



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

## Issued by the Chief Inspector

Name of designated centre:	SVC-SE
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	10 July 2024
Centre ID:	OSV-0003159
Fieldwork ID:	MON-0035168

## About the designated centre

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

SVE - SE provides a respite service to over 36 adults with an intellectual disability on a planned basis. This centre supports respite users with mild to high support needs and is also able to facilitate individuals with reduced mobility. The staffing arrangements in this centre are based on the assessed needs of each respite user and are altered accordingly depending on which individuals are availing of the service. The maximum capacity of this centre is four respite users at any one time. The centre is based on a campus setting and residents have access to transport and public services such as taxis, public buses and trains. Each respite user has their own bedroom for the duration of their stay and the centre has suitable communal and dining areas.

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

Number of residents on the date of inspection:	3
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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 (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 10 July 2024	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents availing of respite in the centre received good quality care and support. However, at the time of inspection, one individual was receiving emergency extended respite care due to personal circumstances. A contract of care was in place in relation to this arrangement. Never the less, it had recently emerged that the arrangement would need to be extended with the identified resident staying in the centre full time for an indefinite period. As the purpose and function of this centre was to provide short term respite care and support for individuals versus a residential home, this arrangement had an impact for the individual and for the other individuals availing of respite in the centre. Some explorations for other alternative long term residential placements were being explored but a suitable alternative residential placement had not been identified at the time of inspection.

The centre comprised of a four bedroom bungalow. It was located on a residential campus based setting and adjacent to a number of other designated centres operated by the provider. There were two day services located on the campus and a significant number of the respite users had placements in these day services or other day services operated by the provider off campus. The campus is located in a residential area of a city and is in close proximity to a range of local amenities such as cafes, shops, public houses, restaurant, public parks, a swimming pool and transport links.

The centre was registered to accommodate a maximum of four adult respite users at any one time. Groups of individuals attending together for respite were determined on the basis of need, personal preferences and compatibility with the others proposed to attend. At the time of inspection, there were 34 individuals availing of overnight respite in the centre with a further two residents in transition. Each of these respite users were contracted to receive two nights respite per month with a small number receiving up to four nights depending on their assessed needs and priorities.

Three individuals had availed of respite in the centre on the night before the inspection and were met with on the morning of inspection before departing for their day service. Each of these residents appeared in good form and were happy in the company of staff. Two of the residents were unable to tell the inspector their views of the service but the third resident indicated to the inspector that they had enjoyed their respite visit, that the food was good and staff were kind to them. This resident had had her nails painted and their hair styled by staff into a plait. It was evident that these residents had a strong rapport with the staff who were caring for them.

Two further residents were met with on the afternoon of the inspection. These residents were observed to warmly hug staff members on their arrival to the centre and to converse with staff on news from home and family members since their last

stay. It was reported that the respite users and their families looked forward to their respite breaks in the centre. Staff were observed to sit with each of the residents and discuss their plan for the evening and following day.

There were long term plans to de-congregate a number of the other designated residential centres located on the campus in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". However, it was reported that this respite centre was not being prioritised for a move to a community based location. Consequently there were no current plans in place to change the centres location. A defined time-line for the de-congregation of the other campus based centres had not yet been determined albeit some progress was being made.

Examples of activities that respite users engaged in within the centre and in the community whilst availing of respite included, walks within the campus and to local scenic areas and beaches, church visits, bowling, cinema, cooking and baking, arts and crafts, meals out, shopping. There was a good supply of arts and crafts materials, books and board games available in the centre for respite users' use. The centre did not have its own private garden area but respite users could access a number of communal gardens, a swimming pool and a play ground within the campus grounds.

In general, it was considered that respite users attending together were compatible and enjoyed spending time with each other. There were a small number of residents who presented with some behaviours which could be difficult to manage in a group living environment. However, incidents were considered to be well managed.

The centre was found to be comfortable and homely. Each of the respite users had their own bedroom for the duration of their stay. This promoted the respite users' independence and dignity, and recognised their individuality and personal preferences. The bedrooms were a suitable size and layout for the respite user's individual needs. It was observed that a number of the respite users brought items with them from home to personalise their room according to the individual tastes. For example, pictures of loved ones, pillows, teddies or other soft furnishings. The centre was found to be clean throughout and was well maintained. There were appropriate numbers of toilets, showers and baths provided in the centre along with communal and private spaces. There was satisfactory arrangements in place for the storage of respite users' personal belongings including clothing and other items.

There were two dedicated household staff responsible for cleaning who were supported and assisted by other staff members. There were detailed checklists in use and records were maintained of areas cleaned. Overall records were well completed. The inspectors found that there were adequate resources in place to clean the centre.

