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## SOLAS Services, OSV-0007724, 17 June 2020

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| Item Type     | report   |
| Citation      | Ireland. Health Information and Quality Authority, 'SOLAS Services, OSV-0007724, 17 June 2020', [report], Health Information and Quality Authority, 2020-09-11, Designated Centre for Disabilities |
| Publisher     | Health Information and Quality Authority   |
| Download date | 2026-03-11 03:37:43  |
| Link to Item  | <a href="https://hdl.handle.net/20.500.14765/100185">https://hdl.handle.net/20.500.14765/100185</a>  |



**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: | SOLAS Services           |
| Name of provider:          | Health Service Executive |
| Address of centre:         | Kildare                  |
| Type of inspection:        | Short Notice Announced   |
| Date of inspection:        | 17 June 2020             |
| Centre ID:                 | OSV-0007724              |
| Fieldwork ID:              | MON-0028434              |

## About the designated centre

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

Solas Services provides specialised residential care for both male and female adults with an intellectual disability, with communicative behaviours and/or with an additional diagnosis of Autistic Spectrum Disorder. The Service provides residential care 7 days a week, 365 days a year to its residents.

The current age range in this centre is from 41 years - 69 years of age with the average age in the 50 year bracket. There are two houses in this centre located in Co. Kildare. The first house is a detached bungalow providing four bedrooms, two reception rooms, a kitchen, entrance hall, sun room, office space, 1 large wheelchair accessible bathroom, 2 en-suite shower rooms and 4 toilets. The second house is a detached bungalow and consists of three bedrooms, a dining room, sitting room, kitchen, utility room an accessible bathroom and two toilets. There is a mature garden at the front and back and an electronic gate entrance. The service has nursing, care assistants, medical, psychiatric, psychological and behavioural supports in the provision of care for the residents. Solas Services provides 24 hour nursing care.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 5 |
|--|---|

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 |
|---------------------------|-------------------------|------------------|------|
| Wednesday 17<br>June 2020 | 12:00hrs to<br>17:10hrs | Jacqueline Joynt | Lead |

## What residents told us and what inspectors observed

During the inspection, the inspector had the opportunity to meet and engage with 2 of the 5 residents living in the centre. Due to COVID 19 public health guidelines the inspector visited one of the two houses during the inspection and briefly engaged with the residents who were at home. The residents in the centre used verbal and non-verbal communication and where appropriate their views were relayed through staff advocating on their behalf.

On the day of the inspection the both residents appeared comfortable and were enjoying their day engaging in activities such as watching television and going out for drives and walks in the local community.

The inspector spoke with one resident in the garden and observed that a gazebo and sun chairs had been set up so residents could better enjoy the garden space. The inspector was informed that the resident was wearing their new orthodontics and that despite a delay due to COVID 19 restrictions had managed to be delivered that day. The resident appeared relaxed and seemed excited about going out for their drive and walk. They informed the inspector that they were going to get something to eat while they were out and in particular were looking forward to getting chips. The inspector asked the resident if they enjoyed living in their new home and the resident smiled and informed the inspector that they were happy.

The inspector met another resident inside the house. The resident appeared very relaxed and moved independently throughout the house. The resident was watching television and then moved to the kitchen to make a cup of tea with the support of staff. The residents was very aware of where to find all the items required to make their tea.

The inspector reviewed documentation which demonstrated that residents were supported through social stories to have an understanding of the current health crisis and associated precautions such as the use of personal protective equipment. The inspector observed that both residents appeared relaxed and comfortable in the company of staff wearing face masks.

The inspector observed friendly and caring interactions between staff and residents and found the atmosphere in the house to be relaxed and calm.

## Capacity and capability

The inspector found that residents well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the

centre. The centre was well run and provided a pleasant environment for the residents. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was of good quality. This inspection was the first inspection of the centre since it was registered in December 2019. Residents who were living in this centre had been supported to transition from two other houses within the organisation. Two residents had moved into one house in December 2019 and three residents had moved into the other house in March 2020. The inspector found that overall, the move has had a positive impact on residents' lives and was meeting the assessed needs of residents.

The governance and management systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Further to a unannounced visit in December 2019 the person in charge and clinical nurse manager complete a record of scheduled visits on a weekly and a monthly basis. The record audits different service areas such as complaints, accidents, safeguarding plans, staff training, consultation with residents but to name a few. These audits assist the person in charge ensure that the operational management and administration of the centre result in safe and effective service delivery.

