



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

## Issued by the Chief Inspector

Name of designated centre:	SVC - BERA
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	18 September 2024
Centre ID:	OSV-0008121
Fieldwork ID:	MON-0036090

## About the designated centre

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

SVC - BERA is a designated centre located on a campus setting in North Dublin which provides residential care and supports for up to six residents with complex needs. The centre is located a short distance from a range of community facilities and transport links. The centre is comprised of six self contained apartments within the one building. The staff team employed in the centre are made up of a person in charge, a clinical nurse manager, registered staff nurses, social care workers, care staff and household staff.

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

Number of residents on the date of inspection:

6

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 18 September 2024	09:30hrs to 16:30hrs	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. It had been assessed that the needs of one of the residents were not being appropriately met with the layout of their current apartment. A new purpose built home had been designed specifically to meet the needs of this resident and was in the process of being built within the community. Each of the residents living in the centre presented with complex needs and an individualised service was provided for each of the residents.

There were longer term plans to de-congregate the centre in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". Each of the residents had been identified to transition to more suitable accommodation within the community. A defined time-line for the de-congregation of the residents had not yet been determined. A discovery process had been completed with each of the other residents and their respective families to ascertain their will and preferences in relation to their future life plans as they transition to live in their own home within the community. The provider was in the process of identifying suitable accommodation for these residents within the community. The provider had a 'transforming lives' lead who was responsible for coordinating the de-congregation process and supporting staff in this process. A number of management and staff had completed enhanced quality 'good lives' training for de-congregation.

The centre is situated on a campus based setting, with 10 other residential bungalows, all of which are operated by the provider. The centre comprised of six separate self contained apartments within the one building. The centre was registered to accommodate a total of six residents. There were no vacancies at the time of this inspection. Each of the residents had been living in the centre for an extended period.

The centre was found to be comfortable and accessible. Each of the apartments had a kitchen area, sitting area and separate bedroom and bathroom for the sole use of the resident living there. There were limited kitchen facilities in two of the apartments and cooking for these residents was facilitated in one of the other apartments. The single occupancy apartments had been personalised to the individual taste of each resident. This promoted the residents' independence and dignity, and recognised their individuality and personal preference.

Four of the apartments had their own garden area and two of the apartments shared a garden space. A number of the garden spaces had planting and garden furniture for outdoor dining. A small number had minimal items in the garden as was the identified preference of the residents living there. Residents also had access to a number of communal gardens and a large sensory garden within the campus which it was reported that some of the residents enjoyed using for walks.

On the day of inspection, the inspector met briefly with five of the six residents living in the centre. Warm interactions between the residents and staff caring for them was observed. The residents appeared in good form and happy in the company of staff. It was evident that some of the residents did not want to engage with the inspector while others appeared comfortable with the inspector's presence. A number of the residents were observed going out for walks, for a shopping trip and lunch out, over the course of the day. Each of the resident's day was personal to them as they did not enjoy group activities.

Staff reported to the inspector that they felt the residents were happy living in the centre and that staff had a close relationship with each of the residents. Named key workers had been assigned to each of the residents. Staff were observed to be respectful, kind and caring. The inspector noted that residents' needs and preferences were well known to staff and the person in charge. The inspector did not have an opportunity to meet with the families of any of the residents but it was reported that they were happy with the care and support provided in the centre.

The residents were supported to engage in meaningful activities in the centre, which were not subject to unnecessary restrictions. Through key working meetings and resident house meetings, residents' will and preference were ascertained regarding their day-to-day lives, links with the community and activities that they wanted to undertake. There was evidence that positive risk taking was supported in facilitating residents' choices and preferences in as non restrictive manner as possible. A number of the residents were engaged in minimal activities as had been assessed as their choice and suitable for their assessed needs.