The inspector met with the relatives of one of the respite users on the morning of the inspection. These relatives spoke highly of the service provided. However, the relatives did have concerns regarding the longer term stay of one of the respite users and the impact of a full time residential placement in the centre. The provider

had completed a survey with respite users and relatives as part of its annual review. These indicated that relatives were happy with the quality of the service being provided. Three respite users with the support of staff had completed an office of the chief inspector questionnaire. These indicated that the respite users enjoyed their time in the centre.

There was 1.5 whole time equivalent staff vacancies at the time of inspection. These vacancies was being covered by regular relief and on occasions agency staff. Recruitment for the positions was underway. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents .

The inspector met with a number of members of the staff team during the course of the inspection. These staff members spoke about the respite users in an appropriate, kind and respectful manner and knew their individual needs including communication methods well. The staff members told the inspector about the importance of continuity of care and support for the respite users. The staff members spoken with acknowledged that the current situation with one resident receiving full time residential care in the centre was not ideal to support meaningful experiences for the individual resident or for the other respite users availing of the service.

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

There were suitable governance and management arrangements in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

There was a suitably qualified and experience person in charge of the centre. The person in charge had only taken up the position in February 2024. She was in a full time position and was not responsible for any other centre. She was a registered nurse in intellectual disabilities and held a business degree and a Master in intellectual disability nursing studies and a certificate in leadership and management. She had more than five years management experience. She had a good knowledge of the assessed needs and support requirements for each of the residents who availed of respite and of the requirements of the regulations. The 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 person in charge was supported by a senior staff nurse. The person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The person in charge and CNM 3 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, 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. There were 1.5 whole time equivalent staff vacancies at the time of inspection. Recruitment was underway for these positions. These vacancies were being filled by regular relief and on occasions agency staff. The actual and planned duty rosters were found to be maintained to a satisfactory level. The inspector reviewed a sample of four staff files and found that all of the documentation required by the regulation was in place.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector of Social Service, within the time frames required in the regulations.

### 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 14: Persons in charge

There was a suitably qualified and experience person in charge of the centre. The person in charge had only taken up the position in February 2024. She was in a full time position and was not responsible for any other centre. She had a good knowledge of the assessed needs and support requirements for each of the residents who availed of respite and of the requirements of the regulations. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager



Judgment: Compliant

### Regulation 15: Staffing

This was a staff nurse-led service with a registered staff nurse rostered on each shift. There were 1.5 whole time equivalent staff vacancies at the time of inspection. Recruitment was underway for these positions. These vacancies were being filled by regular relief and on occasions agency staff. A sample of four staff files were reviewed and these were found to contain all of the information required by the regulations.

Judgment: 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 19: Directory of residents

There was a directory of respite users maintained in the centre and it was found to contain all of the information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

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 team 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 24: Admissions and contract for the provision of services

Contracts of care were in place which included details of the services to be provided and the fees payable. an emergency contract of care had been put in place for the resident receiving emergency extended respite care. There was a respite team in place that met on a regular basis to discuss all referrals to the service.

Judgment: Compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all incidents was maintained and where required these were notified to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. There was evidence available to demonstrate that complaints had been investigated and responded to in a timely manner and complainants were satisfied with the outcomes of these actions. There were easy to read procedures on display in the centre to support respite users when making a complaint and the inspector observed a culture of promoting and welcoming complaints from individuals and their representatives.

Judgment: Compliant

## Quality and safety

The respite users appeared to receive person-centred care and support during their stays. Overall, this was found to be a safe and comfortable environment for individuals to avail of respite supports. However, as referred to above at the time of inspection, a respite user was receiving emergency extended respite care due to personal circumstances. In addition, it had recently emerged that the arrangement would need to be extended with the identified resident staying in the centre full time for an indefinite period. As the purpose and function of this centre was to provide short term respite care and support for individuals versus a residential home, this arrangement had an impact for the individual and for the other individuals availing of respite in the centre. Some explorations for other alternative long term residential placements were being explored but a suitable alternative residential placement had not been identified at the time of inspection.

There was evidence available to demonstrate that respite users were supported to engage in meaningful and rewarding activities while availing of the services of the centre. Activities that the respite users were supported to engage in reflected their abilities, needs and interests and it was clear to the inspector that the staff team knew their needs well and acted as advocates for them when required. In addition, there was evidence of good consultation with the respite users and their families and representatives. There were regular house meeting where plans for activities and menus were discussed and agreed and communication for these forums was adapted to meet the need of each individual. For example, in some cases there were picture exchange systems used during the meetings to ensure that some respite users with communication difficulties could understand the options available to them and to offer them opportunities to contribute.