There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The inspector saw that there was a satisfactory COVID 19 contingency plan in place for the centre during the health emergency. Individual and location risk assessments had been put in place to ensure effective care and support for the residents during the pandemic.

The person in charge of this centre is also responsible for another designated centre and overall the two centres share the staffing resources. The inspector was advised that there was a high number of staff on extended sick leave and that there was a number of existing staff vacancies within the current workforce. The inspector saw evidence to demonstrate that the provider was actively involved in recruiting staff to ensure a full compliment of its workforce. However, in the interim shifts were being covered by agency staff and staff redeployed from other services within the organisation.

Since late December 2019 there had been an additional seven and a half hours per day allocated to the organisation's workforce and this was to better support residents attend activities but also to support staff to take their breaks. The seven and a half hour shift had been allocated to one of the houses in this centre since January 2020. The person in charge endeavoured to ensure continuity of care was provided to the residents. For example, the inspector found evidence to demonstrate that initially a number of different non-regular staff covered the seven and a half hour shift. However in recent months the shifts were being covered, more often than not, by regular staff.

The inspector met a number of staff in one of the houses and on speaking with them found that they displayed a good knowledge of the residents' support needs,

personalities, interests and communication support requirements. The inspector observed friendly, respectful and supportive interactions between staff and residents.

### Regulation 15: Staffing

The staff members played a key role in delivering effective, care and support to residents. The inspector reviewed a sample of staff files and found that all files contained all the requirements of schedule 2.

Judgment: Compliant

### Regulation 21: Records

Overall, the inspector found that there were systems in place to ensure that records were of an appropriate quality to support the effective and efficient running of the centre. On the day of inspection all required information was made available to the inspector and in a manner that was easily accessible.

However, on review of a sample of documentation the inspector found that a number of residents' records included the residents' previous homes as their place of residence. For example a number of residents' intimate care plans, personal evacuation escape plans and contracts of care had not been updated to include the name and address of centre they were now living in.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall the local governance and management in this centre was found to operate to a good standard and appropriate arrangements were in place for overseeing the centre. There were auditing systems in place that ensured that the service being provided was safe and appropriate to the needs of the residents. Monthly and weekly on-site audits were also taking place by the person in charge and clinical nurse manager and ensured overall, that a good quality service was provided to residents.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The inspector found that there was a clear planned approach to admissions. Residents were provided with transition plans to support their move into the centre.

Judgment: Compliant

## Quality and safety

The inspector visited one of the two houses in this designated centre and found that overall, the house was well run and provided a homely and pleasant environment for residents. From a review of the centre's documentation and on briefly meeting two of the residents and a number of staff, the inspector found that the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

The inspector reviewed a sample of transition plans and saw that residents were supported to enjoy a planned and safe transition into the centre. Sections of the plan were in an accessible format which ensured residents were able to understand and be aware of what was happening throughout the move at all times. There were photographs of residents visiting the house before and during the transition. Three of the residents in one house moved from the same house however, for two other resident their transition plans showed timelines and photos of them meeting up in advance of moving in together and enjoying social occasions such as a coffee morning.

On review of a sample of healthcare plans the inspector found that appropriate healthcare was made available to the residents. The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Each resident had access to allied health professionals including regular access to their general practitioner (GP). Residents' healthcare plans had been updated to include extra supports, monitoring and protocols specific to the current pandemic. Residents were provided with a hospital passport to support them if they needed to receive care or undergo treatment in the hospital. There was a stop and watch monitoring tool used by staff to monitor residents for any change in presentation or symptoms of COVID-19.

There was an up-to-date safeguarding policy in place. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. Where appropriate safeguarding plans were put in place to minimise the risk of further incidents. The inspector reviewed documentation relating to two alleged safeguarding incidents that had taken place in one house during the six month

period. A provider assurance report had been requested from HIQA in relation to one of the incidents. On review of the assurance report the inspector found that there had been a satisfactory level of scrutiny by the registered provider of the alleged incident to guarantee that safeguarding arrangements in place ensured all residents' safety and welfare. The inspector was advised by the person in charge and staff that overall, there was a visible decrease in the level of residents' anxieties since they moved to the centre and that residents appeared more relaxed and at ease in their new environment.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis. There was clear guidance and information in place to support staff safely respond to residents' assessed support needs. For example, where appropriate residents were provided with a 'stress management' plan; The plans addressed what made residents anxious, signs of stress, how to help the resident and appropriate coping strategies. Furthermore, the sample reviewed demonstrated that the stress plans had been recently reviewed and updated to take into account the current pandemic.