Some residents were reluctant to engage in many activities. None of the residents had a formal day service programme. However, a dedicated staff member was allocated to work with each of the residents daily who engaged in individualised activities with them. A staff member from the day service worked with a number of the residents on a daily basis and provided additional support for individual residents to engage in activities within the community. Examples of activities engaged in by the residents included, Jigsaws and board games, walks to local scenic areas, arts and crafts, listening to music, trips using public transport, shopping and meals out, baking and cooking, shows and music festivals and massage therapy. There was a gym and a swimming pool located on the campus which it was reported that a number of the residents enjoyed using on occasions. There was also a horticulturist working on the campus and residents had access to a weekly session to work with them. One of the residents had their own vehicle which could be used by staff to support this resident to access activities within the community. The centre also had its own vehicle which was used by the residents to access activities within the community

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding the residents' 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 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. There were no restrictions on visiting in the centre.

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 centre was managed by a suitably qualified person. The person in charge had taken up the position in February 2024. He was in a full time position and was not responsible for any other centre. The person in charge was a registered nurse in intellectual disabilities and held a higher diploma in intellectual disability nursing practice and a diploma in management. He had more than eight years management experience. He presented with a clear understanding of the care and support needs for each of the residents and of the requirements of the regulations.

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 (CNM1) and senior staff nurses. The person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The person in charge and CNM3 held formal meetings on a regular basis. He reported that he felt supported in his role and had regular formal and informal contact with his manager.

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, health and safety, finance, incident reports, care plans and medication. There was evidence that actions were taken to address issues identified in these audits. 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. There were two recent staff vacancies at the time of inspection. However, there was evidence that these vacancies were generally being filled by

regular 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. There were regular staff meetings bi-monthly and evidence that agreed actions from each meeting were followed up on at the next meeting. This was a staff nurse led service with a registered staff nurse rostered on each shift. The majority of the staff team had been working in the centre for an extended period.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the time-lines required in the regulations.

#### Regulation 14: Persons in charge

The person in charge had taken up the position in February 2024 and was suitably qualified and experienced. He presented with a good knowledge of the care and support needs for each of the residents and clear understanding of the requirements of the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to be appropriately qualified and experienced to meet the residents needs. There were two recent staff vacancies at the time of inspection. However, there was evidence that these vacancies were generally being filled by regular relief staff. This provided consistency of care for the residents. Recruitment was underway for the position.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. A training needs analysis had recently been updated. Staff supervision arrangements were in place.

Judgment: Compliant

## Regulation 21: Records

Records in relation to each resident as specified in schedule 3 and additional records as specified in schedule 4 were maintained in the centre. Suitable record retention practices were in place. There was a complaints procedure in place and sample of complaints reviewed appeared to be dealt with in line with policy.

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 February 2024, which was found to contain all of the information required by the regulations. An easy to read version of the statement of purpose was also in place.

Judgment: Compliant

## Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of 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.

The residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. 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. None of the residents had a formal day service programme. However, a dedicated staff member was allocated to work with each of the residents daily who engaged in individualised activities with them. A staff member from the day service worked with a number of the residents on a daily basis and provided additional support for individual residents to engage in activities within the community if they so wished. 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 physical and mental health needs. Detailed communication passports were in place to guide staff in supporting the resident to effectively communicate. A small number of the residents were engaged with the provider's speech and language therapist to support their communication. Personal support plans had been reviewed on an annual basis. Personal goals had been identified for individual residents which although limited for some were considered to be appropriate for the residents age profile, interests and abilities.

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 incidences. Suitable arrangements were in place for the management of fire.

There were infection control procedures in place. However, there were some worn surfaces in the centre. This negatively impacted on the staffs ability to effectively clean these areas from an infection control perspective. For example, there were some areas of worn surfaces on doors and woodwork throughout the centre and the kitchen presses in two of the kitchens appeared worn in areas. Colour coded cleaning equipment was available and was found to be suitably stored. A cleaning schedule was in place which was overseen by the person in charge. All areas appeared clean. 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 infection control had been provided for staff.

