



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

Issued by the Chief Inspector

Name of designated centre:	124 Gracepark Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	04 November 2021
Centre ID:	OSV-0002091
Fieldwork ID:	MON-0034162

About the designated centre

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

124 Gracepark Road is a designated centre operated by ChildVision and is located in an urban area in North Dublin. The designated centre offers residential services for up to four people with vision impairment and intellectual disabilities who are engaged in further education having completed their primary and secondary education. Residents that avail of this service are of an age-group from 19 – 24 years of age. The service provides adults in this age group with a supported living experience while pursuing their life-long learning and further education. The centre is open from Sunday to Friday afternoon during school term time (September to May/June). The house is a two storey house which consists of five bedrooms, kitchen/dining room, sitting room and study. Residents have access to a back garden with patio area. The centre is staffed by a person in charge and social care workers. Nursing support is provided through an on call system if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 4 November 2021	11:20 am to 7:30 pm	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting with residents and observing interactions between residents and staff, overall the inspector found residents were being provided with a good quality of care and support, in which their needs were being met. Improvements were required in the provision of healthcare and in medication management practices in the centre.

There were four residents living in the centre, and residents stayed in the centre during week, going home at weekends and holidays to their families. On arrival to the centre, all four residents were attending classes, returning to the centre later in the afternoon. All of the residents went to further education services provided by the provider, and were supported with life-long learning opportunities in these services.

The inspector met with three of the residents and briefly spoke to another resident. Residents told the inspector they were happy living in the centre and had great support from staff. Residents also said they felt safe in the centre and would speak to the person in charge, person participating in management or staff if they had any concerns.

Residents' rights in choice and decision-making were upheld and residents were actively involved in planning for their care and support. It was clear from speaking with residents that their choices were respected and supported. For example, residents enjoyed bowling, cinema, going out for coffee, swimming and meeting their friends, and staff supported residents as they needed with these choices. Residents told the inspector they chose their meals, and alternative meals were available if they preferred. Residents' interests were also supported in the centre, for example, a resident told the inspector about their musical interests, and there were ample facilities in the centre for the resident to play their instruments. The services were managed around the preferences of the residents, and residents discussed with staff what they would be doing for the week, with supports arranged around this.

There was a focus on developing and enhancing residents' independence skills, and comprehensive plans were in place to support residents. For example, self-help skills, community orientation, assistive technology, education, sports, and personal well-being.

Staff were observed to interact with residents in a respectful, kind and warm way, and it was evident that residents felt comfortable with staff.

The inspector also reviewed documentation regarding residents care and support, and found the most of the residents' needs were comprehensively met through personal planning processes. However, from a review of healthcare plans the inspector found interventions were in place in the absence of guidance from a relevant healthcare professional. In addition, medication management practices

required improvement to ensure medicines on prescription sheets were signed by a registered prescriber, and to ensure that medicines were administered as prescribed.

The centre was well maintained and homely and resident could access all communal parts of the centre. Assistive equipment was provided for residents to enhance accessibility and communication, and information was available throughout the centre in an accessible format. Each of the residents had their own bedroom, and there was ample cooking, bathroom and communal spaces available.

The next two sections will describe the governance and management arrangements in the centre and how these arrangements impacted on the quality of service the residents received.

Capacity and capability

The management systems had ensured the service was effective in meeting residents' needs, and in the main the inspector found the services were safe. However, some improvement in monitoring the service was required, to ensure the provision of healthcare and medicine management practices were safe and in line with best practice.

The provider had ensured that adequate resources were provided, and there were sufficient staffing, and appropriate facilities to meet the needs of the residents.

There was a clearly defined management structure, and lines of authority and accountability were identified. Staff in the centre reported to the person in charge. The person in charge reported to the director of care, who in turn reported to the chief executive officer. An out of hours on-call nursing support system was also available if required. Staff told the inspector they had good support from the person in charge, and there were weekly staff meetings held in the centre.

An annual review of the quality and safety of care and support had been completed and the views of residents and their representatives were considered as part of this review. Since the last inspection, unannounced visits had been completed by the provider at six monthly intervals. The actions from these reviews were found to be complete on the day of inspection. For example, training which staff were required to do was either completed, or was scheduled for the coming weeks.

