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-SDN
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	04 November 2021
Centre ID:	OSV-0004023
Fieldwork ID:	MON-0033665

About the designated centre

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

SVC - SDN is a designated centre located on a campus setting in North Dublin which provides residential care and supports for up to 11 residents with complex needs. The centre is comprised of five separate spaces which include a range of apartment spaces, bedrooms, living rooms, bathrooms, kitchen areas and enclosed garden spaces. There are additional staff areas which include an office space, storage rooms, visiting room and staff bathrooms. The staff team employed in the centre are made up of a person in charge, a clinical nurse manager, social care workers, staff nurses, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 November 2021	9:20 am to 3:30 pm	Thomas Hogan	Lead
Thursday 4 November 2021	9:20 am to 3:30 pm	Marie Byrne	Support
Thursday 4 November 2021	9:20 am to 3:30 pm	Michael Keating	Support

What residents told us and what inspectors observed

Overall, the inspectors found that there had been significant improvements in the time since the last inspection of this centre which resulted in enhanced outcomes for the individuals who were availing of its services. The registered provider had implemented a series of actions which included improving the physical environment of the centre, enhancing the governance and management arrangements, involvement of external experts in human rights, and reducing the use of restrictive practices. While some of the actions committed to by the registered provider remained ongoing at the time of the inspection, there was evidence available to the inspectors which demonstrated that the service improvement initiatives were continuing to be implemented.

This inspection was completed as part of a regulatory plan for this centre following a number of inspections where poor findings were identified. Following these inspections a caution was issued to the registered provider and later a notice of proposed decision to cancel the registration of the centre was issued in response to the June 2021 inspection. In response to this, the registered provider submitted a representation to the Chief Inspector which contained a comprehensive service improvement plan which detailed specific actions relating to cultural change, the premises of the centre, risk management, training and staff development, fire precautions and positive behaviour support. These actions were reviewed as part of this inspection of the centre to ensure that they had been appropriately followed up on and implemented.

During the course of the inspection the inspectors met with eight residents for varying periods of time. Many of the residents were unable to verbally communicate with the inspectors but appeared to be happy and content in the environment of the centre. Some residents said "hello" to the inspectors and others used some non-verbal communication methods such as pointing and gestures to briefly interact. A number of residents were engaging in off-site activities while others were relaxing in the centre, watching television, listening to music and helping staff with the preparation of snacks. The atmosphere in the centre was calm and relaxed during the period of the inspection. The inspectors spent time observing the care and support interactions between staff members and residents and found that they were respectful, timely and kind in nature. Staff members were observed to be attentive and knew the individual needs of the residents very well. The majority of residents were in receipt of high levels of staffing supports due to their complex disabilities and support needs and most had one-to-one or two-to-one staffing ratios in place during day time hours.

The inspectors completed a full walk through of the centre in the company of a representative of the registered provider. Overall, the inspectors found that there had been significant improvements made in the physical environment of the centre. For example, the centre had been painted throughout and a number of bathrooms had been upgraded. The provider was also in the process of replacing windows

throughout parts of the centre and this was due to be completed in the weeks after the inspection. The inspectors found, however, that the centre was not appropriate for long term residential supports for the number of individuals who were availing of its services at the time of the inspection. In addition, it was clear that the centre was not meeting the needs of some residents given its design, layout and limited space in some areas.

During the course of the inspection the inspectors met with a number of staff members. They told the inspectors how there had been recent improvement in the manner in which the centre was managed which had resulted in positive outcomes for residents. The staff members met with spoke about residents in a respectful and dignified manner and were able to inform the inspectors about their individual likes, dislikes and preferences. The staff members also spoke about training which they had recently completed and how this had been beneficial and had influenced their work practices and understandings in areas such as behaviour support and use of restrictive practices.

The inspectors observed that there had been a significant shift in the culture of the centre to a more person centred and human rights based approach for the provision of care and support to residents. While the work influencing this change was ongoing at the time of the inspection, the inspectors were assured that the registered provider was committed to ensuring that this continued and was progressed as planned. Overall, the inspectors observed that residents were experiencing an improved quality of life and better outcomes when compared to the time of the last inspection of this centre. There was a reduction in the number of restrictive practices in use including the use of closed circuit television (CCTV), removal of restrictions on windows in some areas, removal of steel casing on the exterior part of a building and reduction in the number of environmental restrictions including locked doors. When members of the staff team were asked about the impact of the removal of these restrictions, they explained that residents had responded positively to the changes and there had been no negative impacts observed.

