



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

Issued by the Chief Inspector

Name of designated centre:	SVC - AG
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	22 May 2024
Centre ID:	OSV-0004021
Fieldwork ID:	MON-0034761

About the designated centre

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

SVC-AG provides full-time residential care and support to adults with intellectual disabilities who are of an aging profile and who have complex medical presentations with multiple comorbidities. SVC-AG is located within a campus setting in a residential area of a city and is close to local shops and other amenities such as cafes, public houses and a swimming pool. The centre comprises of three bungalows. The communal facilities in each bungalow are of a similar layout with residents having access to an open plan communal area which incorporates lounge, kitchen and dining room facilities. The open plan area in two of the bungalows also provides direct access to rear gardens with covered seating areas. The third bungalow does not have a rear garden, although a front garden is provided again with a covered seating area for residents to use. The bungalows have two toilets as well as a communal bathroom with an additional toilet facility as well as an accessible walk-in shower and adapted bath. A further smaller sitting room is provided in each bungalow to enable residents to meet their friends and family in private. Residents are supported in each bungalow by a staff team which comprises of nursing, care and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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 (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 22 May 2024	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received good quality care and support.

The centre comprised of a three separate bungalows located adjacent to each other on a residential campus based setting. It is located in a residential area of a city and in close proximity to a range of local amenities such as cafes, shops, public houses, restaurant, public parks, a swimming pool and transport links. There were a number of amenities also within the campus grounds. These included a church, cafe area, playground, swimming pool and a number of communal gardens. The centre was registered to accommodate 18 adult residents but there was one vacancy at the time of this inspection. Consequently there were six residents living in two bungalows and five residents living in the third bungalow with one vacant bed.

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

The majority of the 17 residents had been living together for an extended period and were reported to get along well together. There had been one recent admission. The majority of the residents were progressing in years and had significant medical and care needs. Over the course of the inspection, the inspector met briefly with 12 of the residents. Although the majority of the residents met with were unable to tell the inspector their views on the quality of the service, they appeared in good spirits. A resident was noted to go out for a walk with staff to a local scenic area while another resident had a massage from a therapist who visited the centre on a regular basis. One of the residents indicated to the inspector that they were looking forward to going out for lunch with a staff member to a local café. Residents in one of the houses were observed to enjoy watching and singing along to a popular country music artist on the television. A number of residents were engaged in their day service programmes on the day on this inspection and were not met with. Two of the residents had gone on holiday together in the preceding period. Lunch period was observed in one of the houses where the residents present required staff assistance with their meal. This was observed to be undertaken in a kind and dignified manner.

There was evidence that residents and their representatives were consulted and communicated with about decisions regarding their care and the running of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector

did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had consulted with residents' families as part of its annual review of the quality and safety of the service and the feedback from families was positive. Other records were also maintained of positive feedback and comments received from family members. There had been no complaints recorded in the previous 12 month period.

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.

There were regular resident meetings in the centre and residents rights were discussed as part of these meetings. Residents were observed to be treated with dignity and respect and staff were noted to interact with the residents in a caring and respectful manner. There was a human rights officer in place within the organisation who was available as a resource for staff and residents. 'Please knock before entering' signs were displayed on each of the residents bedroom doors and staff were seen knocking and seeking permission before entering bedrooms.

Overall, residents were supported to engage in meaningful activities in the centre and in the community. A number of the residents were engaged in the day service programme located either on the campus or within the community. There was a small church on the campus and a number of residents enjoyed attending mass in the church. Examples of other activities that residents engaged in within the centre and in the community included, walks within the campus and to local scenic areas, retirement club, meals out, concerts, overnight hotel stays, church visits, beauty treatments, colouring, jewellery making, arts and crafts and shopping. An activity log was maintained for each of the residents.

The centre had access to a vehicle which usage was coordinated by the providers transport manager and driver. This could be used to facilitate residents to access community activities and visits to families. Two of the bungalows had private rear gardens with covered seating areas. The third bungalow didn't have a rear garden, but there was a front garden with a covered seating area for residents to use. In addition, residents also had access to a number of communal areas on the campus and a sensory garden. There was a horticulturist working on the campus who supported some of the residents with gardening tasks.

