



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

## Issued by the Chief Inspector

Name of designated centre:	Nova Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2021
Centre ID:	OSV-0005098
Fieldwork ID:	MON-0033122

## About the designated centre

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

This centre consists of a complex of five apartment style residences. Each apartment has one or two resident bedrooms and the maximum capacity for the centre is seven residents. Each apartment also has bathroom facilities, a kitchen/living area and storage available. The centre is open overnight 365 days of the year and also on a 24 hour basis at weekend and during day service holiday periods. The centre closes from 09.30 until 16.30 Monday to Thursday and until 15:30 on Fridays. During the COVID-19 pandemic, when day services are closed, the centre is staffed at these times. The centre currently provides residential services for five adults with mild to moderate intellectual disabilities. Residents within the centre are supported by staff at a semi-independent level. There is one staff member on duty during the day and one sleepover staff member at night. Staff support is provided by a team leader, a social care worker and care assistants.

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

Number of residents on the date of inspection:	5
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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
Thursday 10 June 2021	10:15hrs to 16:45hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with three residents. To reduce movement as a result of the COVID-19 pandemic, the inspector reviewed documentation in one of the houses that was not occupied in the designated centre at the time of the inspection. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

On arrival, the inspector observed two residents who were talking to staff outside their homes. The inspector was introduced to the residents by the person in charge. Both residents were happy to talk with the inspector in their own homes. The first resident asked the person in charge to stay with them while they spoke with the inspector. This resident was very proud of their home and it was evident as they had washed the floors in advance of the inspector arriving. They invited the inspector into their dining room and informed the inspector that they would have their breakfast after they had finished talking. The resident chatted about many items and topics and sought support at times from the person in charge if they were unable to think of a name or needed help to explain something to the inspector. The resident spoke of their extended family and how they were looking forward to travelling to another county with relatives to celebrate a christening on the weekend after the inspection. They had enjoyed a mini break with relatives the weekend before the inspection and spoke of the regular contact they had with their siblings and their families on video and phone calls. The resident spoke of how busy they were attending many different activities including basketball the night before the inspection, tending to their lovely flowers in planters outside the front of their house and ensuring they kept active everyday. The resident had a log of their daily activities on their electronic tablet device which showed high levels of activity each day. The resident spoke of their preferred walking route around their local community which they completed independently and how they enjoyed on-line yoga, bingo and music classes which included drumming. The resident spoke of how much they liked living in their house on their own, watching their preferred programmes in the evening and going to bed when they wished. However, the resident also enjoyed sitting outside their home in the afternoons enjoying a hot drink with one of their peers and chatting with them. Although both residents were too busy the day before the inspection to meet up, the inspector was informed as they wanted to be ready to meet the inspector.

The inspector went to meet the second resident in the house next door. This resident shared their home with one other person. However, the inspector was informed that the resident has chosen to remain at home with relatives since the pandemic restrictions began in March 2020. The inspector was invited into the bright dining– kitchen area with a display of fresh flowers on the kitchen table which the resident had bought. The resident spoke of how they had lost a close relative during the summer of 2020 but were glad they were able to go to the funeral. They had a photograph of the person in their sitting room and spoke of how they missed the

person. The resident liked to attend mass and watched it on-line when the churches were closed due to the pandemic restrictions. They had been involved in a walking challenge with their peers and was proud of the certificate they got for participating which was on display. They also spoke of staff assisting them to make lemon cakes and how they enjoyed going for regular spins with their peers to local amenities. While the resident had an intruder alarm installed they explained that they did not wish to turn it on at night but did have a phone by their bed and would call the night staff on duty if they had any problem. The resident spoke of how they cooked their dinner every Monday but enjoyed nutritious dinners that were pre-prepared during the week. The resident also spoke about their health and how they enjoyed spending time with some of their peers in the afternoons. They did miss having someone in the house with them but did have regular calls with the resident who had remained at home with relatives and staff regularly spent some time in the evenings with them. The resident spoke of how they liked to do artwork and how they were happy that their keyworker had styled their hair for them during the pandemic restrictions. The resident also spoke of how they managed their own medications and outlined when and why staff checked the resident's temperature on a daily basis as per the public health guidelines.

