



Office of the Chief Inspector

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

Name of designated centre:	SVC-RC37
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	06 February 2019
Centre ID:	OSV-0005548
Fieldwork ID:	MON-0025896

About the designated centre

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

The designated centre provides full-time residential services to two individuals and is based in a suburban area of North Dublin. The centre is located within reach of a wide variety of local amenities and public transport infrastructure. Residents availing of the services are supported through a staff team which is comprised of a person in charge, a social care worker and care assistants. The premises of the centre are made up of one building which on the ground floor contains an entrance hallway, a large living room, a large kitchen and dining space, a small utility room, and a small toilet area. On the first floor there are two large resident bedrooms (one of which has en-suite facilities), a staff sleep over bedroom, a staff office, a large main bathroom, a storage room, and a boiler room. The exterior space of the centre includes a driveway to the front of the building and a small garden space to the side and rear.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
06 February 2019	09:00hrs to 17:00hrs	Thomas Hogan	Lead

Views of people who use the service

The inspector met with both residents who were availing of the services of the centre and spoke in detail with one resident about their experiences. The inspector found that residents experienced a good quality of life and were supported to live active and meaningful lives. There were high satisfaction levels with the services provided reported to the inspector. Residents were supported to attend day services during week days and partook in a variety of activities during evenings and weekends. Residents were also supported to maintain and develop natural support networks and to partake in voluntary employment opportunities in order to build skills for paid employment in the future.

Capacity and capability

Overall, the inspector found that the centre was well managed and provided services which were of a high standard. There were effective leadership, governance and management arrangements in place and the centre was found to be adequately resourced. There were clearly defined management structures and systems in place which ensure that the services provided were safe, appropriate to residents' needs, and effectively monitored. Six regulations relating to *capacity and capability* were inspected against and the inspector found that overall there were high levels of compliance. Some improvements were identified as being required in the maintenance of staff duty rosters and in ensuring that the staff team completed all areas of mandatory training.

The inspector found that there was a competent workforce employed in the centre. A number of staff members were spoken with by the inspector and they were found to be very knowledgeable of residents' individual needs. All members of the staff team met with by the inspector spoke of residents in a kind and respectful manner. The inspector found that sufficient numbers of staff members were deployed to work in the centre and that there was an appropriate skill mix to meet the identified needs of residents. A review of staff duty rosters found that in some cases, the full names of staff members were not recorded and rosters were not labelled as being 'planned' and 'actual' as required. While there was a vacancy in the staff team at the time of inspection, the person in charge outlined a plan for filling this post.

A review of staff training records found that there were deficits in training or refresher training across six of the eight mandatory training areas for the core staff team. The inspector found that there were satisfactory arrangements in place for the informal supervision of staff members; however, there were no records available in the centre at the time of the inspection to demonstrate that one-to-one formal

supervision meeting were taking place with staff members. Team meetings were taking place on a regular basis and minutes maintained of these forums demonstrated that a wide range of topics were discussed and reviewed.

The inspector found that there was effective governance of the centre and that there were positive outcomes for residents as a result. The centre was found to be adequately resourced and services were provided in accordance with the stated purpose and function. Annual reviews and unannounced visits had been completed as required and there was evidence available to demonstrate that actions arising were being completed. There was a person in charge of the centre and the inspector found that they were very knowledgeable of the individual needs of resident, the relevant legislation and regulations. The person in charge demonstrated that they were actively involved in the management of the centre and the ongoing development and improvement of service delivery.

The inspector reviewed the system and procedure in place for the management of complaints and found that these were satisfactorily managed. There had been two complaints made since the registration of the centre in June 2017. In both cases, the inspector found that the complaints had been investigated and responded to in a timely manner. There were easy read versions of the complaint procedure on display in the centre and this was also discussed at resident meetings. There was information also available to residents in the centre regarding independent advocacy services and how such services could be accessed if required.

Regulation 15: Staffing

The inspector found that staff duty rosters maintained in the centre were not labelled as 'planned' or 'actual'. In addition, in some cases it was noted that the full names of staff members were not recorded on the staff duty rosters.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were a number of deficits found in the provision of training to the core staff team employed in the designated centre. These were as follows:

- one staff member was found not to have had completed training or refresher training in safeguarding vulnerable persons
- one staff member was found not to have had completed training or refresher training in children first
- one staff member was found not to have had completed training or refresher training in fire safety
- two staff members were found not to have had completed training or

- refresher training in manual handling
- five staff members were found not to have had completed training or refresher training in hand hygiene and
- five staff members were found not to have had completed training or refresher training in food safety.

Judgment: Not compliant

Regulation 22: Insurance

There was a contract of insurance in place which included injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were satisfactory arrangements in place for the effective governance and management of the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose (dated January 2019) was found not to contain all information set out as required in Schedule 1 of the regulations. The following areas were not included in this document:

- information regarding the specific care and support needs that the centre is intended to meet
- information regarding the criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions
- details of any specific therapeutic techniques used in the designated centre and the arrangements made for their supervision and
- the arrangements for residents to access education, training and employment.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector found that there was an effective complaints process in place for residents and this was available in an accessible format.

