

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	124 Gracepark Road Residential Service
Centre ID:	OSV-0002091
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	ChildVision
Provider Nominee:	James Forbes
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 May 2017 10:30 To: 04 May 2017 20:45

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection as part of a larger Childvision designated centre in January 2015 were also followed up as part of this inspection. Subsequently, this large centre was reconfigured into three separate designated centres.

How we gathered our evidence

The inspector met with a number of the staff team which included social care staff and the person in charge. The inspector spoke with four of the five residents of the centre and also a resident's representative. A very high level of satisfaction with the service provided was expressed in these interviews.

Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents. As part of the inspection process the inspector spoke with the aforementioned staff

and reviewed various sources of documentation which included the statement of purpose, residents' files and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was a large two storey house located on a main road in a suburban area. It had a parking area to the front of the building and a large back garden space. It was within easy access of community infrastructure, amenities and public transport.

The statement of purpose stated that the centre catered for vision impaired young adults aged from 16 to 20 years. The primary aim of a residential placement in the house is to facilitate access to appropriate education provision. The service is open from Sunday evening to Friday afternoons during school term time. There was capacity for five residents and on the day of inspection it was home to four young gentlemen and one lady.

Overall judgment of our findings

Ten outcomes were inspected against and overall a good level of compliance with the regulations was observed. Eight outcomes were in full or substantial compliance. This included residents' health, social care needs and residents' rights, dignity and consultation.

Two outcomes were found to be of moderate non-compliance and improvements were mainly required with staff training and in the area of health, safety and risk management.

These findings along with others are further detailed in the body of the report and the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed the centre's complaints log which was readily accessible in the centre. It was observed that the resident's complaint was responded to and recorded in line with regulatory requirements.

Other aspects of this outcome were not assessed on this inspection.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

In general, the inspector found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plans.

The inspector observed that residents' needs were assessed with correlating plans of care developed to inform and guide staff in providing support. Residents and their families were observed to be very involved in the planning and review process. Residents were noted to be very aware of, and informed regarding their goal implementation.

Residents were observed to engage and participate in a range of person centred activities which were mostly community based. This included going bowling, to the cinema and out socialising with friends. Family members noted that the centre approach focused on residents' abilities.

The inspector observed good evidence of residents being supported at times of transition which encompassed their admission to the centre and as residents progressed with their educational/training journey.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector followed up on the actions from the previous inspection and found that improvements were still required to ensure that the centre's premises was homely for residents.

The inspector observed that several areas of the premises required attention. This included:

- painting in several rooms
- general decoration, for example an old/unused toilet roll holder fixture left on wall
- additional cleaning as some doors were smudged/streaky and cobwebs were observed on landing area.

The need for premises updating was also identified by members of the staff team.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

In general, the inspector found that there were systems in place to ensure the health and safety of residents, staff and visitors. However, some improvements were required with the centre's risk and fire safety systems.

From a review of the centre's fire safety system the inspector observed that the required fire safety equipment was available. There was evidencing of servicing of this equipment on the day of inspection and through additional information subsequently provided.

The centre conducted daily and weekly checks and there was evidence of the fire alarm being tested. Residents were supported through individual emergency evacuation plans and drills were completed with residents and staff.

However, the inspector observed an issue with fire containment measures, as on occasion during the day the fire doors were held open with a stopper. It was confirmed to the inspector that this occurred during the day to facilitate residents and that automated door options were being explored.

The required risk management documentation was available to underpin the centre's risk management system. A suite of centre and individual resident risk assessments were completed to inform the risk register. There was a system for reviewing incidents. However, the inspector noted that the risk register was not updated post some incidents

The inspector observed that there were satisfactory measures in place for the prevention and control of infection. Cleaning was completed by staff and residents were also involved. Hand hygiene facilities were observed. Colour coded chopping boards were noted to be available in the kitchen.

The vehicle used by the centre was not inspected as part of this inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging.

The inspector found that there were systems in operation for responding to incidents, allegations and suspicions of abuse. The inspector observed that incidents had been reported, and assessed from a risk perspective for the residents involved.

The inspector found that residents' positive behaviour support needs were identified and supported. This was endorsed by residents' representatives. Staff were facilitated with relevant training and their knowledge of residents' needs was good. A restrictive free environment was promoted in the centre.

Staff engagement and interaction with residents was observed to be very person centred, warm and respectful. Intimate care plans were available to inform staff supports to residents.

Residents highlighted to the inspector that they were very happy in the centre and were satisfied that their safety needs were met.