There was a satisfactory contingency plan in place which demonstrated that the provider had systems to appropriately assess risks around infections in relation to the environment, equipment and visitors to prevent, detect and control the spread of COVID 19. Residents were supported through social stories relating to COVID 19 and matters regarding the pandemic were regularly talked about at residents' house meetings. The inspectors found that staff were provided with up-to-date training specific to COVID-19, including how to prevent infection and minimise the risk of getting the disease as advised by the Health Service Executive (HSE) and Health Protection Surveillance Centre (HPSC). There was information for staff on updated HSE/HPSC guidance for residential care facilities. Staff were provided access to and availed of HSE/HPSC training material, online learning and educational videos in relation to infection prevention and control and the care of residents during COVID 19.

There were updated cleaning procedures in place in the centre in line with COVID 19. These included regular touch point cleaning, a timetable for cleaning equipment and an enhanced cleaning schedule for all of the houses. On the day of inspection the inspector saw that there was no toilet seat cover on one of the toilets in the house. However, the inspector saw that despite the COVID 19 restrictions in place there had been ongoing efforts by the person in charge and the provider to source a specialised cover that met the required infection control measures and would be more suitable for the residents living in this house.

The emergency plan and risk register had been updated to account for risks related to COVID-19. The safety statement had been amended to provide instruction and guidance to staff on social distancing, appropriate use of personal protective equipment (PPE) and recording and reporting of symptoms, in line with national guidance. The risk register in place accounted for the risks related to transmission of the illness as well as secondary effects such as isolation and boredom, anxiety in

residents and staff, and the impact on residents of staff wearing certain PPE. However, the inspector found that the remainder of the risk register included risks relating to the two previous houses the residents lived in and had not been updated to assess if the risks also related to this centre.

### Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations. The provider had updated their risk register to include risk controls related to COVID-19 and there was a safety statement in place for the centre. However, improvements were required to ensure that all risks identified in the risk register related to the current designated centre and not to the centre the residents previously lived in.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Overall the provider had effective systems in place to provide centre-specific guidance on complying with national infection control procedures and precautions, and could advise and educate residents and staff on how to stay safe during the ongoing pandemic

Judgment: Compliant

### Regulation 28: Fire precautions

A sample of documentation and observations in one house demonstrated there were adequate means of escape, including emergency lighting. Fire safety checks took place regularly and were recorded. Fire drills were taking place at suitable intervals.

Judgment: Compliant

### Regulation 6: Health care

Appropriate healthcare was made available to residents having regard to their healthcare plans. Overall, the health and wellbeing of each resident was

promoted and supported in a variety of ways including through diet, nutrition and recreation. Residents' healthcare plans had been updated to include extra supports, monitoring and protocols specific to the current pandemic.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs was included in residents' personal plans.

Judgment: Compliant

### Regulation 8: Protection

The provider ensured that the centre's safeguarding policy was adhered to. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. Staff working in this centre had received appropriate safeguarding training.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 15: Staffing  | Compliant               |
| Regulation 21: Records   | Substantially compliant |
| Regulation 23: Governance and management                             | Compliant               |
| Regulation 24: Admissions and contract for the provision of services | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 26: Risk management procedures                            | Substantially compliant |
| Regulation 27: Protection against infection                          | Compliant               |
| Regulation 28: Fire precautions                                      | Compliant               |
| Regulation 6: Health care  | Compliant               |
| Regulation 7: Positive behavioural support                           | Compliant               |
| Regulation 8: Protection   | Compliant               |

# Compliance Plan for SOLAS Services OSV-0007724

Inspection ID: MON-0028434

Date of inspection: 17/06/2020

## 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 21: Records   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>All documentation including the Contract of Care, for residents, who have moved to their new home has been updated to include the name and address of their new home.  |                         |
| Regulation 26: Risk management procedures  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br>All risk assessments in the risk register have been reviewed an updated ensuring all risks identified are related to the current designated centre. |                         |

## Section 2:

### Regulations to be complied with

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

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

| <b>Regulation</b>   | <b>Regulatory requirement</b>  | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|--|-------------------------|--------------------|---------------------------------|
| Regulation 21(1)(c) | The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.   | Substantially Compliant | Yellow             | 10/07/2020                      |
| Regulation 26(2)    | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow             | 10/07/2020                      |