There were four and a half whole time equivalent staff vacancies at the time of inspection. These vacancies were being covered by regular agency and relief staff members. It was reported that recruitment was underway for the positions. Each of the residents had assigned key workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge..

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

Capacity and capability

There were suitable governance and management arrangements in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The person in charge was suitably qualified and experienced. He had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge had a background as a registered staff nurse in intellectual disabilities and held a diploma in leadership and management. He had more than seven years of management experience. He was in a full-time position and was not responsible for any other service. He was found to have a good knowledge of the requirements of the regulations. The person in charge reported that he felt supported in his role and had regular formal and informal contact with his manager.

There was a clearly-defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a clinical nurse manager (CNM 1). 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 CNM 3 held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, finance, incident reports, care plans and medication. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to be appropriately qualified and experienced to meet the residents' needs. This was a staff nurse-led service with a registered staff nurse rostered on each shift. There were four and a half whole time equivalent staff vacancies at the time of inspection. These vacancies were being filled by regular agency and relief staff. Although efforts were made to use regular agency staff, there was a potential that this would not always be possible and consequently have a negatively impact on the consistency of care for the residents. Recruitment was underway for the positions. The actual and planned duty rosters were found to be maintained to a satisfactory level. The inspector reviewed a sample of staff files and found that all of the documentation required by the regulation was in place. A sample of staff files were reviewed and found to contain all of the information required by the regulations.

A record of all incidents occurring in the centre was maintained and where required,

these were notified to the Chief Inspector of Social Service, within the time frames required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The person in charge presented with a sound knowledge of the regulatory requirements and of the care and support needs for each of the residents.

Judgment: Compliant

Regulation 15: Staffing

There were four and a half whole time equivalent staff vacancies at the time of inspection. Although efforts were made to use regular agency staff there was a potential that this would not always be possible and consequently have a negatively impact on the consistency of care for the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. All training was coordinated centrally. A sample of staff supervision record reviewed showed that staff were receiving appropriate supervision in line with the frequency proposed in the providers 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, which had recently been reviewed and was found to include all of the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

There were appropriate complaint procedures in place. Information about the complaint procedure were on display in the centre. There was a nominated complaint officer. There had been no complaints in the preceding 12 month period. Staff spoken with were aware of the complaint process and the process was discussed with residents as part of house meetings. Contact details for the confidential complaint recipient was available in each of the bungalows.

Judgment: Compliant

Regulation 4: Written policies and procedures

A suite of policies and procedures were in place on the matters set out in schedule 5 of the regulations. The policies were readily accessible to staff in each of the bungalows. The policies were found to be subject to regular review in line with the frequency proposed in the regulations.

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 majority of residents living in the centre had high support and medical needs. Overall, residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. An end of life care plan had been put in place for a resident identified to require same and reflected the assessed needs of the resident and was in line with best practice in this area. A staff nurse was rostered on each shift to ensure that residents' medical needs were being met. There was a health action plan for each of the residents which included an assessment and planning for individual resident's physical and mental health needs. Personal care plans and support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication and personal care needs and choices. Detailed communication passports were in place to guide staff in supporting the resident to effectively communicate. There were goals and activities identified for residents. Monitoring of progress in achieving identified goals were documented. An annual review of personal plans had not been undertaken in line with the requirements of the regulations, for a number of the residents. For example, in some cases, it was not clear if the review assessed the effectiveness of the plan in place and was conducted in a manner that ensured the participation of residents' representatives where appropriate, as required by the regulations.

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments had been completed and were subject to review. Storage facilities for medical equipment in some areas was limited and a risk assessment and management plan had been put in place for same. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidents. Suitable arrangements were in place for the management of fire. There was evidence of shared learning from a recent incident in the centre and that measures had been put in place to prevent a recurrence.