Later in the afternoon the inspector was invited to meet with another resident. The inspector was informed that this resident had presented with increased medical needs since October 2019 resulting in the requirement for them to attend hospital three times weekly for dialysis treatment. The resident greeted the inspector at their front door and explained that they had been busy that morning preparing the dinners for the few days ahead in advance of scheduled hospital treatments. The resident spoke of how staff had supported them to change the times of the day the dialysis was scheduled for to morning time which suited the resident much better and had less of an impact on their routine. The resident outlined how they travelled by taxi and attended the hospital on their own. They were very happy with their home and the additional staff support they had each week which was flexible to fit in with the resident's routine.

The inspector met another resident when they called to the house that the inspector was reviewing the documentation in. The person in charge introduced the resident to the inspector. The resident was accompanied by their three cats and the inspector was told their names and their family history. The resident spoke of how they focused a lot of their attention on their cats and ensured they were always fed. They were happy that the pandemic restrictions were starting to ease so they could return to community activities. The resident liked art activities and had received an award in December 2020 for an outstanding art achievement in a christmas card design competition. The resident had their own mobile phone which staff used to keep in regular contact with the resident when they were not in the designated centre. The resident accessed the community independently but had not been able to return to their day service since March 2020 due to the pandemic restrictions. The inspector was informed that the resident really enjoyed horticultural activities and the person in charge outlined how similar activities were planned to be introduced for the resident in the designated centre by familiar staff in the day service.

It was evident that residents were happy in their homes, and that they were supported to live a life that promoted and respected their choices and wishes. Staff were also actively supporting the residents to remain safe while they independently engaged in activities out in the community. The next two sections of this report will 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 provided.

## Capacity and capability

Overall, the inspector found that there was a good governance and management structure with systems in place which aimed to promote a good quality, safe and person-centred service for residents.

The person in charge worked full time and had responsibility for another designated centre approximately 25 kms away. They had an office in this designated centre and were supported by a consistent core staff team which included a re-deployed staff member from one of the day services which the residents had attended prior to the pandemic. This staff worked Monday to Friday in the designated centre. All staff spoken to during the inspection were very familiar with the assessed needs of the residents and demonstrated ongoing review and flexible approaches to support the individualised care provided to residents. As already mentioned in this report additional support staff hours were flexible to suit the needs of a resident around their hospital appointments. In addition, while increased day support for another resident had not commenced at the time of the inspection, the person charge had supported the resident to begin horticultural activities in the designated centre and had facilitated supplies being sourced for these activities.

The provider had ensured an annual review had been completed in 2020 and incorporated the views of the residents and their family representatives. Residents were happy with their homes but outlined how they were missing their day services due to the pandemic restrictions. The annual review had objectives for 2021 which included resuming community activities and family contact with home visits as per the residents' wishes. Provider-led six monthly audits and a safety checklist had also been completed and there was schedule of audits for the designated centre which included a quarterly vehicle check and there was documented evidence the person in charge had requested a maintenance audit be completed in June 2021. The inspector also reviewed documentation regarding the supports being provided to one resident whose actions in the community placed them at increased risk of harm. The provider and staff team including members of the multi-disciplinary team (MDT) have provided ongoing supports in addition to advocacy services and developing specific protocols to ensure the safety of the resident while respecting their independence and expressed wishes. The inspector found that the provider had

demonstrated ongoing oversight and review of the individualised supports required by the residents in this designated centre.

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place. The number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and reflected the staffing levels outlined in the statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had received training including on-line training in fire safety and infection prevention and control. A schedule of training for 2021 was also in place. However, not all staff training was up-to-date at the time of the inspection. 25% of staff required refresher training in safeguarding and 12.5% of staff in managing behaviours that challenge.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre ensuring the provision of support and individualised services to residents.



Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints in the designated centre. The provider had ensured records of all complaints had been retained with the satisfaction of the complainant documented and actions taken. In addition, the staff team had received a number of compliments for the care and support shown to the residents especially during the pandemic restrictions.

Judgment: Compliant

## Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected.