The policies as required by regulation were available in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents in this centre were supported to achieve and enjoy the best possible health.

Residents' healthcare needs were found to be identified and responded to with correlating plans of care in place. All residents and family representatives met during the inspection endorsed this observation.

The inspector noted that the service provided a 24 hour on-call nurse service. The nurse co-ordinated residents' healthcare needs and attended residents' review meetings.

The inspector noted that a healthy lifestyle approach was promoted and supported with residents through their diet, weight monitoring and exercise.

Residents were generally observed to be supported by their family or general practitioner (GP) in their local area. However, residents attended a local GP if when residing in the centre they required a health consultation or review. Access to some multidisciplinary team (MDT) support was also available for residents and members of the MDT attended the resident's annual review. Residents were also referred back to services in their local community area.

Residents were observed to be involved in food preparation and cooking. Some adaptive kitchen equipment and aids were available in the house. Drinks and snacks were freely available for residents to help themselves. Residents took turns in cooking and also had independent cooking days to facilitate them with up skilling.

All residents interviewed reported that they were very happy with the food provided.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed the centre's statement of purpose (SOP) of September 2016. It was noted that the action as required from the previous inspection had been addressed and subsequently the SOP had an expanded section regarding the maintenance of residents' privacy and dignity.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the inspector found that there were systems in situ in the centre that supported and promoted the delivery of safe and quality care services. The quality of care and experience of residents was found to be monitored.

The inspector found that there was a clearly defined management structure in place with clear lines of authority and accountability. The Person in charge (PIC) had worked in the service for a number of years and was noted to have an extensive knowledge of the residents and their needs. The PIC was clearly familiar to the residents and their family. Additionally, the PIC was very available in the centre as she worked on the floor and once a week completed a sleepover shift.

The inspector observed that there were established communication systems and meeting structures in place in the centre. The inspector reviewed the agenda items which covered the centre's critical systems. The PIC was clearly involved in the governance and operational management of the centre.

The centre completed the required self-monitoring processes encompassing the provider's six monthly visits and annual review process.

The inspector observed that there were arrangements in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspector observed that there were sufficient staff to meet and support residents' needs. However, some improvement was required in the facilitation of staff training.

Staff were observed to be facilitated with both mandatory and additional training in line with the residents' needs. This included staff training to support residents with their independent, mobility and technical skills development. However, a review of staff training records demonstrated that there were gaps in some staff member's mandatory training requirements. This finding was also noted during the inspection opening meeting.

The centre's workforce was noted to be stable which ensured continuity of care for residents. Staff members' interactions and engagement with residents were observed to be very warm, respectful and person centred. The inspector noted that both residents and their families were very complimentary of the staff team.

Staff were observed to be supervised both through a formal process, and with the person in charge directly working alongside staff giving support and guidance. There were established systems for staff communication which included a weekly staff meeting forum.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of

retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector observed that as the actions from the previous inspection had been implemented, the required schedule 5 policies were now available to staff of the centre. However, it was observed that the centre's health and safety statement required updating as the document made available to the inspector was not current.

All aspects of this outcome were not assessed.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by ChildVision
Centre ID:	OSV-0002091
Date of Inspection:	04 May 2017
Date of response:	30 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As outlined in the body of the report, some improvements were required with the centre's premises.

1. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

suitably decorated.

Please state the actions you have taken or are planning to take:

The house had been scheduled for painting during the Summer when residents are on holiday and this work will be expedited. Additional minor refurbishment work has already been completed following the inspection.

Proposed Timescale: 18/08/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre's risk management system was not updated post some risk related incidents.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

Post inspection, each young person's risk assessment and risk management system has been updated to reflect the (albeit remote) possibility of their being inadvertently struck by another resident. Also, in addition, the house's incident form has been amended to include a way of explicitly noting concern as to whether such incidents constitute a safeguarding matter.

Proposed Timescale: 30/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire containment measures in the centre were not robust.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

The risk of serious physical injury involved for blind and vision impaired young people were the fire doors to be closed during the day is such that the house would be a hazardous place for these young people to be. That said, a system has now been implemented to ensure that doors will be closed immediately if the fire alarm sounds

during the day with a view to automating this system as soon as finances become available. Fire doors are always closed at night-time.

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Gaps were observed in some staff member's training requirements.

4. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

Manual Handling refreshers and Fire Training refreshers have been scheduled in advance of residents return in September.

Proposed Timescale: 31/08/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre's health and safety document required review.

5. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

The Health and Safety Document is being updated.

Proposed Timescale: 31/08/2017