There were suitable infection control procedures in place. However, it was noted that there was worn and chipped paint on a small number of walls and woodwork in each of the bungalows and the surface of a small number of the kitchen press doors in two of the bungalows was broken in areas. This meant that these areas could be more difficult to effectively clean from an infection control perspective. The bathroom in two of the houses had been refurbished and plans were in place to

refurbish the bathroom in the third house. A cleaning schedule was in place which was overseen by the person in charge and CNM1. All areas appeared clean. Colour coded cleaning equipment was available. Household members of staff were in place and assigned responsibility for cleaning. 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.

There were measures in place to protect residents from being harmed or suffering from abuse. There had been one suspected safeguarding incident in the preceding period but this was found to be appropriately investigated with suitable safeguarding plans put in place. Staff spoken with were knowledgeable about safeguarding procedures and of their role and responsibility in the event of disclosure or observing an abuse. Appropriate arrangements were in place to report and respond to any safeguarding concerns. The provider had a policy for the protection of vulnerable adults and the management of allegations of abuse.

Residents were provided with appropriate emotional and behavioural support. Residents presented with minimal behaviours that challenge. There had been no peer-to-peer incidents in the preceding period. Support guidance for managing behaviours for small number of residents identified to require same, were in place. There were a number of restrictive practices in place which were subject to regular review.

Regulation 17: Premises

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

Judgment: Compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable infection control procedures in place. However, it was noted that there was worn and chipped paint on a small number of walls and woodwork in each of the bungalows and the surface of a small number of the kitchen press doors in two of the bungalows was broken in areas. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents was prominently displayed. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. However, an annual review of personal plans had not been undertaken in line with the requirements of the regulations, for a number of the residents. For example, in some cases, it was not clear if the review assessed the effectiveness of the plan in place and was conducted in a manner that ensured the participation of residents' representatives where appropriate, as required by the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

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

health and social care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

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

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There had been one suspected safeguarding incident in the preceding period but this was found to be appropriately investigated, with suitable safeguarding plans put in place. Safeguarding information was on display and included information on the nominated safeguarding officer. Residents appeared to be provided with appropriate emotional support. Overall residents presented with minimal behaviours which impacted upon the safety of other residents. .

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were found to be upheld in this centre. Staff were observed to treat residents with dignity and respect. There were regular resident meetings in the centre and residents rights were discussed as part of these meetings. Staff were noted to interact with the residents in a caring and respectful manner. There was a human rights officer in place within the organisation who was available as a resource for staff and residents. Each of the residents had their own bedroom which had been personalised to their own taste. 'Please knock before entering' signs were displayed on each of the residents bedroom doors and staff were seen knocking and seeking permission before entering bedrooms.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	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	Substantially 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 - AG OSV-0004021

Inspection ID: MON-0034761

Date of inspection: 22/05/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Regular agency staff allocated to work in the Designated Centre where possible. Two (2) new staff (1 Care staff and 1 Staff Nurse) have been employed since this inspection. Further interviews scheduled.</p> <p>The Designated Centre continues to be supported by senior management to fill vacancies using available staff on the centre's relief panel and through agency.</p> <p>On-going recruitment strategies are being undertaken in collaboration with Human Resources to employ eligible candidates for the roles identified.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Painting schedule in place for St. Vincents Centre, same coordinated by senior management.</p> <p>The Aisling Group is scheduled for painting through maintenance department in Autumn 2024.</p> <p>Maintenance requests were completed for kitchen press doors that were not closing properly.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Audit schedule in place for each individual care plan, feedback will be provided to key</p>	

workers for action. This will continue through the annual audit.

When annual reviews are undertaken, same will be with involvement of families as appropriate to each supported individual. Families input and feedback will be part of the care planning process to enhance quality with regards to individuals will and preference.

Annual PCP Meetings and reviews are due to commence in July 2024 and will all be completed by end of September 2024. Families will be invited to attend meetings.

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.	Substantially Compliant	Yellow	31/01/2025
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	Substantially Compliant	Yellow	31/12/2024

	infections published by the Authority.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/12/2024
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.	Substantially Compliant	Yellow	31/12/2024