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: | Helen's Road - Community Residential Service |
| Name of provider: | Avista CLG |
| Address of centre: | Dublin 15 |
| Type of inspection: | Unannounced |
| Date of inspection: | 12 December 2022 |
| Centre ID: | OSV-0003078 |
| Fieldwork ID: | MON-0038241 |

## About the designated centre

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

Helen's Road is a residential low-support community service for four individuals with mild and moderate intellectual disability. The aim of the centre is to provide a safe, caring and welcoming residential setting, where residents who live there are nurtured and facilitated in achieving their fullest potential and empowered to access the local community. The centre is located in a suburb of South Co. Dublin within walking distance of good public transport links including bus and rail links. Residents have an active social schedule through interaction with work friends, social clubs, work, independent activities, and family events. The centre consists of a semi-detached house which contains a kitchen and dining room, a living room, four resident bedrooms, a staff office and sleepover room, two bathrooms with shower facilities, and a toilet. The centre is staffed by a person in charge, social care workers and carers. There is generally staff on duty when service users are in the centre. Some residents are risk assessed to stay in the house independently.

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

| | |
|---|---|
| Number of residents on the date of inspection: | 3 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

**1. Capacity and capability of the service:**

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

**2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Monday 12 December 2022 | 10:50hrs to 15:05hrs | Erin Clarke | Lead |
| Monday 12 December 2022 | 10:50hrs to 15:05hrs | Michael Keating | Lead |

## What residents told us and what inspectors observed

This inspection was an unannounced risk inspection. It was scheduled to inspect against the provider's compliance plan, which was received subsequent to an inspection of the designated centre in September 2022. High levels of non-compliance were identified during that inspection, which made it clear that not all residents' requirements could be met in the centre and that this was having an adverse effect on other residents in the centre.

The aim of this inspection was to inspect against the provider's submitted compliance plan to monitor the provider's actions to address the regulatory non-compliances identified from the previous inspection. The inspectors had the opportunity to meet and talk with the three residents that lived in the designated centre. The inspectors used conversations with the residents and key staff as well as a review of documentation to form judgments on the quality of residents' lives in the designated centre.

The designated centre provides full-time low-support residential care to residents with mild to moderate intellectual disabilities in accordance with the centre's statement of purpose. The centre is staffed by a person in charge, social care workers and care assistants. There is generally staff on duty when service users are in the centre as some residents are risk assessed to stay in the house independently. The centre is located in a suburb of South Co. Dublin within walking distance of good public transport links, including bus and rail links.
The centre consists of a semi-detached house which contains a kitchen and dining room, a living room, four resident bedrooms, a staff office and sleepover room, two bathrooms with shower facilities, and a toilet.

During the previous inspection, it was discovered that, despite the efforts of staff and the person in charge, one resident's rapidly changing needs could not be properly supported in this designated centre. Following the inspection, the provider successfully transitioned one resident to a higher-dependency designated centre within their organisation, which brought favourable outcomes for all residents. As a result, the inspection revealed that the centre was now operating as described by the service ethos and in line with the statement of purpose.

When inspectors arrived at the centre, all residents were out engaging in activities of their choice. After a short time, inspectors observed residents return to the centre from work and other appointments supported by staff due to adverse weather. The inspectors were informed that residents also travelled independently using public transport on other days. Residents were observed to be relaxed in their home and spoke with staff and the person in charge about their day.

The house had been decorated for Christmas, and residents told the inspectors of their plans for Christmas, including going to shows and having a Christmas dinner out in a restaurant. Residents also told the inspectors of developments that had

occurred since the previous inspection and that they enjoyed going out with staff on more one-on-one activities. Residents were complimentary of the staff team, and inspectors observed staff engaging with residents in the centre, making plans for the day and having lunch. A calm and relaxed environment was noted. One resident told the inspectors the centre was lovely and they really enjoyed living there. Complaints reviewed from the previous inspection regarding noise levels had been closed off, and residents had expressed their satisfaction that an appropriate resolution was found.

The overall findings from the inspection showed provider had implemented more effective management systems to ensure that the service was appropriate to residents' needs, consistent and effectively monitored.

The next two sections of the report 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 delivered.

## Capacity and capability

This section of the report sets out the inspection findings concerning the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided. Based on the findings of this inspection, there was increased oversight of this designated centre which contributed to improved compliance levels in addition to addressing compatibility concerns in the centre arising as a result of changing needs.

Due to the level of risks identified in the centre during the previous inspection and the impact these had on residents, the provider representatives were required to attend a cautionary meeting to discuss the non-compliances in the centre. The inspectors found that the provider had recognised that enhancements were required to the oversight of the designated centre. Subsequent to this meeting, the provider submitted a robust compliance plan in response to the inspection findings.