Residents were provided with appropriate emotional support. Support plans were in place for residents identified to require same and these contained detailed proactive and reactive strategies to support residents. The providers clinical nurse specialist in

positive behaviour support was accessible to staff for support and had devised and reviewed plans were required. It was noted that each of the residents presented with behaviours which could on occasions be difficult for staff to manage. However, overall behavioural incidents were well managed. There was a restrictive practice register in place which was reviewed at regular intervals. It was noted that there was a multi-disciplinary team decision making process regarding the use of restrictive practices. There were reduction plans in place for some restrictive practices.

There were measures in place to protect residents from being harmed or suffering from abuse. There were appropriate arrangements in place to respond, report and manage any safe guarding concerns. Staff spoken with were knowledgeable about safeguarding procedures and of their role and responsibility. The provider had a safeguarding policy in place

### Regulation 17: Premises

Overall, each of the apartments was clean and designed to meet the needs of the individual residents, It had been assessed that the needs of one of the residents were not being appropriately met with the layout of their current apartment. A new purpose built home had been designed specifically to meet the needs of this resident and was in the process of being built within the community.residents. Each of the apartments were found to be comfortable and homely. However, there were some areas of worn surfaces on doors and woodwork throughout the centre and the kitchen presses in two of the kitchens appeared worm in areas.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents in each of the apartments were supported to buy, prepare and cook some of their own meals when they so chose to do so. There were adequate facilities in place to store foods in hygienic conditions. There was evidence that residents were provided with a good variety of nutritious and wholesome foods. Residents had choices at meal times and dietary needs were being met. Supports required by individual residents at meal times were documented in support plans. Choking risk assessments had been completed for each of the six residents and there were speech and language therapist support plans in place. Residents had access to a dietician on a referral basis.

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. There was evidence of a regular hazard inspection.

Judgment: Compliant

## Regulation 27: Protection against infection

There were arrangements in place for prevention and control of infection. However, there were some areas of worn surfaces on doors and woodwork throughout the centre and the kitchen presses in two of the kitchens appeared worn in areas. This meant that these areas were more difficult to effectively clean from an infection control perspective.

Judgment: Substantially 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. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

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. Personal support plans had been reviewed on an annual basis. The 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
Judgment: Compliant
<b>Regulation 6: Health care</b>
The residents' health needs were being met by the care and support provided in the centre. There was a registered staff nurse rostered on duty at all times. Detailed health action plans were in place. Records were maintained of all contacts with health professionals.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Residents were provided with appropriate emotional support. Support plans were in place for residents identified to require same. The plans had been devised and reviewed by the providers' clinical nurse specialist in positive behaviour support. There was a restrictive practice register in place which was reviewed at regular intervals.
Judgment: Compliant
<b>Regulation 8: Protection</b>
There were measures in place to protect residents from being harmed or suffering from abuse. Safeguarding information was on display and included information on the nominated safeguarding officer. It was noted that safeguarding was discussed at staff and resident house meetings. It was noted that a number of the residents presented with behaviours which could on occasions be difficult for staff to manage. However, overall incidents were considered to be well managed.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Overall, residents' rights were promoted by the care and support provided in the

centre. There was evidence that residents were consulted with, regarding their choice and preferences for meals and activities. Staff were observed to treat residents with dignity and respect. Residents had access to advocacy services if so required. The residents guide had been reviewed and included information on residents rights. The provider had an identified human rights officer and a regional steering advocacy committee that provided oversight on advocacy issues as they arise. A rights assessment document had been completed for residents and included details of identified actions to be progressed. Each of the residents had their self contained apartment which they had personalised to their own choosing. Each of the resident's day was personal to them as they did not enjoy group 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 (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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for SVC - BERA OSV-0008121

Inspection ID: MON-0036090

Date of inspection: 18/09/2024

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>PIC has been in contact with the maintenance department who have carried out full assessment of doors, timber and kitchens. Maintenance department will sand and varnish doors, replace if needed, carry out painting on all areas required and carry out works in both kitchen areas as needed. All work to be completed by December 1st 2024.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>As issues highlighted in premises have impacted regulation 27, once works carried out as outlined above have been completed by December 1st 2024, regulation 27 should then be compliant.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/12/2024
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.	Substantially Compliant	Yellow	01/12/2024