Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	14 September 2022
Centre ID:	OSV-0004022
Fieldwork ID:	MON-0028735

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 a group of individuals with intellectual disabilities and complex medical conditions. The age range of residents living in the centre was 43 to 79 years. 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

How we inspect

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 14 September 2022	10:00hrs 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 living in the centre received good quality care and support. Since previous inspections, improvements had been made across a number of key areas resulting in improved outcomes for the residents.

The centre comprises of two separate units which were located adjacent to each other within a campus based setting operated by the provider. The layout of each of the units was similar and each contained seven bedrooms, three accessible bathrooms, a large kitchen come sitting come dining area, utility, a visitor room, and medication room. Each house had a large, private and accessible back garden. The centre was located in close proximity to local amenities, including, shops restaurants, cinema, swimming pool, public parks and public transport links.

There were long-term plans to de-congregate the centre in line with the HSE's "Time to Move On from Congregated Settings : A Strategy for Community Inclusion, (2011)". A number of residents had been identified to transition to more suitable accommodation within the community. A defined time frame for the de-congregation of the centre had not yet been determined. It was reported that a discovery process had been commenced with a number of the residents and their families. The purpose of this was to determine their needs, will and preferences in relation to their future life plans as they transition to live in their own home within the community.

Each of the 14 residents had been living together for an extended period and were reported to get along well together. Over the course of the inspection, the inspector met briefly with 10 of the residents. Although the majority of the residents met with were unable to tell the inspector their views on the quality of the service, they appeared in good spirits. Two of the residents spoke with the inspector and told her that they were happy living in the centre. A number of residents were observed to go out for walks on campus with staff while other residents went out for periods to the activity and day service located within the campus. Staff were observed to interact with the residents in a caring and respectful manner. A number of the residents had limited speech but were observed to be supported by staff to communicate their feelings and wishes.

There was evidence that residents and their representatives were consulted and communicated with about decisions regarding their care and the running of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had consulted with residents' families as part of its annual review of the quality and safety of the service and the

feedback from families was positive.

Residents were supported and encouraged to maintain connections with their friends and families. A number of the residents were supported to visit their family home on a regular basis and visits by friends and family to the centre were facilitated.

Overall, residents were supported to engage in meaningful activities in the centre. However, it was noted that some of the residents had minimal opportunities for community integration and were not being adequately supported to engage in meaningful activities within the local community. This meant that these residents were not being supported to develop a valued social role within the community. The evidence to support this position was not clear, although it was recognised that a number of the residents were progressing in years. A number of the residents were engaged in the day service programme located on the campus which had a sessional activity schedule. As part of this programme some residents were taken off campus for walks and activities in the community. Examples of activities that residents engaged in within the centre and in the community included, walks within the campus and to local scenic areas, church visits, beauty treatments, colouring, jewellery making, arts and crafts and shopping. One of the residents had recently engaged in a boat trip and it was reported that they had really enjoyed it. An activity log was maintained but, as referred to above, for some residents this showed limited participation in activities off campus. The centre had access to a vehicle which usage was coordinated by the providers transport manager and driver. This could be used to facilitate residents to access community activities and visits to families. Each house had a good sized private back garden but residents also had access to a number of communal areas on the campus and a sensory garden. There was a horticulturist working on the campus who supported some of the residents with gardening tasks.

There was one staff vacancy at the time of inspection but this was being filled by regular agency and relief staff. This provided consistency of care for the residents. Recruitment was underway for the position. Staff were observed to be respectful, kind and caring. Each of the residents had assigned key workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects 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.

The person in charge was suitably qualified and experienced. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge had a background as a registered staff nurse in intellectual disabilities and held a degree in nursing studies and a certificate in management. She had been working within the service for an extended period and had more than 22 years of management experience. She was in a full-time position and was not responsible for any other service. She was found to have a good knowledge 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 clinical nurse manager(CNM). She 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 was one staff vacancy at the time of inspection but this was being filled by regular agency and relief staff. This provided consistency of care for the residents. Recruitment was underway for the position. The actual and planned duty rosters were found to be maintained to a satisfactory level. The inspector reviewed a sample of 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 overall where required, these were notified to the Chief Inspector of Social Service, within the time frames required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated

purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed health needs of the residents. However, it was noted the ability of the staff team to engage the residents in community integration had the potential to be impacted by the number of staff rostered and the health needs of the residents. There was a consistent team of staff working with the residents. Day service staff supported the staff team by taking residents out for individual and or group activities on campus. There was one whole-time equivalent (WTE) staff vacancy at the time of inspection but this was being filled by regular agency and relief staff. Recruitment was underway for the position. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. All training was coordinated centrally and records showed that staff were up to date with all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Suitable governance and management arrangements were in place. The provider had completed an annual review of the quality and safety and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. There were clear lines of accountability and responsibility.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, dated March 2022 which included all of the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations. Overall, there were relatively low numbers of incidents in this centre. There were arrangements in place to review trends of incidents on a quarterly basis or more frequently where required.