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. Staff spoken with were knowledgeable about safeguarding procedures and of their role and responsibility. Appropriate arrangements were in place to report and respond to any safeguarding concerns. The provider had a safeguarding policy in place. There was a safeguarding policy in place and the inspector found that the person in charge and staff team were familiar with the procedures it outlined. In addition, each respite user had an intimate care plan in place and specific consent forms regarding the supports to be provided by the staff team.

Residents were provided with appropriate emotional and behavioural support. A small number of the residents who availed of respite in the centre presented with some behaviours which could be difficult to manage in a group living environment and had the potential to have an impact on other residents availing of respite in the centre. In general these incidents were well managed and measures were in place to ensure that residents who attended for respite were compatible with each other.

However, long stay arrangement at the time of inspection for one of the residents had the potential to impact on other respite users attending.

There were suitable infection control procedures in place. A cleaning schedule was in place which was overseen by the person in charge. All areas appeared clean. Two household staff for cleaning. 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 infection control had been provided for staff

### Regulation 17: Premises

The inspector found that the centre was clean, warm and well maintained throughout. It provided for a comfortable environment for respite users to avail of short breaks. Since the last inspection a new shed for the storage of equipment had been put in place to the side of the bungalow.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents availing of respite were provided with a nutritious and varied diet. Staff presented with a good knowledge of respite users individual preferences. Feeding eating and drinking guidance available for individual residents and these were observed to be adhered to on the day of inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector found that there was a risk management policy in place which contained the information required by the regulations. Individual and environmental risk assessments had been completed. A risk register was maintained in the centre. Individual safety plans were in place for residents identified to require same.

Judgment: 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. There were personal emergency evacuation plans in place for each respite user 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 of the regular completion of fire drills which included the participation of members of the staff team and respite users

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

From what the inspector observed, there was evidence that the residents availing of respite in the centre received good quality care and support. However, at the time of inspection, one individual was receiving emergency extended respite care due to personal circumstances. A contract of care was in place in relation to this arrangement/ Never the less, it had recently emerged that the arrangement would need to be extended with the identified resident staying in the centre full time for an indefinite period. As the purpose and function of this centre was to provide short term respite care and support for individuals versus a residential home, this arrangement had an impact for the individual and for the other other individuals availing of respite in the centre. Some explorations for other alternative long term residential placements were being explored but a suitable alternative residential placement had not been identified at the time of inspection.

Judgment: Substantially compliant

### Regulation 6: Health care

The respite users healthcare needs were being met by the care and support provided in the centre. This is a nurse led service with a staff nurse on duty at all times. Each of the respite users had a named general practitioner of their own choosing.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support. A small number of the residents who availed of respite in the centre presented with some behaviours which could be difficult to manage in a group living environment and had the potential to have an impact on other residents availing of respite in the centre. In general these incidents were well managed and measures were in place to ensure that residents who attended for respite were compatible with each other. However, long stay arrangement at the time of inspection for one of the residents had the potential to impact on other respite users attending.

Judgment: Substantially compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. Safeguarding information was on display and included information on the nominated safeguarding officer. Staff members spoken with 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 respite users 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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-SE OSV-0003159

Inspection ID: MON-0035168

Date of inspection: 10/07/2024

## 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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            Specific to the regulation:            Reg 5: Individual assessment and personal plan. As the purpose and function of this centre was to provide short term respite care and support for individuals versus a residential home, this arrangement had an impact for the individual and for the other other individuals availing of respite in the centre. This individual who is now blocking a bed in SVC-SE. In order to provide safe and effective respite we are now working at reduced capacity. This has been escalated to the HSE and external providers to find a suitable residential place for the individual.</p> <p>Measurable:            This situation will be monitored daily through supporting this individual and the daily allocation schedule for SVC-SE. Any updates received from the HSE will be actioned.</p> <p>Achievable and Realistic:            Working at reduced capacity to ensure safe and effective services in SVC-SE.</p> <p>Time Bound:            The time frame for the resolution of this set for April 2025.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:            Specific to the regulation:            Reg 7: Residents were provided with appropriate emotional and behavioural support</p>	

.Long stay arrangement at the time of inspection for one of the residents had the potential to impact on other respite users attending.

This individual who is now blocking a bed in SVC-SE. In order to provide safe and effective respite we are now working at reduced capacity. This has been escalated to the HSE and external providers to find a suitable residential place for the individual. The reduction in capacity gives SVC-SE the ability to provide additional support to both the individual blocking the bed and to the other supported individuals.

Measurable:

This situation will be monitored daily through supporting this individual and the daily allocation schedule for SVC-SE. Any updates received from the HSE will be actioned.

Achievable and Realistic:

Working at reduced capacity to ensure safe and effective services in SVC-SE.

Time Bound:

The time frame for the resolution of this set for April 2025.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/04/2025