Judgment: Compliant

Quality and safety

The inspector found that there was strong evidence available to demonstrate that there was a person centred culture in place in the centre. Services provided were resident focused and an emphasis was placed on quality outcomes and a good quality of life for residents. The inspector found that residents were availing of a service which was safe, comfortable and homely. Residents were actively involved in the shaping of the service and were protected from experiencing abuse or harm. Five regulations relating to *quality and safety* were inspected against by the inspector and the inspector found satisfactory levels of compliance in all five areas. There were some areas which required improvement identified; however, which included a review of the centre's risk management policy and ensuring that there were clear plans in place to guide staff on how to support residents in the event of a fire or emergency.

A review of general welfare and development arrangements found that residents were supported to develop and maintain links with family the local community and to partake in meaningful social roles. Residents informed the inspector that 'family nights' were organised regularly in the centre where residents' family members could visit and enjoy a meal and social activities. In addition, residents were supported to partake in a wide variety of activities and clubs such as bowling, swimming, gym memberships, cinema nights, and arch clubs. One resident had begun a voluntary job in the local community and was being supported by the staff team to build the skills required to gain part time paid employment in the future. The person in charge outlined that there were training and education opportunities available to residents and that while these were provided mainly through day services, the staff team in the centre continued these programmes at evening times and weekends. Examples of these included money management skills and independent skills building.

The inspector completed a full walk through of the premises of the centre in the company of the person in charge. The centre was found to be designed and laid out to meet the needs of residents and appeared to be of sound construction throughout. While the centre was very clean, the inspector noted that a number of areas required painting. There was appropriate equipment in place as required to support residents with identified needs and the centre was fully accessible to those availing of its services. Residents were provided with separate sleeping

accommodation and there was adequate private and communal spaces. There was suitable storage facilities and adequate numbers of baths, toilets and showers.

The inspector reviewed the risk management policy in place in the centre (dated 02 March 2015) and found that it did not contain all information required by the regulations. A risk register was maintained in the centre and it was found to have addressed all risks which were presenting. A review of incident and accidents which had been recorded in the centre was completed by the inspector. There were appropriate systems in place for responding to incidents and accidents and the inspector found that appropriate follow up actions had taken place in all cases. All incident and accidents were reviewed formally on a quarterly basis by the person in charge and their manager.

A review of fire safety precautions was completed by the inspector and it was found that there was an appropriate fire detection and alarm system and emergency lighting in place in the centre. There were appropriate measures in place also for the containment of fire. Equipment relating to fire was found to have been serviced on a regular basis as required. Fire drills were being completed regularly and involved staff and resident participation. While there were personal emergency evacuation plans (PEEPs) in place, these were found not to have been completed in full and did not explicitly state the supports required by residents in the event of a fire or emergency.

Residents spoken with by the inspector stated that they felt safe living in the centre. Staff members were knowledgeable of the different types of abuse and what actions to take if abuse was ever suspected or witnessed. There was a policy relating to the protection of residents in place (dated 29 January 2016) and appropriate follow up actions had been taken to incidents of a safeguarding nature which had occurred in the centre.

Regulation 13: General welfare and development

The inspector found that the organisational culture of the centre supported residents to effectively exercise their rights to independence, social integration and participation in the life of the community.

Judgment: Compliant

Regulation 17: Premises

A number of areas of the centre were observed to require painting and decorating. These were:

- a resident's bedroom

- the main sitting room and
- the central stairwell.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A risk management policy in place in the centre (dated 02 March 2015) did not outline:

- the arrangements for the identification, recording, and investigation of, and learning from, serious incidents or adverse events involving residents and
- the arrangements in place to ensure that risk control measures are proportional to the risks identified and that any adverse impact such measures might have on residents' quality of life have been considered.

Judgment: Substantially compliant

Regulation 28: Fire precautions

PEEP documents in place for residents were not completed in full and did not communicate clearly the supports which were required by residents in the event of a fire or similar emergency.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that residents were protected from experiencing abuse and there were appropriate systems in place to address concerns of a safeguarding nature should they arise.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for SVC-RC37 OSV-0005548

Inspection ID: MON-0025896

Date of inspection: 06/02/2019

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Duty rosters are now labelled 'planned' and 'actual' and the full names of staff are recorded on the staff duty rosters.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: There is a tracking system for staff training in place. Due dates for mandatory training have been identified for all staff for 2019, and training dates have been allocated. All mandatory training will be completed by June 2019.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: An agreed plan has been formulated to add the additional information to the Statement of Purpose as outlined below.	

- information regarding the specific care and support needs that the centre is intended to meet
- information regarding the criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions
- details of any specific therapeutic techniques used in the designated centre and the arrangements made for their supervision and
- the arrangements for residents to access education, training and employment.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 A submission made to Management for funding to organize for the premises to be painted. This was sanctioned, and works to be carried out by May 2019.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The Risk Management Policy is currently under review and is to be amended to ensure it clearly identifies

- the arrangements for the identification, recording, and investigation of, and learning from, serious incidents or adverse events involving residents and
- the arrangements in place to ensure that risk control measures are proportional to the risks identified and that any adverse impact such measures might have on residents' quality of life have been considered.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The Peep assessments for individuals living in the designated centre have been completed fully and updated to ensure the supports required by residents are outlined in

sufficient detail to assist with safe evacuation in the event of a fire.

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	08/03/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/06/2019
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	Substantially Compliant	Yellow	30/05/2019

	externally and internally.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/04/2019
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	30/04/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	08/02/2019
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	30/03/2019

	a statement of purpose containing the information set out in Schedule 1.			
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