It was clear that the provider had addressed concerns from the previous inspection to improve the quality of the service being provided to residents and to come into compliance with the regulations. Apart from premises issues, the due date for completion of these actions was 30 November 2022. Previously there was a significant dependency on relief and agency staff. It was also identified there were times when the centre could not meet the staffing levels as set out by senior management. Enhanced governance monitoring was required to oversee how often this was occurring, and corrective action put in place to address the staffing deficit and its impact on the safety and the quality of service delivered to other residents. The inspectors found these actions had been completed, resulting in improved continuity of care being provided to residents. When the inspectors spoke with residents, they expressed to them their satisfaction with the staff, and the rosters

reviewed demonstrated that familiar staff to residents were employed on a consistent basis.

Another finding from the previous inspection was the absence of senior management in the centre, in particular during the absence of the person in charge and heightened incidents occurring in the centre. This was compounded by the centre's geographic distance from the provider's head office, where the persons participating in management (PPIM) who comprised the centre's governance structure, as well as other designated centres within the organisation, were located. A key part of the provider's response was to ensure the centre could safely meet the needs of all residents and strengthen the monitoring of the centre. It was clear from this inspection that the service had stabilised and the centre could safely meet the needs of all residents. There was an increased oversight of the centre and support given to the residents, staff and person in charge. The person in charge informed the inspectors that weekly visits by a PPIM had been occurring.

The person in charge had ensured that staff working in the centre were appropriately supported and received informal and formal supervision. Informal supervision took place on a daily basis and through monthly staff meetings where staff could raise areas of concern and also be informed of any shared learning. There were also supervision arrangements for the person in charge by the PPIM, a clinical nurse manager (CNM3).

## Regulation 15: Staffing

There was a consistent staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota which reflected individual and group needs were being met.

It was also noted the staffing arrangements provided for residents were more in keeping with the centre's statement of purpose. This was particularly noteworthy as there was a lack of clarity on the part of the provider about the agreed staffing allocations for the centre. The previous four inspections in this centre highlighted improvement was required regarding the staffing arrangements in the centre. It was acknowledged that a further staffing review was required when considering any new admission to the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

A review of the training records was completed by the inspectors. This review demonstrated that staff were up to date in mandatory training. The provider had

committed to having all staff trained in resident-specific training in managing behaviours of concern by 10 December 2022 to enhance the care they provided to residents. As part of this, the provider ensured that the clinical nurse specialist (CNS) in positive behaviour support is available to support the centre, including the provision of staff training as required.

Staff had completed dementia training in October 2022. While the behavioural support needs in the centre had significantly decreased since the previous inspection, all staff were also being provided with positive behaviour support training in January 2023.

As stated by the provider in their compliance plan, staff members received training in medicines management that concentrated on the administration of PRN medicines (medicines only taken as the need arises) and related paperwork. All staff members also received bespoke training from the social work department to increase their understanding of safeguarding, in particular to this centre.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had committed through a comprehensive compliance plan to improving the governance and management arrangements of the designated centre. The registered provider had implemented more effective management systems to ensure that the service was appropriate to residents' needs, consistent and effectively monitored.

There was a clearly defined management structure in the centre which identified the lines of authority and accountability for all areas of service provision. Staff reported to the person in charge, who in turn reported to the person participating in management, who reported to the service manager. Staff meetings were held regularly in the centre, and records indicated that a variety of topics were addressed. These meetings and scheduled one-to-one supervision sessions ensured that effective arrangements were in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents, as is required by the regulations. The person in charge, who worked in the centre for a number of years, was found to have a very good understanding of the residents' needs and was found to be advocating for the residents' interests and wellbeing.

The provider had demonstrated they had taken measures to enhance the oversight of the designated centre. The provider had completed several audits and had compiled a comprehensive quality enhancement plan for the centre. This plan set out time-bound targets in order to address areas of non-compliance in this designated centre.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was found to meet the regulatory requirements of Regulation 3 and to accurately describe the services provided in the centre and the governance arrangements.

Judgment: Compliant

## Regulation 31: Notification of incidents

The Chief inspector of Social Services was notified in relation to incidents occurring in the centre, in line with the requirement of the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had a complaints policy, which outlined how complaints would be dealt with. The complaints procedure included an appeals process. A complaints officer had been appointed to deal with complaints, as outlined in the organisation's complaints policy.

Residents were aware of their right to make a complaint and had been supported by staff to make complaints regarding issues affecting them.

Judgment: Compliant

## Quality and safety

It was clear from this inspection that many improvements to the quality and safety of the service being provided to residents had taken place since the previous inspection. The inspectors found the centre nurtured the rights of each resident through open communication and the promotion of independence. Communications with residents showed their individual awareness of their rights and how they were happy the service in the centre was safe and effective. Residents were consulted

and informed about the centre's day-to-day operations, including the actions taken to address residents' complaints regarding noise levels that had occurred in the centre.

The centre consists of a semi-detached two-storey house which contains a kitchen and dining room, a living room, four resident bedrooms, a staff office and sleepover room, two bathrooms with shower facilities, and a toilet. There are also ancillary storage areas, toilets and hand washing facilities in an annex of the house. To the rear of the house there is a back garden complete with a patio area. As communicated to the inspector during the previous inspection, the step from the patio was recognised as being too steep for residents and plans had been drawn up to improve the accessibility of the outdoor space and garden for residents. The provider had committed to develop a plan to address the required modifications to the garden area by 30 June 2023.