There were some audits which had been completed in the centre, for example, care plan audits, incident audits, and infection control. The provider was in the process of rolling out a new health and safety auditing process. Medicines management audits had also been completed; however, with the exception of recommendations, the detail of the audits were not available in the centre. It was not clear whether the

issues relating to the prescribing of medicines had been reviewed as part of these audits. Similarly, issues related to professional guidance from healthcare professionals had not been identified in audits, and consequently corrective actions had not been taken to mitigate potential risks.

The provider had ensured there were sufficient staffing levels in the centre, and staffing rosters were planned around the needs of residents. The inspectors found the staff were knowledgeable on most of the needs of residents and on the specific supports residents required.

Staff had been provided with a range of training, such as fire safety, manual handling, first aid, managing behaviours that challenge, safeguarding, medication management, infection control, hand hygiene and donning and doffing personal protective equipment. Additional training had also been provide specific to residents' needs including percutaneous endoscopic gastrostomy (PEG), and epilepsy training. Training was scheduled for those staff requiring refresher training. Staff were supervised on a day to day basis, and arrangements were in place for formal staff supervision approximately six weekly.

A resident was supported with a planned transition from children to adult residential services.

Regulation 15: Staffing

There were sufficient staff in the centre with the right skills and qualifications to meet the needs of the residents. The provider had employed social care workers, and there were two staff on duty in the morning and three staff in the afternoon. At night two staff were on duty in a sleepover capacity. Staff rosters were appropriately maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with mandatory training including safeguarding, fire safety and managing behaviours that challenge. Additional training had also been provided for staff in for example, manual handling, epilepsy, percutaneous endoscopic gastrostomy and first aid. In response to the recent pandemic staff had also been provided with up-to-date training in infection control, donning and doffing PPE, and in hand hygiene. Staff were supervised appropriate to their role and the person in charge supervised staff on a day to day basis. Formal supervision meetings were facilitated at approximately six week intervals. Supervision records were not

reviewed as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems had ensured an effective service was in place for residents and there were adequate resources deployed in order to meet the needs of residents. There was a clearly defined management structure in place.

Audits had been completed in the centre, for example, an annual review of the quality and safety of care and support, six monthly unannounced visits by the provider, infection control audits and care plan audits. However, monitoring of the service required improvements to ensure a robust review of service provision was completed, specifically related to the monitoring of medicine management practices and healthcare interventions.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There had been one admission to the centre, and the resident had been supported with a planned transition from children to adult residential services, in line with their wishes.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, in which their needs were met and their rights were upheld. Residents were enjoying a good quality of life, and were supported to pursue their goals and to access education, social, and recreational opportunities both in the centre and in the community. There was a focus on life-long learning and developing independence skills, and there was ongoing engagement with residents, and with the service educational facilities. However, significant improvement was required in healthcare and in medicines management to ensure safe practices were in place.

Residents' healthcare needs had been identified and there were healthcare plans which had been developed in order to guide practice in supporting residents. Residents accessed their general practitioner and allied healthcare professionals as needed, and were supported by their families to attend appointments. However, the inspector found there were some healthcare interventions in place which did not have corresponding instructions or guidance from a healthcare professional. Similarly, medicine prescription sheets were not signed by a registered prescriber, and a PRN (taken as the needs arises) prescription did not correspond with the last dated instruction from the registered prescriber. Consequently, the inspector was not assured that the resident would receive the medicine as prescribed should the need arise. The provider was issued with two urgent actions relating to healthcare and medicines management on the day following the inspection, and had provided assurances on the actions they were taking to address these issues by the end of that day.

Suitable storage was not available for medicines; however, the provider had rectified this by the end of the inspection. In addition accurate records were not maintained of all medicines received in to the centre.

The rights of residents were upheld in the delivery of care and support in the centre. Residents were central in the decisions about their day to day activities, and preferences, for example, how they wished to spend their time, places they would like to go, or their meal choices. The centre was operated in a manner which respected residents' individuality, choices and needs, and the organisation of the centre was based on the outcome of consultations with residents.

There was ongoing educational support provided to residents, both in life-long learning classes daily in the service, and through individualised goals developed in consultation with residents in the centre. In the evenings residents accessed a range of social and recreational opportunities such as cinema, bowling, computer courses, and meeting friends for meals out or coffee.

