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:	Nova Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	04 April 2024
Centre ID:	OSV-0005091
Fieldwork ID:	MON-0039812

About the designated centre

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

Nova Residential Services consists of two residential properties, one dormer bungalow located in a rural location and a two-storey house located in an urban area. The centre provides residential care for a maximum of six adult residents, with intellectual disabilities. Both houses provided support to the residnets 365 days of the year and also on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the centre include kitchen/dining areas, sitting rooms and bathroom facilities. Staff support is provided by social care workers with care assistants providing relief cover.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Thursday 4 April 2024	09:30hrs to 17:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, and its purpose was to monitor the centre's ongoing compliance with the regulations. Overall, it was found that while residents appeared happy in the centre in general, there were a number of areas in need of improvements to promote higher levels of compliance with the regulations reviewed.

The inspector had the opportunity to meet with the five residents living in the centre on the day of inspection. In general, the inspector observed that residents appeared very happy and comfortable living in the centre. The centre comprised of two houses and on arrival to the first house on the morning of the inspection, the inspector met with four female residents who were on holidays from day services, and were finishing their breakfast and enjoying a relaxing morning. Residents spoke with the inspector and showed them pictures of their pets and spoke about their plans for the day ahead. Some residents showed the inspector their bedrooms which they had decorated in line with their preferences and showed the inspector some photos of family and friends and activities they had recently enjoyed.

The property was a dormer house and overall, the home was in a very good state of repair. The residents each had their own bedrooms, there was also a large kitchen and living area, a separate living room, bathrooms, and a utility. The property was located close to a beach and there was sea view from the centres kitchen. Residents appeared to be an independent group and in general, were good friends and compatible living together. Throughout the inspection day residents were observed laughing and joking together and playing their favourite songs while singing along. Residents all voiced that they were happy in their home when asked by the inspector. The residents appeared to enjoy regular activation during the week and individual social goals that they were working towards such as a trip to Lourdes, completing courses and visiting family.

While positive and familiar interactions were observed between staff and residents on the day of inspection, it was evident that the staff in the first house were not always meeting residents social needs, namely at weekends. This was clear through speaking with residents, reviewing the centres complaints log and reviewing some residents circle of support meeting minutes with staff. One resident verbally communicated "significant dissatisfaction" that they were not being supported by staff to access their community at weekends. Management had communicated that additional staff could be rostered to work if residents gave advance notice of additional weekend activities, however this meant that residents could never organise impromptu activities at weekends such as a last minute meet-up with friends, going out for a quick coffee or walk on the local beach or to the local shops for food items if this is what they wanted to do.

The inspector visited the second house in the afternoon and met with the fifth resident living in the designated centre. This resident was being supported one to one by a staff member, and had a wrap around activation schedule during the day

to suit their needs This resident seemed very happy and comfortable in their home. They had been out earlier in the day doing their groceries and they were enjoying a karaoke session in their living room, singing their favourite songs when the inspector arrived. The resident showed the inspector their bedroom where they had photos of a recent trip to Disneyland. Staff working with the resident also communicated that they regularly enjoyed activities such as trips to the cinema, going to the gym, golfing, swimming, meals out and bocce. This premises was also in a good state of repair and presented and clean and homely on the day of inspection. While this resident appeared happy living in the centre, it was noted that maintenance of their support plans and relevant documentation was poor at times. The resident had not experienced a circle of support meeting in 2023 and therefore had no up-to-date social goals in place. A number of care plans were also noted as having no evidence of review since 2022, this included the residents sensory care plan and their intimate care plan. The residents personal emergency evacuation plan also required review and was not accurately reflecting their support needs in the event of an emergency evacuation.

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 affected the quality and safety of the service being delivered. Overall, improvements were required in areas including staffing, training, fire safety, personal planning, governance and management and residents rights.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations. Overall, improvements were required to ensure that management systems were appropriately self-identifying and fully addressing areas in need of improvements. On this inspection, issues were identified in areas including staffing, fire safety, personal planning, governance and management and residents rights.

There was a clear management structure in place with identified lines of accountability. The centre was supported by a full time experienced and qualified person in charge who had oversight of the two houses which comprised the designated centre. There was consistent oversight of the service being provided with audits and reviews regularly completed by management. There was a consistent staff team in place and staff had completed mandatory training in areas including, fire safety, manual handling, safeguarding and infection control. The person in charge was regularly reviewing staff training needs and scheduling refresher training when required, and was also completing annual one to one supervisions with staff.

