Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	SVC-SDN
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	23 October 2024
Centre ID:	OSV-0004023
Fieldwork ID:	MON-0036666

About the designated centre

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

SVC - SDN is a designated centre located on a campus setting in North Dublin which provides residential care and supports for up to four residents with complex needs. The centre comprised of a three bed roomed bungalow for three residents and a separate one bedroomed, self contained apartment for one resident. The bungalow included a sitting come dining area, a kitchen and laundry room. The centre had its own private garden area but residents also had access to a number of communal gardens within the campus. The staff team employed in the centre are made up of a person in charge, a staff nurse, a social care leader, social care worker, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 October 2024	10:00hrs to 16:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector of social services observed, there was evidence that the residents living in the centre received good quality care and support. Some minor improvements were required regarding the maintenance of the premises.

The centre is situated on a campus based setting, with 10 other residential bungalows, all of which are operated by the provider. The centre is located in close proximity to local amenities, including, shops, restaurants, cinema, swimming pool, public parks and public transport links. The centre comprises of a three bed-roomed bungalow for three residents and a separate self contained, one bed-roomed apartment for one resident. In the main house, there was a sitting come dining area, laundry room, a visitor room and adapted bathroom and toilet facilities. Each of the residents had their own bedroom which had been personalised to their own taste and choice. There was an additional evacuation route out of each of the residents' bedrooms.

Pictures of residents and their families were on display throughout the centre. There were good sized, secure, private and accessible garden for residents' use to the rear of the bungalow. This included seating and planting areas. Residents could also access a number of communal gardens within the campus and a sensory garden.

The centre is registered to accommodate up to four adult residents and there were no vacancies at the time of this inspection. The inspector met briefly with three of the four residents on the day of this inspection. These residents were unable to tell the inspector their views of the service but they appeared in good form and comfortable in the company of staff and their peers.

Each of the residents had been living together for an extended period and were reported to generally get along well together. It was noted that the behaviours of a small number of the residents could on occasions be difficult for staff to manage in a group living environment. However, overall incidents appeared to be well managed and residents were provided with appropriate support. Staff were observed to interact with the residents in a caring, patient and respectful manner. A number of residents had limited speech but were observed to be supported by staff to communicate their feelings and wishes.

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 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.

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.

Residents were supported to engage in some meaningful activities in the centre and within the local community at a level that best suited the individual resident and their age profile. Two of the four residents were engaged in a formal day service programme operated within the campus for a number of days each week. The other two residents had an individualised service coordinated from the centre, with dedicated staff scheduled to work with these residents each day. It was considered that this best met these resident's individual needs. There was a horticulturist working on the campus who supported some of the residents with gardening tasks. Residents also had access to a swimming pool and small gym on the campus. Examples of other activities that residents engaged in, within the centre and within the community included, walks on the campus and to local scenic areas and beaches, church and family grave visits, family home visits, swimming, yoga, cooking and baking, gardening, arts and crafts, meals out, theatre, concerts, shows and shopping. Two of the residents had been on a short break holiday in the preceding period which it was reported that they had enjoyed.

The centre had access to a vehicle which could be used to facilitate residents to access community activities and visits to families. Access for use of the vehicle was coordinated centrally through the provider's transport manager who was located on the same campus. The centre was also located in close proximity to a range of public transport links.

Staff were observed to be respectful, kind and caring. Each of the residents had assigned keys workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge. It was observed in the staff office a quote from a recognised disability rights activist with a rights value for the month. It was noted that the rights value being promoted for October was 'Justice'.

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.

There were plans to de-congregate the centre in line with the Health Service

Executive National Strategy - Time to move on from congregated settings - A strategy for community inclusion, (HSE, 2011). It was proposed that three of the four residents would transition from the centre in the coming period to an identified house within the community. Draft transition plans had been put in place. However, a discharge date had not yet been confirmed pending completion of building works and the submission of an application for the registration of the new premises. A discovery process had been completed with each resident and their families. The purpose of this was to determine the individual residents' needs, will and preferences in relation to their future life plans as they transition to live in their own home within the community. The provider had put in place a 'transforming lives' lead who was responsible for coordinating the de-congregation process. A number of management and staff had completed enhanced quality 'good lives' training for de-congregation.

The centre was managed by a suitably qualified person. An interim person in charge had been appointed to the centre while the person in charge was on extended leave. She was found to be competent, with appropriate qualifications and experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

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 interim person in charge was supported by a senior staff nurse and social care leader. The interim person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The interim person in charge and CNM3 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, health and safety, 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. The staff team consisted off a staff nurse, a social care leader, social care workers and care staff. A number of staff were identified to move and work with the three residents who were identified to transition to a new home in the community once registered. It was acknowledged that this would support these residents transition and care in their new home.

A record of all incidents occurring in the centre was maintained. A sample of 12 incidents were reviewed and it was found that where required, these were notified to the Chief Inspector, within the time-lines required in the regulations.