The manner in which residents were supported with their personal rights was also found to have improved significantly in the time since the last inspection. The registered provider had identified through the completion of assessments that a number of residents could be supported to live in a community setting and were in the process of exploring accommodation options for those individuals. In addition, the provider was in the final stages of establishing a human rights committee for the organisation with external members and a policy document had been approved to document the role and membership of that forum. This, the inspectors were informed, would include increased oversight of the use of restrictive practices in designated centres.

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

The inspectors found that there had been a significant improvement in the manner in which this centre was managed. This included the arrangements for governance and for oversight of the care and support being delivered. There was strong leadership arrangements in place which had resulted in positive changes and improved outcomes for residents.

There was clear evidence available to demonstrate that the quality of the services provided had improved in the months preceding the inspection. The inspectors found that the services provided were more person centred and individualised in nature and were more mindful of the human rights of the resident group being supported. The centre was found to be appropriately resourced and the number and skill mix of the staff team employed was found to meet the needs of the residents availing of its services.

The management structures in place were clearly defined and there were clear lines of accountability at individual and team level for the delivery of services which ensured that the staff team and managers were aware of their roles and responsibilities and who they were accountable to. The inspectors also found that there had been improvements made to the management systems used in the centre. This led to improved oversight of the care and support being delivered to residents. There were a suite of audits completed and the findings of these demonstrated a greater ability by the registered provider to self-identify areas that required improvement. There was evidence available which demonstrated that the registered provider had implemented, or was in the process of implementing, the actions outlined in the compliance plan submitted in response to the last inspection completed and in the representation submitted following issuing of the notice of proposed decision to cancel the registration of the centre.

The inspectors found that there was a stable workforce employed in the centre. It was clear to the inspectors that there was good continuity of care and support which resulted in staff and residents developing good relationships. Staff members knew the residents and their individual support needs well including their means of communication. There was evidence available to demonstrate that there had been investment in the training and upskilling of the staff team across a number of key areas which included the application of a human rights based approach in health and social care settings.

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive

assistance, care and support in a respectful, timely and safe manner. There was good continuity of care and support being provided. 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 were reviewed and were found to contain the information 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 practices. The inspectors found that there were satisfactory arrangements in place for the supervision of the staff team.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that there were improved governance and management arrangements in place which had brought about enhanced quality services and outcomes for residents. There was good oversight of the care and support being delivered in the centre and there was enhanced leadership in place through the person in charge and clinical nurse managers. The inspectors found that there was a commitment to driving quality improvements and positive culture in the centre. Annual reports, six-monthly unannounced visits and a range of audits were completed which demonstrated an overall ability by the registered provider to self-identify areas which required ongoing improvement.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were supported to enjoy an improving quality of life while living in this centre. It was clear to the inspectors that residents were being provided with a more person-centred service and both the staff and management teams were increasingly aware of their human rights in the delivery of care and support.

The inspectors found that there had been significant work completed in the area of assessment of the needs of residents and in the development of personal support plans outlining how residents would be supported with the identified needs. There had been input from residents, where possible, and their representatives in the development of the personal plans and there was clear evidence to demonstrate increased input and support of allied health professionals.

As previously mentioned, the inspectors found that there had been significant improvements in the arrangements in place in the centre to support residents with their behaviours of concern. Positive behaviour support plans which were in place were found to provide staff members with appropriate guidance on how to respond to behaviours of concern including proactive and reactive strategies, descriptors of pre-indicators and antecedents to the behaviours, crisis management protocols, and protocols for the administration of PRN medicines (medicines only taken as the need arises).

The inspectors found that there had been a significant reduction in the use of restrictive practices in the centre and these were being utilised less frequently overall in the management of behaviours of concern. Residents, in most cases, had greater freedom of movement in the centre and their homes were less institutionalised and more homely in nature. In some cases, residents could now freely access their garden spaces through doors which were no longer locked and in other cases, residents could access areas of the centre which were previously inaccessible to them. In one apartment, the inspectors observed how a resident was being supported to choose their own clothing to wear each day in a wardrobe which they could now access after locks had been removed from it. Overall, the inspectors found that the restrictive practice reduction programme had a positive impact on the quality of life and the lived experience of residents.