Improvements were required to ensure that staff were always fully supporting residents social care needs. Residents in one house were not accessing their community every second weekend, and this was impacting residents choice and control and their right to access their community if they wished.

Regulation 15: Staffing

The centres staff team comprised of a mix of social care workers and care assistants. There was a clear staff rota in place which included planned and actual staffing schedules.

It was evident, at times, that the staff in one house were not always meeting residents social care needs, specifically at weekends. This was clear through speaking with residents, reviewing the centres complaints log and reviewing some residents circle of support meeting minutes. One resident verbally communicated that they were not being supported to access their community at weekends. Management had communicated with residents that additional staff could be rostered to work if residents gave advance notice of additional weekend activities, however this meant that residents could never organise impromptu activities at weekends such as a last minute meet-up with friends, going out for a coffee or walk on the beach or to the local shops for desired food items if this is what they wanted to do on the day. This had been self-identified as a restrictive practice on the service quarterly returns to the Chief Inspector of Social Services. Some staff were managing to facilitate trips out at weekends, however records demonstrated that residents did not leave their home to access their community every second weekend.

Residents assessments of need did not fully highlight staffing support requirements, however the person in charge communicated that there were always sufficient staff numbers in place at weekends for staff to support residents to access their community in line with the residents needs.

Judgment: Not compliant

Regulation 16: Training and staff development

Training and refresher training was being completed by all staff in areas including fire safety, manual handling, safeguarding, infection control, management of behaviours that challenge and food safety. Training was regularly reviewed by the person in charge and refresher training was scheduled when needed. For the most part, all staff had up-to-date training and refresher training completed. One staff member was due the practical element of refresher fire safety training, as discussed under regulation 28.

There was a process in place for staff to receive regular one to one supervision with the person in charge. This was to occur once per year and the person in charge was doing this. A system was also in place for completing a probation period with new staff working in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management system and structure in place. The centre had a full time person in charge who had the skills and experience necessary to manage the designated centre. There was also an on-call management schedule in place for staff to call outside of regular working hours, if needed. The person in charge was completing monthly unannounced visits to the centre where checks were being completed in areas including safety, premises and documentation.

Six monthly unannounced audits were being completed by a manager from other designated centres. There was a schedule in place in the centre for staff to also complete regular safety audits and checks and this included a schedule for fire drills to occur quarterly. However, audit and review systems were not fully highlighting or addressing areas in need of improvements such as some findings on this inspection in areas including staffing, fire safety, personal planning and residents rights. In particular, the provider had not fully addressed issues noted with residents not accessing their community at weekends.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector completed a review of the centres accident and incidents log and found that any adverse incidents had been notified to the Chief Inspector of Social Services within the required timelines, as set out in Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that day-to-day practice within this centre ensured that residents were in receipt of a safe service. However, some improvements were required to ensure that the quality of care and support was to a higher standard in areas including personal planning, staffing, residents rights and fire safety.

In general, the inspector found the premises to be well maintained and homely. Each resident had a their own bedroom and their rooms and homes were personalised with their belongings and photos. There were outdoor areas available

to the residents in both of the houses. Arrangements were in place for the management of risk at the centre. There was a centre specific risk register and residents each had individualised risk assessments in place for any identified risks. Some improvements were required in the area of fire safety, as detailed further under regulation 28.

From a review of a sample of residents' assessments of need and personal care plans it was evident that residents required further support to ensure that social needs were being fully met and that they could always access their community when they wanted to. It was also evident that not all personal care plans were being reviewed regularly and were not reflective of the residents most current care needs, this was the case for namely one resident.

Regulation 17: Premises

The designated centre comprised of two houses, one dormer bungalow located in a rural location and a two-storey house located in an urban area. Both properties were in a good state of repair internally. All residents had their own bedrooms which they had personalised to suit their own preferences. Both properties met all the requirements set in Schedule 6 such as adequate social, recreational and dining accommodation.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were in place for the assessment, management and review of risk. There was a detailed and current risk register which was regularly reviewed and included both clinical and environmental risks. Residents all had individual risk management plans in place for identified specific risks to them.

There was a system in place for recording and responding to accidents and incidents. Any adverse incidents were reviewed by the person in charge. Any changes in levels of risks identified were responded to appropriately through referrals to multi-disciplinary services, updating mitigating risk measures and assessments.

