



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

## Issued by the Chief Inspector

Name of designated centre:	Nova Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	28 June 2022
Centre ID:	OSV-0005098
Fieldwork ID:	MON-0028465

## About the designated centre

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

This centre consists of a complex of five apartment style residences. Each apartment has one or two resident bedrooms and the maximum capacity for the centre is seven residents. Each apartment also has bathroom facilities, a kitchen/living area and storage available. The centre is open overnight 365 days of the year and also on a 24 hour basis at weekend and during day service holiday periods. The centre closes from 09.30 until 16.30 Monday to Thursday and until 15:30 on Fridays. During the COVID-19 pandemic, when day services are closed, the centre is staffed at these times. The centre currently provides residential services for five adults with mild to moderate intellectual disabilities. Residents within the centre are supported by staff at a semi-independent level. There is one staff member on duty during the day and one sleepover staff member at night. Staff support is provided by a team leader, a social care worker and care assistants.

**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 (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
Tuesday 28 June 2022	10:30hrs to 18:30hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with all five residents that lived in the designated centre. Residents lived in an apartment style complex, with five separate homes. Each of the residents' homes had one or two bedrooms with a maximum capacity of 7.

Overall, residents reported being happy in their home. However, it was observed that the staff team faced significant challenges to provide supports to one resident living in the centre. It was evident throughout this inspection that a lack of adequate staffing supports provided to one resident impacted on the ability of staff members to proactively manage risks in the centre and protect the resident from abuse. As a result, the remit of the person in charge was stretched and required review.

In line with the support needs of a number of residents, a low level of staffing support was provided in the centre. Residents were observed coming and going as they wished throughout the day of the inspection. Four residents attended day services and/or work daily. On return from day services or employment, some residents chose to relax for the evening, while others went to evening activities such as basketball practice. Residents spoke about engagement in walking, sports and community work. One resident discussed going on public transport to visit family members and how they enjoyed these visits. Another resident discussed planning their own appointments to the dentist and their general practitioner (G.P). It was evident that residents were supported to plan their days in line with their choices and wishes.

One resident did not have day service supports provided to them until recently, where they now attended for two hours on one day each week. This resident required a higher level of support than the other residents. However, there was no staff member on duty during the day each week to provide activities and/or activation to the resident. The person in charge was trying to fulfill this role and had highlighted this issue to senior management. It was acknowledged that this arrangement was not appropriate as it did not meet the needs of the resident, and it impacted on the person in charge's ability to carry out their role. The impact of this arrangement will be further discussed in the inspection report.

Residents told the inspector they were happy in their home, with plenty of laughter being observed as they interacted with staff members, the inspector and each other. Residents were complimentary of staff members, including the person in charge. At all times, residents were observed to be relaxed in the presence of staff, indicating that they knew them well.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service

being provided.

## Capacity and capability

Overall a number of improvements were required with governance and management arrangements in this centre.

The purpose of this inspection was to make a decision regarding an application to renew the registration of the designated centre. In advance of this inspection, the registered provider had submitted documentation for the inspector to review. This included a statement of purpose, resident's guide and floor plans outlining the footprint of the designated centre. It was noted that this documentation did not accurately reflect the supports provided in the centre, or the actual purpose/functions of rooms as outlined in the floor plans submitted. This information required review and resubmission.

Due to a lack of appropriate staffing in the centre, the person in charge was providing daily supports to one resident. The time allocated to the provision of supports to the resident accounted for more than the whole time equivalent (WTE) that person in charge was allocated to the centre. This was found to be impacting on both care provision and the person in charge's ability to carry out their managerial and oversight responsibilities effectively. This did not provide assurances that there was effective oversight and monitoring of the supports provided in the designated centre.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of this designated centre. This included the submission of documents and the payment of a fee. On review of the documentation, it was noted that they did not appropriately describe the supports being provided in the designated centre on the day of this inspection.

Judgment: Substantially compliant

## Regulation 15: Staffing

Residents were supported by a team of care assistants and social care workers. A staff rota had been developed by the person in charge which outlined the staff

members on duty each day.

According to the designated centre's statement of purpose, the designated centre was closed each day mid-week as residents attended day services. However, one resident only attended day service for a two hour period on one day each week. Staffing supports had not been provided to support this resident since the other residents had returned to day services in May 2022. At the time of this inspection, the person in charge was supporting this resident each day, to the best of their ability. The person in charge had requested that additional staffing support for this resident would be provided, and this was escalated to senior management in the organisation. It was also identified in an assessment completed by an allied health professional that there was a requirement to provide this resident with opportunities to engage in community life with staff support. This was not occurring at the time of the inspection.

