



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:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	15 September 2021
Centre ID:	OSV-0003159
Fieldwork ID:	MON-0025935

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 30 adults with an intellectual disability on a planned basis. This centre supports residents with mild to high support needs and is also able to facilitate residents 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 residents are availing of the service. The maximum capacity of this centre is four residents; however, the average number of residents accommodated was reduced during the COVID-19 pandemic. 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 resident 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:	2
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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
Wednesday 15 September 2021	09:15hrs to 15:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector found that this was a well managed centre which prided itself on providing services of a high standard to a large group of respite users and their families. There was a strong local management team in place who had ensured that there was good oversight of the care and support being provided and who were committed to ongoing quality improvement initiatives.

The inspector did not have the opportunity to meet with any of the respite users who were availing of the services of this centre during the course of the inspection. While there were two individuals who had been on a respite break on the previous night, they had left for their day service before the inspection commenced and the individuals who were commencing a respite break on the evening of the inspection had not arrived by the time the inspection was completed. Despite this, the inspector concluded that the services being provided in this centre were of a high standard and were person-centred in nature and it was clear that the respite users enjoyed a good quality of life while availing of the services of this centre.

The staff members met with informed the inspector of a typical day in the centre. They explained that based on the needs and preferences of the respite users availing of the centre at the time, they would be supported to engage in activities of their choosing such as going to the cinema, going out for dinner or a take away, or even just going to the local park for a walk. The staff team had worked in the centre for a long period of time and had, as a result, developed strong relationships with the respite users and knew their needs very well. The staff members met with had good knowledge of the requirements of local and national safeguarding policies and the need to maintain a safe environment for respite users while they were present in the centre.

The inspector received four completed resident questionnaires during the course of the inspection. The questionnaires were issued in advance of the inspection and 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. One respite user stated that their bed was "cosy" and that they "felt safe in respite because staff check if everyone is alright". Another individual stated that they were "happy with how the staff look after me" and added that "coming to respite makes me happy because I meet the people I know". A third respite user stated that they enjoy "painting my nails, baking cakes and muffins, doing arts and crafts and singing songs, going to the cinema, having meals out, and going for ice cream at the seaside" when they attend the centre for respite.

In addition to reviewing the completed questionnaires, the inspector spoke to three

family members of respite users by telephone. In all cases the family members told the inspector that they were very satisfied with the service their loved ones were in receipt of. The family members were very complimentary of the staff team who stated that they felt "very well communicated with". One family member explained to the inspector that there was a "great staff team in the centre who were very helpful and accommodating". Another person stated that their loved one was "looked after very well while attending respite". Some family members explained that the amount of respite had reduced overall due to the COVID-19 pandemic and the reduced capacity of the centre but understood the reasons for this which included the need to maintain social distancing.

The premises of the centre provided for a comfortable environment for the respite user group. Each individual was provided with their own bedroom and they were decorated to ensure a warm and inviting space was created. 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 were satisfactory arrangements in place for the storage of respite users' personal belongings including clothing and other items.

The inspector met with a number of members of the staff team during the course of the inspection. The inspector found that they spoke about respite users in an appropriate, kind and respectful manner and knew their individual needs including communication methods well. The staff members met with told the inspector that they were confident that the respite user group were safe while availing of the services of the centre and they were confident about how to raise any concerns if they ever had to. The staff members told the inspector about the importance of continuity of care and support for the respite users and how some enjoyed predictable routines and staff who were familiar to them to support meaningful experiences. They explained how the team had worked together for a prolonged period of time and had come to know the respite users and their families well in this time.

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 well managed centre which had effective systems in place to ensure that the care and support being delivered to respite users was safe, appropriate to their needs, monitored and of a good standard.

The inspector found that there was effective leadership by the person in charge and persons participating in management and there were appropriate arrangements in place for the governance of the centre. In all but two cases, the regulations

inspected against were found to be compliant and it was clear that the registered provider had supported the staff team and person in charge to develop a good knowledge and understanding of the requirements of the regulations. The centre was found to be appropriately resourced to meet the needs of the respite users it was supporting 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 respite group. 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 data protection, human rights based approaches to the provision of care and support, and infection prevention and control. 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 the culture and ethos of the organisation was embodied by the staff team who clearly recognised their roles as advocates and to create a supportive environment for the respite users being supported in the centre. There were sufficient numbers of staff members deployed in the centre to meet the assessed needs of the respite group. There were actual and planned staff duty rosters maintained which clearly communicated the start and finish times of shifts, the names of staff members on duty along with their job titles. A sample of staff files reviewed by the inspector were found to contain all information set out as being required by Schedule 2 of 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 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 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 3: Statement of purpose

The centre's statement of purpose was reviewed by the inspector and was found to contain all requirements of Schedule 1 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 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 inspector found that the respite users who were availing of the services of the centre appeared to receive care and support which was of a high standard, appropriately safeguarded from experiencing abuse and the supports were delivered through a human rights and person-centred approach. Overall, this was found to be a safe and comfortable environment for individuals to avail of respite supports.

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.

The inspector found that the respite users were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. There had been no documented incidents of a safeguarding nature in the time since the last inspection. There was a safeguarding policy (dated June 2019) 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.

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. The inspector found, however, that there was no oven or hob available

in the centre and while the registered provider had plans to renovate the kitchen space, this had not been completed at the time of the inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that there was a risk management policy in place (dated October 2019) which contained the information required by the regulations. There were several risk management systems employed in the centre and the inspector found that appropriate guidance was not available to staff members on how to use these systems. In addition, some risks that were present in the centre were not identified as such or appropriately assessed. For example, an enteral feed tube used for one resident had not been risk assessed in relation to it being unintentionally removed despite this recently occurring. As a result, the inspector found that in some cases there was limited oversight of the management of risk in the centre.

Judgment: Not compliant

Regulation 27: Protection against infection

The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place. There were regular audits being completed along with a self assessment which were carried out on quarterly basis.

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 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 8: Protection

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 respite users availing of the services of the centre. Family members of respite users 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 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 - 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC-SE OSV-0003159

Inspection ID: MON-0025935

Date of inspection: 15/09/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • An application to install a fully functioning kitchen in Saoirse was made in 2019. This process was due to go out to tender in 2020 but due to the Covid 19 pandemic these plans were temporarily stalled. • PIC and PPIM have re-engaged with the Director of Property, Estates and Technical Services to re-instate these plans to have an oven and hob installed in Saoirse. It is envisaged that this work will be completed in 2022. 	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • The Designated Centre is piloting a new risk management system commencing in October 2021 with a plan to transfer all risks to the new system by end of December 2021. • The PIC and PPIM with support from the Quality and Risk Department will provide training and oversight for staff in relation to risk management and use of the new risk management system. • Risk assessments have been completed for 2 service users who use enteral feeding tubes which identify control measures in place should their enteral tube become unintentionally dislodged/ removed when in respite. 	

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 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	12/09/2022
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	Not Compliant	Orange	31/12/2021

	risk, including a system for responding to emergencies.			
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