Regulation 17: Premises

While the physical environment of the centre had improved significantly in the time since the last inspection, it was found by the inspectors not to be appropriate for supporting the current numbers and needs of residents in the longer term. Parts of the centre were found not to be meeting the needs of some residents which the registered provider had identified this through recently completed assessments of needs. Despite this, both the internal and external areas of the centre were more pleasant spaces for residents to enjoy and spend time. The centre was clean, warm and bright at the time of the inspection and while there was work ongoing on a number of projects, the overall physical environment was found to have greatly improved in the time since the last inspection was completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors found that comprehensive assessments of need had been completed for residents in the time since the last inspection and as a result, residents' need were now much clearer for the registered provider, management and staff teams. There were detailed support plans in place to outline how residents would be supported with their identified needs and there was evidence of consultation with families and representatives in that process. The inspectors found, however, that the registered provider did not have the arrangements in place to meet the needs of some residents.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate health and social care professionals in line with their assessed needs. Healthcare needs were assessed and there were support plans in place to guide staff members on the management responses in place for these. Where possible residents had been supported with information about their healthcare conditions and were supported to access national screening programmes. The inspectors found, however, that in certain cases where there remained restrictions in place on access to drinking water that the fluid intake of the residents was not monitored to ensure minimum intake of fluids was achieved on a daily basis.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were significant improvements noted in the guidance in place for staff on how to manage behaviours of concern. Support plans were found to provide detailed guidance to the staff team on a range of behaviours displayed by residents. There was a reduction in the use of restrictive practices in the centre which contributed to an overall improved quality of life of the resident group. The provider detailed plans for further reductions in the use of restrictive practices. Regular reviews of the use of restrictive practices were taking place and there was evidence of improved systems and documentation in use. There was improvement also in the input of allied health professionals in the care and support of residents and specifically in the management of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents were found to have been appropriately protected through the implementation of the organisation's policies, procedures, protocols and guidelines in the local practices 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

The inspectors found that the manner in which the centre was operated at the time of the inspection demonstrated respect for the residents availing of its services. The registered provider had taken considerable steps to influence and improve the culture of the centre and as a result enhanced the quality of life and the lived experience of residents. While this work was ongoing, the inspectors observed the impact of this cultural change programme on the day-to-day lives of the residents. It was clear to the inspectors that the registered provider was in the process of implementing a human rights based approach to the provision of care and support in the centre. This was evidenced though the completion of rights assessments, referrals to independent advocacy services, the completion of assessments of need, planning for transition to community living for some residents, reduction in the use of restrictive practices and the improvements in the premises of the centre to provide for a more dignified environment.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC-SDN OSV-0004023

Inspection ID: MON-0033665

Date of inspection: 04/11/2021

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:
One bathroom in the centre is scheduled to be refurbished. A Parker Bath was ordered end of June 2021. Still awaiting delivery and PIC has followed up with maintenance on 03/01/2022 to get an update on same.

Fire cert has being received to reconfigure a bedroom to a kitchen. The Kitchen has being designed and maintenance work will commence on kitchen and laundry to turn it into a functional space for the residents.

One individual was deemed to be inappropriately places in the centre. This has been subject to ongoing discussion and MDT involvement. Resident has been referred to a high support unit in another service location which will better meet their assessed needs and awaiting confirmation of a place. Funding has been secured to build a bespoke apartment for this individual and this project is now at planning application stage.

Applications have been made for four residents to Dublin City Council and Fingal for public housing to support them to move out and live in the community as part of a decongregation plan by the organisation.

An application has being submitted to and approved by HIQA to divide the current premises into two designated centres. A new PIC has being appointed for the 2nd designated centre and has commenced in post.

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:
Senior OT commenced in the designated centre on 04/01/2022 and will focus on the needs of the residents as identified from their comprehensive individual preference and needs assessments.
Each person's Individual and Preference Needs Assessment has been completed and the team along with MDT are currently working through the actions from same.

Care plan audit schedule in place for 2022 to ensure each individuals care plan is meeting their identified needs.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Individuals who have restricted access to fluids have fluid intake charts in place where their daily intake is monitored to ensure it is appropriate to their needs.

One individual who is on a lithium therapy has an updated care plan in place which includes guidance to monitor carefully fluid intake daily.

Individual's care plans have being reviewed to reflect these changes in the relevant sections.

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(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/06/2022
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	31/05/2022
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,	Substantially Compliant	Yellow	30/06/2022

	as assessed in accordance with paragraph (1).			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/01/2022