Regulation 14: Persons in charge

An interim person in charge had been appointed to the centre in February 2024, while the person in charge was on extended leave. The interim person in charge held a degree in social care practice, a masters in child and youth care and a certificate in management and leadership. She had more than five years management experience. The interim person in charge was in a full time position and was also responsible for one other centre which was not located on the campus but was a relatively short distance away. The interim person in charge had a sound knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations. She reported that she felt supported in her role and had regular formal and informal contact with her manager.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate levels and experience within the staff team to meet residents needs. From a review of staff files it was noted that the full complement of staff were in place. Staff leave was being covered by the staff team and on occasions two relief staff members. This provided consistency of care for the residents. There were regular staff meetings bi-monthly and evidence that agreed actions from each meeting were followed up on at the next meeting. The majority of the staff team had been working in the centre for an extended period.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. All staff had attended training and refresher training in mandatory areas. A training matrix was maintained showing all training provided and dates completed by each staff member. Suitable 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 of care and this included consultation with residents and their families. Unannounced visits to review the safety of care, on a six monthly basis as required by the regulations had also been completed by the provider. There were clear lines of accountability and responsibility.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for each of the residents and contained all of the information required by the regulations. They included details on the fees payable.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed by the inspector and found to contain all of the requirements of Schedule 1 of the regulations. It had been reviewed by the provider in August 2024.

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

Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. There was evidence available to demonstrate that complaints had been investigated and responded to in a timely manner and complainants were satisfied with the outcomes of these actions. There were easy to read procedures on display in the centre to support respite users when making a complaint and the inspector observed a culture of promoting and welcoming complaints from individuals and their representatives. There was one open complaint at the time of inspection which was being managed in line with the provider's complaint procedures.

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. Detailed communication passports were in place to guide staff in supporting the residents to effectively communicate. Personal support plans had been reviewed in line with the requirements of the regulations. 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. Two of the four residents were engaged with a formal day service programme which were coordinated on the same campus. The other two residents had an individualised service coordinated from the centre. There was evidence that residents were regularly engaged with activities within their local community. 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. A registered staff nurse was a member of the staff team.

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. 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 plans had been devised and reviewed by the providers' clinical nurse specialist in positive behaviour support. It was noted that a number of the residents presented with some behaviours which could on occasions be difficult for staff to manage in a group living environment. However, overall behavioural incidents were well managed. On the day of inspection, the inspector did not observe any of the residents to present with behaviours that challenge. 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, the premises was clean and designed to meet the needs of residents. The house and the apartment was found to be comfortable and homely. However, maintenance was required in some areas as identified under Regulation 27. However, overall the centre was in a good state of repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a nutritious and varied diet. Staff presented with a good knowledge of residents' individual preferences. Feeding eating and drinking guidance was available for individual residents and these were observed to be adhered to on the day of 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. A risk register was maintained as a living document. 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 inspections. Evidence that post incident reviews were completed post specific incidents.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place for prevention and control of infection. However, it was noted that in the house there were small areas of worn paint on walls and woodwork and the wall tile grouting behind the sink in the kitchen was stained and 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 plans had been reviewed in line with the requirements of the regulations on an annual basis and involved residents' family representatives where possible. Dates for the next annual review had been scheduled for the end of the year. Personal individualised goals relating to independence and community integration had been identified for each of the residents.

Judgment: 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 on the staff team. Each of the residents had an identified general practitioner. Detailed health action plans were in place. Records were maintained of all contacts with health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

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. Individual risk assessments were in place for behaviours of concern and were subject to regular review. There was a restrictive practice register in place which was reviewed at regular intervals.

Judgment: Compliant

Regulation 8: Protection

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 some behaviours which could on occasions be difficult for staff to manage in a group living environment and could have an impact on other residents. However, overall incidents were considered to be well managed. Interim safeguarding plans were in place for two of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' rights were promoted by the care and support provided in the centre. Each of the core staff team had attended human rights training and told the inspector that it positively impacted their work with residents. 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 and there was evidence that an independent national advocate had been engaged with regarding the three residents proposed transition to live in the community. 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 arose. A rights assessment document had been completed for residents and included details of identified actions to be progressed.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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-SDN OSV-0004023

Inspection ID: MON-0036666

Date of inspection: 23/10/2024

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
Outline how you are going to come into compliance with Regulation 17: Premises: • Organisational painting schedule in place. • 27/11/2024 - The PIC has consulted with and sent an email request to Maintenance department to repair painting of walls, woodwork and grouting of wall tiles behind the sink in the kitchen.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • Organisational painting schedule in place. • 27/11/2024 - The PIC has consulted with and sent an email request to Maintenance department to repair painting of walls, woodwork and grouting of wall tiles behind the sink in the kitchen.	

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	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 infections published by the Authority.	Substantially Compliant	Yellow	31/01/2025