The provision of consistent staff was also observed to be a challenge in this centre. As per the statement of purpose, four staff members were required to support residents in their home (this did not include the additional resources required). There was only one permanent staff member appointed in the centre. Relief staff members were filling the gaps in the roster which did not provide for consistency in service provision.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff members were provided with mandatory training to support them in their role. While all staff had received this mandatory training during their employment, 25% of staff members had not received refresher training in fire safety or the safeguarding of vulnerable adults.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. This information was submitted as part of the designated centre's application to renew registration.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems in place had not ensured that the service provided was effectively monitored. The remit of the person in charge was to be 0.5 wte as outlined in the designated centre's statement of purpose. However, the person in charge was required to provide direct staffing supports to a resident Monday to Friday. The time that the person in charge was providing direct supports to the resident was exceeding their wte appointed to the centre. Understandably, this impacted on their ability to oversee the management and operation of the centre. This risk had been escalated to senior management by the person in charge. This arrangement had been in place since May 2022.

Judgment: Not compliant

## Regulation 32: Notification of periods when the person in charge is absent

The registered provider had ensured that the chief inspector was informed of any absence of the person in charge for a period of 28 days or more. This notice was provided in writing as is required by the regulations. The registered provider also ensured that they notified the chief inspector on return of the person in charge.

Judgment: Compliant

## Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

At the time that the person in charge was absent from the designated centre, the registered provider gave notice in writing to the chief inspector of the arrangements that would be put in place for the duration of the absence. This included the appointment of a temporary person in charge/person responsible in the designated centre.

Judgment: Compliant

## Quality and safety

Residents reported that they were happy with the supports provided in their home. In many aspects, staff members promoted residents' independence. However, the challenges faced by the staff team in meeting the complex needs of one resident



impacted on the overall quality and safety of care and support they received with respect to safeguarding and risk management.

Risk assessments outlined the risks to one resident, in line with their assessed needs. It was noted that controls put in place were not sufficient to reduce the risks to this resident, to ensure their safety at all times. In relation to safeguarding, this resident had a safeguarding plan which outlined that staff members should advise the resident not to leave the centre without staff support due to risks prevalent and safeguarding incidents occurring requiring Garda involvement. Staff members advised that the resident often failed to adhere to their safeguarding plan and left the centre alone as they had no allocated staff supports other than the person in charge, each day mid-week. The person in charge advised that they could not leave the centre with the resident, even if the resident agreed. The resident was observed going for two walks without staff support during the inspection, and told the inspector that they go for walks daily, without staffing support. The process and supports with regards to risk management control measures and safeguarding plan recommendations required review as there was a disconnect between assessment and actual practice in this centre.

Residents showed the inspector around their homes with pride. Most of the residents' apartments were clean and tidy, with personal items and belongings on display. Residents who lived alone liked this arrangement, while others were happy to live with a close friend. However, one resident's apartment area was observed to be very unclean and in a state of disrepair.

### Regulation 13: General welfare and development

Residents had access to their local community, and were active participants through their employment, volunteer work, hobbies and interests. Residents spoke with the inspector about their involvement in local church groups and sports team. Plans to visit family and friends were also discussed, and it was evident that residents were provided with opportunities to do so in line with their wishes. One resident proudly showed the inspector an outfit they planned to wear to an upcoming dinner dance and awards ceremony that they were due to attend.

Where one resident was identified to be at risk in the community, this is actioned and referenced under regulation 8, protection.

Judgment: Compliant

### Regulation 17: Premises

Residents' apartments had individual bathroom and living/dining facilities. Four of the apartments were observed to be clean and tidy, and decorated to reflect

residents' personalities, and to make them comfortable. Some minor repairs were required to cabinet doors and flooring in some areas.

One apartment observed by the inspector was observed to be very unclean, with clutter, rubbish and food remnants visible throughout. Floors and general areas were visibly dirty. Cigarette butts were observed in the door frame, on the floor inside the back garden and at the back of the resident's home. Equipment including dining chairs were broken. Staff members discussed the challenges faced in trying to support this resident to have a clean and homely environment. This included the use of external cleaning contractors in the past, and audits being carried out by the organisation's health and safety officer. There was evidence of multi-disciplinary input and review, including risk management in this area. However, further supports and action was required in this area due to the poor hygiene standards observed on the day of the inspection.