Residents were supported with their emotional needs, and where required, behavioural support was provided. The inspector reviewed a behaviour support plan, which comprehensively outlined the proactive and reactive measures in place to support the resident. The behaviour support plan had recently been reviewed. There were no restrictive practices in use in the centre.

Residents were protected with safeguarding measures in the centre. There were no safeguarding concerns in the centre, and residents managed their own finances. Staff had been provided with safeguarding training, and a staff member described to the inspector the steps they would take in the event of a safeguarding concern arising. Residents' had been assessed as to their personal care needs and detailed intimate care plans were in place.

Adverse incidents had been reported and investigated, and measures had been subsequently taken to mitigate any potential risks. For example, additional protective padding had been installed on a bathroom after a resident fell, and a medicine incident was reviewed at a staff meeting and measures put in place in the

event this issue should arise again. Risks had also been identified and assessed and risk management plan outlined the control measures to mitigate potential harm for residents or staff. The inspector found these measures were implemented in practice, for example, water and radiator temperatures were regularly checked, and handrails were provided for ease of movement through the centre. Individual risks for residents had also been assessed, and the inspector found the control measures in place were proportionate to the risks presented. Procedures were in place to respond to emergencies in the centre, and there were plans in place should residents require to evacuate the centre.

Suitable measures were in place for the prevention and control of infection. Staff were observed to adhere to public health guidelines including regular hand hygiene, use of personal protective equipment (PPE), and social distancing. Staff had been provided with relevant training in infection control, donning and doffing PPE, and in hand hygiene. The centre was clean and regular enhanced cleaning was completed in the centre. The provider had developed a COVID-19 contingency plan, and there was clear guidance in place in the prevention of, and response to, a suspected or confirmed case of COVID-19. Similarly, staff were knowledgeable on the preventative measures and responsive actions to COVID-19. Monitoring of resident and staff temperatures and symptoms was recorded daily. Information regarding the pandemic and infection control measures was available throughout the centre in Braille format.

Suitable fire safety systems were in place. Fire doors with self-closing devices were in place. There was also a fire alarm, emergency lighting, fire extinguishers and fire blanket, and all equipment had been serviced. Residents' support needs had been assessed and there were personal emergency evacuation plans in place for both day and night time evacuations. A risk related to fire evacuation had been assessed, and the inspector found this risk was being managed appropriately. Regular fire drills, were completed including day and night time evacuations. Daily, weekly and monthly fire safety checks were completed and included areas such as fire exit routes, fire doors, appliances, and the fire alarm. Staff were knowledgeable on residents' personal evacuation support needs and the fire evacuation procedure.

Regulation 13: General welfare and development

Residents had access to a range of social, recreational and educational opportunities in line with their preferences and goals. Residents were provided with the support to maintain their personal relationships and links to the community.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place in the centre for the ongoing identification and management of risks. Risk management plans set out the control measures to mitigate risks, and these measures were implemented in practice, proportionate to the risk presented. Adverse incidents had been reported and investigated, and follow-up action were taken to prevent reoccurrence. There was a system in place to respond to emergencies in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection. The provider, in response to the recent pandemic, had developed a COVID-19 contingency plan, and staff were knowledgeable on the actions to take in the event of a suspected or confirmed case of COVID-19. There was adequate hand hygiene facilities and staff were observed to adhere to public health guidelines including social distancing and wearing face masks. Information regarding the pandemic and infection control measures was available throughout the centre in Braille format. The centre was clean and regular environmental cleaning was completed.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place and suitable fire detection, containment and fire fighting equipment was provided. All equipment had been serviced, and regular fire safety checks were completed in the centre. Regular timely fire drills were completed in both day and night-time conditions.

Personal emergency evacuation plans were developed for residents, and staff were aware of the support needs to evacuate residents from the centre. A risk related to fire drills had been identified and assessed, and satisfactory measures were in place to respond to this risk.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Suitable practices were not in place regarding the prescribing of medicines and medicine prescription sheets were not signed by a registered prescriber. In addition, a PRN medicine protocol was not in line with the details of the most up-to-date instructions by the prescriber. The provider was issued with an urgent action on the day following the inspection, and had provided assurances to the Health Information and Quality Authority by the end of that day on the actions they were taking to address these issues.

Suitable storage was not available in the centre for medicines; however, the provider had sourced suitable storage by the end of the inspection. Accurate stock records were not maintained of all medicines received in to the centre.