Judgment: Compliant

Quality and safety

The residents living in the centre appeared to receive person- centred care and support which was of a good quality. However, some improvements were required regarding maintenance of the premises and to identify meaningful goals and social care activities for some of the residents.

The majority of residents living in the centre had complex medical needs. Overall, residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. A staff nurse was rostered on each shift to ensure that residents' medical needs were being met. There was a health action plan for each of the residents which included an assessment and planning for individual resident's physical and mental health needs. Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication and personal care needs and choices. Detailed communication passports were in place to guide staff in supporting the resident to effectively communicate. There were some but limited goals and activities identified for some residents in areas such as health and activities. Monitoring of progress in achieving identified goals was not clearly documented. In other cases the resident choice for a specific activity had been recorded but no action had been taken to facilitate that choice. For example, one of the residents had previously identified that they would like to visit the zoo but this had not been identified as a goal or facilitated. In a number of cases, goals set were not specific or measurable. Personal plans had been reviewed on an annual basis in line with the requirements of the regulations.

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments had been completed and

were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidents. Suitable arrangements were in place for the management of fire.

There were suitable infection control procedures in place. However, it was noted that there was worn and chipped paint on some walls and woodwork, the surface on some wardrobes and sink surrounds were broken, some tile grouting was worn stained or missing in a number of bathrooms. This meant that these areas were more difficult to effectively clean from an infection control perspective. The provider had a contingency plan for the COVID-19 and a range of standard operating procedures which were in line with national guidance. A risk assessment for COVID-19 had been completed. A cleaning schedule was in place which was overseen by the person in charge. All areas appeared clean. 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 COVID-19, proper use of personal protective equipment (PPE) and effective hand hygiene had been provided for staff.

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.

Residents were provided with appropriate emotional and behavioural support. Residents presented with minimal behaviours that challenge. There had been no peer-to-peer incidents in the preceding period.

Regulation 17: Premises

The centre was comfortable and homely. As identified under regulation 27, maintenance was required in some areas but overall the centre was in a reasonable state of repair. It was noted that a significant amount of equipment was required for use by the residents and arrangements for the storage of same were limited but adequate at the time of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There were suitable risk management arrangements in place. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place for prevention and control of infection. However, it was noted that there was worn and chipped paint on some walls and woodwork, the surface on some wardrobes and sink surrounds were broken, some tile grouting was worn stained or missing in a number of bathrooms and some wall tiles were broken. This meant that these areas were more difficult to effectively clean from an infection control perspective.

Judgment: Not 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. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. However, there were limited goals and activities identified for some residents. Monitoring of progress in achieving identified goals was not clearly documented. In other cases residents choices for specific activities had been recorded but no action had been taken to facilitate that choice. For example, one of the residents had previously identified that they would like to visit the zoo but this had not been identified as a goal or facilitated. In a number of cases, goals set were not specific or measurable.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' health needs were being met by the care and support provided in the centre. There was a registered staff nurse rostored on duty at all times. Detailed health action plans were in place. Records were maintained of all contacts with health and social care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional support and support plans were in place for residents who were identified as needing that support. Overall residents presented with minimal behaviours of concern.

Judgment: 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.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not 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	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for SVC - AT OSV-0004022

Inspection ID: MON-0028735

Date of inspection: 14/09/2022

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 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: A maintenance plan has been implemented to address IPC issues identified and the following areas are prioritised for action: Two bathrooms in the designated centre will be refurbished Stained or missing grouting on tiles will be replaced. Broken tiles will be replaced. Worn or chipped paint on walls and woodwork will be repainted Painting schedule is in place for the centre.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Keyworkers will work with supported individuals to clearly identify the long and short term goals in their PCP Each person's PCP will be reviewed by the PIC and keyworker to ensure goals identified	

are based on the interests and preferences of the person and are written in a SMART format.

Keyworker to review goals monthly and make changes as required

PIC to monitor overall progress of PCP goals on a quarterly basis.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/06/2023
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2023