Judgment: Not compliant

### Regulation 20: Information for residents

A resident's guide had been prepared by the registered provider. This guide was in an accessible format, and it contained information to residents about the services they would receive in their home. This guide contained information including details about the complaints process, the terms relating to residency and arrangements for visits.

Judgment: Compliant

### Regulation 26: Risk management procedures

At the start of this inspection, members of the management team were open about the challenges they faced to manage risks relating to one resident when they accessed the community. To support the management of risk, a risk assessment and management plan had been completed for this resident to outline the control measures in place. It was identified that the risk ratings applied before and after control measures had been put in place for a number of risks were the same. This did not provide assurances that effective risk management was put in place, to mitigate the risks to the resident, particularly given the high risk ratings applied to a number of risks including impulsive and risky behaviour in the community. When asked by the inspector, members of the local management team identified that they could not manage these risks to ensure the safety of the resident. It was acknowledged that the person in charge's request for additional staffing supports was completed in part to improve the management of risk in the centre regarding

this resident.

It was evident on review of the incident log that the resident continued to engage in the behaviours outlined in the risk assessments. However, as this resident did not have staffing supports each day when accessing the community, there was a reliance on the resident self-reporting incidents or them being observed engaging in risky and impulsive behaviour by off-duty staff members, staff members supporting other residents in the community or other residents who knew them.

Judgment: Not compliant

### Regulation 8: Protection

Where allegations of suspected abuse had been made, these were reported and investigated in line with statutory requirements. There was evidence of engagement with multiple stakeholders including the multi-disciplinary team and An Garda Siochana.

Safeguarding plans were put in place. On review of a safeguarding plan, it was evident that the centre was not resourced to effectively adhere to the resident's safeguarding plan. This safeguarding plan outlined that the resident should be asked not to leave the centre unsupervised without staff support. However, no staffing resources were provided to the resident each day to support them to go out into the community with staff support. The person in charge was trying to fulfil this role at the time of this inspection. However, they were unable to leave with the resident should they decide to leave the centre. This resident told the inspector that they went walking daily, and were observed going on two unsupervised walks on the date of this inspection.

Judgment: Not 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Nova Residential Services Waterford City OSV-0005098

Inspection ID: MON-0028465

Date of inspection: 28/06/2022

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> <li>• Updated documentation has been submitted to HIQA on 25/7/2022.</li> </ul>	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• Additional staffing has been put in place at the centre during day service hours for the individual identified during this inspection as outlined below in Regulation 23.</li> <li>• The Provider will undertake a review of the staffing complement for this centre to ensure that permanent and consistent staffing is in place.</li> <li>• The Provider will continue to escalate the need for additional funding with the HSE.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The training matrix has been updated to accurately reflect the training needs of the centre</li> <li>• The PIC will schedule training for the identified staff following their return to work</li> </ul>	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- In the absence of approved funding, the Provider sanctioned the use of locum supports in November 2021 to support this resident during day service hours.
- Since the inspection, a fixed term contract has been advertised for these hours and recruitment is underway.
- Until recruitment is complete, a consistent locum staff member has been assigned to provide this support during day service hours.
- The additional staff supports in place has subsequently reduced the reliance for the PIC to provide direct supports.
- The Provider will continue to escalate the need for additional funding with the HSE.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A deep clean of the apartment identified will be undertaken
- Required Premises works will be carried out
- MDT supports will continue to work with the team to enhance the structured supports provided to the individual in maintaining their living area
- Wall mounted ashtrays will be introduced outside the back door. This system will include a checklist for the safe removal and disposal of the contents.
- A review of the furniture has been undertaken and the identified items will be replaced

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Additional staffing has commenced in the centre to support one individual as outlined in the Statement of Purpose submitted to HIQA following this inspection
- The Risk Register and associated assessments will be reviewed in light of the increased staffing in place
- The Psychologist supporting this individual will create a behavior support plan, which incorporates clear guidance with specific approaches for the frontline staff team.
- MDT supports will continue to the individual in promoting their overall wellbeing

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- Arrangements have been made for increased staffing for the individual to facilitate supervised community engagement Monday to Friday.
- The Designated Officer and the Management and Monitoring Team including the PIC and Service Manager will review the Safeguarding Plan in place for this individual.
- The provider will continue to escalate the need for additional funding with the HSE.
- MDT supports will continue to the individual in promoting their overall wellbeing.



## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	25/07/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	15/09/2022
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	30/04/2023

	ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
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.	Not Compliant	Orange	31/10/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	15/08/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	15/09/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Not Compliant	Orange	15/09/2022

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2022