Judgment: Compliant

Regulation 28: Fire precautions

There were some areas identified in need of improvements in the centre to ensure fire safety systems were safe and effective. The inspector completed a full walk around both premises and noted some issues with containment in one house. One fire door was not fully closing when activated and another door had no closing mechanism installed. This was located by the laundry room and was therefore an area of risk.

Residents had personal emergency evacuation plans in place (PEEPs), and these detailed support requirements in the event of a fire. It was found that one residents PEEP had not been reviewed or updated since 2022 and required further information to ensure that it included details on how to fully support the resident to evacuate in the event of a fire or a drill.

The inspector observed fire fighting equipment in place around both houses which was subject to regular servicing and review with a fire specialist. This included detection systems, emergency lighting, signage and extinguishers. Staff were completing regular fire safety check, however these checks were not appropriately identifying the containment issues noted by the inspector on the day of inspection. Furthermore, one staff was due the practical element of refresher fire safety training.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed systems in place for the storage of medicines in the centre. Storage systems were safe and secure and well maintained. Medications stock checks were regularly completed by staff and staff were suitably qualified to safely administer medications. Clear records of all medicines administered were maintained by staff in medication administration record sheets. Medications were regularly audited and reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had a person-centred plan in place and appeared to enjoy regular activation including activities such as swimming, bocce, horse riding, trips to the cinema, meals out and day services. However, it was evident that staff were not always fully supporting residents social care needs, particularly at weekends when residents could not always access their community. This is highlighted further under regulation 15 and 9.

While one resident appeared happy living in the centre, it was noted that maintenance of their support plans and relevant support documentation was poor at times. The resident had not experienced a circle of support meeting in 2023 or annual review of their plan of care since 2022. Therefore, this resident had no up-to-date social goals in place. A number of care plans were also noted as having no evidence of review since 2022, this included the residents sensory care plan and their intimate care plan.

Judgment: Not compliant

Regulation 9: Residents' rights

Staff in the centre were not always meeting residents social care needs and preferences and this was impacting the residents choice and control and their right to access their community when they wished to. Management had communicated that additional staff could be rostered to work if residents gave advance notice of additional weekend activities, however this meant that residents could never organise impromptu activities at weekends such as a last minute meet-up with friends, going out for a quick coffee or to the local shops for food items if this is what they wanted to do. Records demonstrated that residents did not leave their home to access their community every second weekend.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Nova Residential Services OSV-0005091

Inspection ID: MON-0039812

Date of inspection: 04/04/2024

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Currently, the staffing in one house has changed. Consequently, residents are now being supported to access their community and engage in social activities of their choosing including impromptu activities throughout the week and at the weekends. A number of measures have and, continue to be implemented to ensure this level of social engagement continues, these measures include; • An assessment of needs review will be undertaken at the next MDT meeting to ensure adequate staffing is in place. • All risk assessments have been reviewed to identify potential risks and evaluate the consequences, for example; an individual remaining at home if they do not wish to go on the outing etc. • During the weekly house meeting resident's rights are discussed. This discussion will now include their right to access the community. If residents are educated further regarding verbalising their preferences, then the impromptu outings will take place naturally. • Progress of all outings is being tracked to ensure they are occurring frequently	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regarding the various findings in the report, fire safety measures have been addressed and the various concerns identified have been rectified. Nonetheless, the importance of	

reporting issues as they occur will be reinforced with staff.

In an effort to address the findings relating to staffing, additional measures have been implemented as outlined in Regulation 15. These include reviews on assessment of needs, risk assessments and rights.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The fire door which was not fully closing when activated has been adjusted and is now working effectively. In addition to this, the door located by the laundry room has had a closing mechanism fitted and now provides effective fire containment measures.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Care plans have been updated since the inspection and a full review of the individuals' file has taken place. Plans now identify the specific needs of the individual and include a coordinated approach to the delivery of care. A circle of support meeting has been scheduled to take place and goals will be identified accordingly.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
As a result of staff changes in one house, the residents are now being supported to access their community and engage in social activities of their choosing including impromptu activities throughout the week and at the weekends.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/08/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Orange	31/08/2024
Regulation 28(3)(a)	The registered provider shall make adequate	Not Compliant	Orange	05/04/2024

	arrangements for detecting, containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	15/05/2024
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).	Not Compliant	Orange	31/08/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	31/08/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Not Compliant	Orange	31/08/2024

	of his or her disability has the freedom to exercise choice and control in his or her daily life.			