The houses in the designated centre were homely and decorated with personal effects and residents' input. While the design and layout of the designated centre supported the assessed needs of the residents, there was an open plan garden area to both the front and rear of all the houses. This facilitated residents to meet each

other and socialise with their peers. However, this open plan design at the back of the houses allowed for free access to the area. The person in charge informed the inspector that an incident had occurred where items of clothing had been removed from the washing line of one of the residents. While the items of clothing were located and returned to the resident, the person participating in management outlined options that were being reviewed to ensure security of personal garden spaces and rear access to the houses for residents in the designated centre. In addition, a garden shed which was being used to store garden furniture required general maintenance.

The inspector reviewed the personal plans of two residents which were subject to regular review and ongoing input from the MDT. One resident had documented that they did not wish to engage with staff in completing their personal outcome measures and they were happy with their life. There was documented evidence of regular input to support the resident to engage in activities of their choice which included social activities, personal shopping, access their emails and contact with family representatives via video calls and in-person while adhering to public health guidelines. The resident was supported to attend health appointments and there was evidence of good communication from the dialysis unit to ensure the resident was supported to have the best health while managing their renal condition. This included skin care, guidance for foods to be enjoyed at Christmas time and guidance for food and fluid intake during COVID-19. MDT input included review of their diet and nutrition in August 2020 and an amended medication support plan with the resident's consent to ensure all medications were taken correctly by the resident as they self – medicated.

The personal plan of another resident had been subject to a full MDT review in May 2021. With ongoing weekly review as the resident demonstrated an increase in risk taking activities in the community. The resident was supported with twice weekly psychology sessions, had access to advocacy services and had been supported to make a complaint which was resolved to their satisfaction. Staff encouraged the resident to always have their mobile phone charged and with them if they were leaving the designated centre. There were detailed money management and nutrition plans to support the ongoing well-being of the resident to which the resident had consented. The resident also required ongoing support to ensure to good health and personal hygiene. The resident was being supported to progress one of their goals to meet a significant person in their life in the weeks following the inspection as the public health restrictions had eased and the person would be able to travel to visit the resident. The inspector also reviewed documentation which outlined actions being taken by the provider to seek assistance from external medical professionals to ensure the complex needs of the resident were being supported in the designated centre. While there was an interim safeguarding plan in place for the resident, staff reported that the resident chose not to adhere to the plan on occasions. Staff ensured the resident was supported regularly with opportunities to talk with staff which included topics such as staying safe.

The provider had ensured fire safety management systems were in place which included regular servicing of equipment, personal emergency evacuations plans, PEEPs for residents which were regularly reviewed and fire safety checklists which

were completed as required by staff. Issues identified during these checks were followed up in a timely manner by the person in charge and resolved, for example, staff reported a notification on the fire panel with a beeping sound on 8 June 2021, the service engineer was contacted the same day and the fault was rectified. Staff did complete fire drills at regular intervals with different fire scenarios documented. In addition, a fire drill in January 2021 was repeated when one resident did not respond to the alarm.

### Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 11: Visits

The registered provider supported residents to receive and visit family members while adhering to public health guidelines.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured residents were supported to have their personal possessions and furnishings in their homes. However, some personal possessions had been removed from the back garden of a resident without their permission.

Judgment: Substantially compliant

### Regulation 17: Premises

The designated centre was maintained in a good state of repair internally and the exterior garden areas were well tended to. However, a garden shed in one of the back gardens required maintenance.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured residents were supported to buy, prepare and cook their own meals as per their wishes while ensuring adequate quantities of healthy and nutritious options were available for residents.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a residents guide for the designated centre and this was available to residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk for individuals and the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had policies in place, and had ensured that staff practices adhered to the guidelines as per the provider's guidance documents and updated policies to ensure the safety of all residents, in the context of the COVID-19 pandemic. In addition, residents were aware of public health guidelines and the appropriate use of PPE.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and support plans were in place which were subject to regular review as per individual resident's requirements.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported to achieve the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to protect residents from harm. This included providing residents with information, self-awareness and skills to assist their self –care and protection.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to make choices and decisions regarding their personal goals and activities.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Nova Residential Services Waterford City OSV-0005098

Inspection ID: MON-0033122

Date of inspection: 10/06/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All refresher training that is required will be planned with the training department and the staff</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The registered provider is researching the most suitable option to maintain security of the residents and their possessions while also ensuring adherence to fire safety regulations and adopting the least restrictive practices.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The maintenance required on the garden shed has been completed</p>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	24/06/2021

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
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