Judgment: Not compliant

Regulation 6: Health care

Residents' healthcare needs had been assessed and there were healthcare plans developed. The measures outlined in healthcare plans were in place for residents in the centre; however, some healthcare interventions were implemented without evidence of recommendations from an allied healthcare professional. The provider was issued with an urgent action on the day following the inspection, and had provided assurances to the Health Information and Quality Authority by the end of that day on the actions they were taking to address this issue.

Residents could access a range of healthcare professionals, and were supported by their families to do so.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional and behavioural needs and staff had been provided with training in managing behaviours of concern. Where required behaviour support plans were in place which were regularly reviewed, and provided guidance on the support residents required to manage their emotions.

There were no restrictive practices in use in the centre.

Judgment: Compliant

Regulation 8: Protection

Systems were in place in the centre to ensure residents were protected. Staff had been provided with training in safeguarding, and staff were knowledgeable on the types of abuse and the actions to take in response to a safeguarding concern arising. There were no safeguarding concerns in the centre.

Intimate care plans were developed, and provided detailed guidance on the support residents required to ensure their needs were met and their privacy and dignity was protected.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld, and residents made decisions about their care and support, which in turn informed the day-to-day organisation of the centre.

Residents informed staff of their preferences in for example, evening activities, meals and people they would like to meet up with, and support was arranged in order to facilitate these choices.

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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for 124 Gracepark Road OSV-0002091

Inspection ID: MON-0034162

Date of inspection: 04/11/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Medication audits have always been a feature of 124 Gracepark Road's practice and now in conjunction with ChildVision's Clinical Nurse Manager an enhanced medication auditing tool is now in place. The purpose of this auditing tool is to ensure a more transparently robust auditing approach is operating. The enhanced auditing tool template explicitly emphasizes the following areas: medication storage, packaging, stock control, administration and documentation. This tool represents an updating of our approach to better managing the risks associated with medication storage and administration, the intention being to continue to develop a management approach supported by an updated medication policy which provides for a more easily available evidentiary base around practice. As to the precise working of this auditing tool audits are carried out by nursing staff every six months and any changes identified as necessary will feed into the bi-yearly medication training occurring in September and February, every academic year. In addition, medication logs and blister packs are checked and signed weekly by the nursing and social care teams to identify any anomalies which might occur week to week. Further, transcribing of prescriptions occurs at time of receipt and thereafter monthly. This providing a further safeguard for anomalies to be identified. Any anomalies identified will be discussed at the formal PIC meeting with the Director of Social Care weekly under a standing agenda item. The information expected to be captured by this enhanced protocol will provide more readily accessible data to underpin the medical/healthcare management aspects of a quality enhancement plan, which, having already been commenced, will be delivered in full by the 18th of February 2022.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Having installed a secure medications storage press prior to the end of the inspection and having commenced a new enhanced auditing system in respect of stock controlling medication movement into and out of the house as of the 8th November 2021 (underpinned by appropriate policy amendments) the remaining challenge in respect of this non-compliance concerns the matter of prescribers signatures on all of the required prescribed items and allied healthcare protocols. The Provider has now ensured that all of the required improvements in respect of residents' current prescriptions and allied healthcare protocols have been obtained. As to a quality assurance plan to ensure good ongoing healthcare monitoring (and further to the Regulation 23 response) the following protocols are in place: any error on the part of a healthcare professional to properly sign and date a prescription or healthcare protocol will trigger a direct response from the PIC/Clinical Nurse Manager who, with the resident's consent, will engage with the professional in order to remedy any defect. If the issue persists it will be escalated to the Director of Social Care for the purposes of an organisational risk assessment.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>In respect of one resident an administration protocol was found to be inconsistent with a medical instruction issued by the resident's specialist, the latter having omitted a pertinent detail (the type of seizure) as to the precise circumstances in which a specific intervention would be invoked. Having had the administration protocol reviewed by a relevant medical specialist the protocol has now been revised and signed and dated accordingly. Additional documentation has also been provided alongside a nutritional care plan in respect of the same resident to reflect the symmetry between the plan and the relevant professional's (Dietician's) advice.</p>	

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 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.	Substantially Compliant	Yellow	08/11/2021
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	Not Compliant	Red	08/11/2021

	resident for whom it is prescribed and to no other resident.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Red	08/11/2021