The inspectors reviewed a sample of the residents' comprehensive assessments and personal plans and found that they provided clear guidance to staff members on the supports to be provided to residents. Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. The residents' preferences and dislikes were identified. From this, long-term goals were developed with the resident, and there was evidence that these goals were reviewed and progressed.

The inspectors reviewed matters in relation to the transition planning for a resident that had moved from the centre since the previous inspection. Effective transition planning arrangements had taken place, which ensured the involvement of the resident and their family during each step of the process. Residents spoken with on this inspection told the inspectors they had planned to visit their peer and knew where they had moved to, demonstrating they were being supported to maintain ties and links with their peer that had moved.

Since the last inspection, improvements were seen to have been made to the centre's risk management systems. The person in charge had undergone risk management training, and all staff and management had access to the risk register since it was stored in a shared folder on the organisation's internet computer network. As observed in the previous inspection, improvements were also required to the reporting and documentation of adverse incidents in the centre were required. The inspectors discovered that all incidents had been properly reported to HIQA and other external agencies. A paper-based approach was used to record incidents, and compared to the prior inspection, incidences were easier to read. The inspectors were told by the person in charge that there was a proposal to transition to a more effective online recording system that would enable senior management to review incidents in real-time.

Resident meetings were held regularly, and a review of these meeting minutes demonstrated how staff kept residents informed of any upcoming events, changes or news regarding the centre. These meetings were also used to support residents' understanding of their rights, to plan activities and meals, and to participate in other

day-to-day activities.

## Regulation 17: Premises

The designated centre comprises one house, which is located in an urban area. The location of this house means that residents are in close proximity to local amenities, shops and restaurants. Public transport is also easily accessible, a short walking distance from the centre.

The residents' home had been decorated to make it homely, with pictures of residents and their families and friends on display throughout. Each resident has their own private bedroom and there are sufficient communal and private areas for residents to relax in their home.

The provider was aware that modifications were needed to the garden area to ensure it was accessible for all residents.

Judgment: Substantially compliant

## Regulation 25: Temporary absence, transition and discharge of residents

The provider had supported a resident to transition from the centre since the previous inspection to another designated centre better suited for their specific needs.

This transition had been carried out in consultation with the resident and their family representatives and was noted to be well planned and organised. There was clear documentation in place to demonstrate that the resident had been supported with a clear planned approach to their discharge and transfer, including the rationale of timelines and approach taken.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was a risk register in the centre that identified risks to the service and gave guidance on how to reduce the risks. The person in charge had reviewed site-specific risks ensuring that risks are clearly described and that risks ratings are reflective of the risks in the centre. Some risks had been identified as high risk. Where these were identified they were subject to ongoing close review and

monitoring.

Residents' care plans also included their individual risk assessments. The assessments identified risks to the residents and outlined the control measures that should be implemented to reduce the risk.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place with an up-to-date comprehensive assessment of need completed. From the sample of personal plans reviewed on inspection, they were found to be detailed, up to date, revised regularly and incorporated an allied professional framework and recommendations.

As a result of the findings of this inspection, it was found that the designated centre was suitable to meet the needs of residents living in the centre. Person-centred care and support was provided to residents, and residents communicated their satisfaction with the support they received in their home.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents who required one had a recently reviewed behaviour support plan. The behaviour support plans were overseen by psychology and a clinical nurse specialist and had been recently updated.

All staff had completed training in the management of behaviour that is challenging, including de-escalation and intervention techniques.

Judgment: Compliant

## Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and the skills needed for self-care and protection.

All staff had received appropriate training in relation to safeguarding residents and

the prevention, detection and response to abuse.

Safeguarding plans were developed in response to previous safeguarding incidents which had occurred, to ensure that these residents and those they lived with, were maintained safe at all times.

Judgment: Compliant

## Regulation 9: Residents' rights

A review of documentation and the inspectors' observations indicated that residents' rights were promoted in the centre and they received a person-centred service that supported them to be involved in activities they enjoyed. Resident's participation in the running of the centre and community involvement were encouraged

Throughout the inspection, the inspectors observed respectful and positive interactions between staff members and residents. Residents were clearly involved and consulted into the running of their home, their care and support and decisions relating to them.

Residents were provided with lots of choice around activities, meals and the environment they lived in.There was a self advocacy group within the organisation and a complaints policy and procedure in place to support residents and their families raise any issues the may have in relation to the service provided.

Judgment: Compliant

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

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Helen's Road - Community Residential Service OSV-0003078

## Inspection ID: MON-0038241

## Date of inspection: 11/12/2022

**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 |
|---|---|
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>Plans have been drafted to complete modifications works to the garden area to ensure accessibility for all residents.<br>The tendering process is due to begin for these modifications works. | |

## Section 2:

## Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 17(6) | The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all. | Substantially Compliant | Yellow | 30/06/2023 |