was evidence of multi-agency engagement when this was deemed necessary. In line with the assessed needs of residents, plans had been developed to guide staff on how to respond if a resident failed to adhere to their safeguarding plan, taking into consideration their capacity and rights. This was aligned to risk management processes in the centre. However, it was acknowledged that a specific risk assessment did require updating to reflect the level of support the resident now received in their home.

There was evidence of a review of incidents/accidents in the centre which may lead to a potential safeguarding concern. Learning from such incidents were discussed regularly, and included changes to resident care plans to prevent reoccurrence.

As part of their role, staff members monitored fire safety systems in the centre regularly to ensure they were in working order. This included checking exits were clear from obstruction and emergency lighting was working effectively. Fire resistant doors and fire-fighting equipment were also provided.

Regulation 13: General welfare and development

Residents were supported to engage in their local community and participate in activities that matched their interests and likes. A number of residents attended these activities independently, while others were supported by staff members to engage in community groups and activities. Residents were happy with the variety of such activities.

Judgment: Compliant

Regulation 17: Premises

A number of improvements had been made to the premises since the inspection completed in June 2022. Painting had been carried out externally, with further painting due to be carried out internally. Areas of general wear and tear had been addressed, with further plans to replace flooring and kitchen cabinets in place.

Judgment: Compliant

Regulation 26: Risk management procedures

Psychology input had supported the multi-disciplinary team to assess and manage risks to residents in the designated centre. In one instance, capacity assessments had been carried out to include a resident's understanding of behaviours they were at risk of engaging in. This provided insight into the resident's presentation, to ensure an appropriate balance between the promotion of the resident's rights and their safety.

A review of a risk assessment and management plan of one resident's behaviour was required to reflect changes to their care and support, to ensure that the control measures outlined were appropriate, and to provide clear guidance to staff members. Although this had not been carried out in line with the registered provider's compliance plan response, the review was due to be carried out in the weeks after the inspection had taken place. This was important, due to the high level of risk ratings applied in the risk assessment and management plan.

Judgment: Substantially compliant

Regulation 27: Protection against infection

A cleaning schedule had been put in place to support one resident to engage in effective cleaning of their living environment. This was working well, with significant improvements being observed in this resident's living area, since the inspection completed in June 2022. This no longer posed a health and safety risk to staff members and the resident, however it required constant review by staff members to ensure this was sustained. A contingency plan had been developed in response to the COVID-19 pandemic. This included an individual isolation plan for each resident who lived in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

A personal evacuation plan had been developed to outline the supports required by residents in the event of an emergency. Where one resident had a hearing impairment, a flashing light had been installed in their bedroom to alert them in the event of a fire at night. Regular fire evacuation drills evidenced that all residents could evacuate safely in the event of a fire.

Judgment: Compliant

Regulation 8: Protection

Staff members were aware of the measures in place for the safeguarding of residents living in the designated centre. This included details of residents' safeguarding plans, monitoring a resident's adherence to their safeguarding plan, and who to escalate any safeguarding concerns to.

In relation to self-protection, staff members spoke with a resident regularly about how to keep safe, setting healthy boundaries and their care and support plans. Time was allocated to complete this daily, in the resident's activity planner.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nova Residential Services Waterford City OSV-0005098

Inspection ID: MON-0037537

Date of inspection: 15/09/2022

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: <ul style="list-style-type: none">• The staff rota had been amended to reflect the staff members on duty and their hours of work.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The comprehensive Risk Management Plan in place has been reviewed and updated since the time of this inspection. This is subject to review on a regular basis to ensure the measures in place are sufficient.	

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(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	16/09/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	03/10/2022