SVC - SE, OSV-0003159, 05 April 2018

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	SVC - SE
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	05 April 2018
Centre ID:	OSV-0003159
Fieldwork ID:	MON-0023731

About the designated centre

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

SVE - SE, provides a respite service to 27 identified residents with an intellectual disability on a planned basis. This centre supports residents with mild to high support needs and is also able to facilitate residents with reduced mobility. The staffing arrangements in this centre are based on the assessed needs of each resident and are altered accordingly depending on which residents are availing of the service.The maximum capacity of this centre is seven residents; however, the average number of residents accommodated at any one time is generally four to five residents. The centre is based on a campus setting and residents have access to transport and public services such as taxis, public buses and trains. Each resident has their own bedroom for the duration of their stay and the centre has suitable communal and dining areas.

The following information outlines some additional data on this centre.

Current registration end date:	01/11/2018
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
05 April 2018	09:00hrs to 15:30hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with four residents who were availing of a respite service on the day of inspection. Some residents had high support needs and their interactions with staff were positive and appeared relaxed. The inspector observed that staff were and caring in the delivery of care and a resident was supported to have some beauty treatments in the centre which they appeared to enjoy. Residents had free access to all areas of the centre and each of their rooms were personalised for the duration of their stay. Residents were supported to attend the community on the day of inspection and daily logs in the centre indicated that residents were supported to engage in activities of a personal interest throughout their stay.

Capacity and capability

The inspector found that a good quality service was provided in this centre. Residents were supported to be valued members of their local community and were supported to participate in activities which were meaningful to them. Residents were observed to be treated in a warm and caring manner and staff on duty had a good understanding of their personal preferences and care needs.

The inspector found that the governance arrangements in this centre ensured that residents were safe and enjoyed a good quality of care and support. The provider had conducted an unannounced audit of the care provided in the centre which identified some minor areas for improvement. There was a continuous system of audits in place which gathered data on various elements of the care provided such as medications, adverse events and health and safety. The information gathered from these audits was used to assure the registered provider about the quality of the service which was provided to the residents. A robust annual review of the service was also completed following a consultation process with residents and an action plan was developed to address any identified issues. The inspector found that actions generated from internal audits had been addressed by the person in charge in a prompt manner which resulted in continuous improvements in the quality of care provided to residents.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge of the centre. The person in charge was in a full time role was found to have a good understanding of the service which was provided to the residents and of their care needs.

This inspection was conducted to determine the renewal of registration of this centre. The provider had also produced a statement of purpose which accurately

described the care needs that the service was intended to meet and clearly stated the services which would be provided to meet those needs.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them. Staff were up-to-date with training needs in relation to fire safety and safeguarding and a schedule of refresher training was available to all those employed in the centre.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a good understanding of the care needs of residents. The person in charge was responsive to issues which were found following internal reviews and continuous improvements were observed following each review of the service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staff numbers were in place to meet the assessed needs of residents and continuity of care was provided in the centre. The person in charge maintained an accurate rota and all prescribed information as stated in the Regulations was available for review.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and appropriate support and supervision was in place for all staff members.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in this centre ensured that residents received a good quality service. Both the person in charge and the provider had sufficient oversight to ensure that the quality and care provided to residents was effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had completed a statement of purpose which outlined the needs the centre intended to meet and the services which would be provided to meet those needs. The inspector found that this document contained all requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies had been reviewed as required since the previous inspection.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents of this centre received a service which was safe and effectively run. Residents enjoyed a good quality of life and were supported to engage in meaningful activities in their local community.

Suitable governance arrangements were in place to ensure that all adverse events were effectively monitored and reviewed. Staff members had a good understanding of this system and the person in charge had responded to all recorded adverse events in a prompt manner. The person in charge also monitored and reviewed risks in the centre on an on-going basis to provide assurances that the quality and safety of the service was maintained to a good standard. All risks were appropriately rated and suitable control measures had been identified and implemented to address any risks in the centre.

Fire precautions were taken seriously by the staff team and regular fire drills and equipment checks were conducted to ensure that the safety of residents was maintained. The provider had also ensured that fire safety was maintained by having appropriate fire equipment in place which was routinely serviced and

maintained. Each resident had a detailed document in place to support their evacuation in the event of a fire occurring and additional quick reference guides were available listing the care requirements of each resident if a fire occurred. All residents had taken part in a fire drill and records reviewed indicated that all residents could be evacuated in a prompt manner from the centre.

Each resident participated in the review of their personal plan on at least an annual basis. Personal plans contained information such as health care, communication needs and risk management. There was also detailed information in regards to the residents' social and personal needs. Residents were also supported to identify activities for the duration of their stay and staff in the centre were assisting residents to achieve personal goals which were identified in collaboration with each resident's day service. The inspector found that these arrangements ensured that residents enjoyed their stays in the respite service and that activities were meaningful and in line with their assessed needs.

There was guidance in place to support some residents who may engage in behaviours of concern and staff on duty had a good understanding of these care needs. There were some restrictive practices in place; however, representatives of the residents had been informed and the provider had systems in place to ensure that these were regularly reviewed and that the least restrictive practice was maintained.

Appropriate medication storage facilities were in place and residents' independence was promoted in regards to managing their own medications. However, the inspector found that a protocol for the administration of rescue medication was not in line with the associated prescription sheet. Furthermore, a review of medication administration records indicated that a resident had not received a medication on the morning of inspection. This was brought to the attention of the person in charge and medical advice was sought. Following this consultation the resident received their medication.

Regulation 17: Premises

The centre was clean and comfortable and the provider had ensured that the centre was a pleasant place to stay for a respite break. There was an appropriate number of bathrooms available and there was an adequate number of reception rooms for residents to relax and have visitors.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had appropriate risk management procedures in place to ensure that all identified risks were effectively monitored. The person in charge maintained an up to date risk register and individual risk assessments were in place for risks which may impact on the care provided to residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had appropriate fire precautions in place which were reviewed and monitored on a regular basis. Fire drills were occurring on a regular basis which indicated that all residents could be evacuated in a prompt manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to self medicate and appropriate medication storage facilities were in place. However, the inspector found that a protocol for the administration of rescue medication was not in line with the associated prescription sheet.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was reviewed on at least an annual basis with the participation of the resident, their representative and members of the staff team. All residents were supported to identify activities and goals which they would like to engage in for the duration of their respite stay.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate information was in place to support the delivery of care to residents who may engage in behaviours of concern. Staff had a good knowledge in supporting these residents and were up to date with training needs. There were some restrictive practices in place; however, these were effectively reviewed and monitored.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were safeguarded from potential abuse. Staff had received training in safeguarding residents and had a good understanding of the procedure to be followed if any concerns were raised. There were no safeguarding plans in place on the day of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for SVC - SE OSV-0003159

Inspection ID: MON-0023731

Date of inspection: 05/04/2018

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • Updated event descriptors (seizure descriptors) have been requested from epilepsy nurse specialist in St. James's hospital who have access to Electronic Patient Record system. • Email sent to epilepsy nurse specialist on 09/05/2018 – awaiting reply. • Buccolam protocol will be updated on receipt of same to ensure it is in line with current prescription sheet.	

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	14th June 2018