



# Report of an inspection of a Designated Centre for Disabilities (Mixed

Name of designated centre:	124 Gracepark Road Residential Service
Name of provider:	ChildVision
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	22 May 2018
Centre ID:	OSV-0002091
Fieldwork ID:	MON-0022095

## About the designated centre

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

The residential service provided by this centre is for vision impaired young adults, aged 16 to 20, both male and female including young adults who are vision impaired with additional disabilities. The primary and main aim of a residential placement is to facilitate access to appropriate educational provision. The centre is open from Sunday to Friday afternoon during term time, September to June. The premises consists of a two storey house that is located in a mature residential area, close to amenities and public transport. Each resident has their own separate bedroom. There is a number of communal areas including a kitchen cum dining room, sitting room and study. Residents have access to a back garden with patio area. The centre has capacity for five residents and at the time of inspection was occupied by four young people. Support is provided over the 24 hour period by a team of staff which includes social care workers and the person in charge. This includes the availability of two staff each night on a sleepover shift.

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

Current registration end date:	14/11/2018
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
22 May 2018	11:00hrs to 18:30hrs	Louise Renwick	Lead

## Views of people who use the service

The inspector met and had a conversation with two of the young people availing of a placement in this centre, and received four questionnaires; two of which were completed by residents themselves and two completed by relatives or friends on their behalf.

Overall, residents expressed a high level of satisfaction with their placement and the care and support given to them while staying in the designated centre. Residents felt supported by the staff team, and mentioned that they were encouraged to achieve their goals. Some residents told the inspector that staff reminded them that there was nothing they couldn't do, and made sure they didn't give up on their goals or dreams when things got too difficult.

Residents felt safe living in the centre and felt that their privacy and dignity was respected. They were encouraged to be active in the community and supported to avail of local amenities. Interactions between staff and residents were relaxed and positive and the atmosphere in the centre was positive and welcoming.

The four questionnaires all showed that residents were happy with their bedrooms, food and mealtimes, the support from staff and the amount of choice they have in their daily lives. Comments from residents and family members were extremely positive and showed overall satisfaction with the centre and the services provided.

## Capacity and capability

The inspector found there to be effective governance in place in the designated centre, with clear lines of accountability and responsibility identified. There was a system of oversight in place of the care and support offered to residents and the provider had ensured the six monthly visits and annual review of the centre had been carried out. Any learning or areas in need of change or address were looked at and welcomed as an opportunity to improve. There was clear communication in place between staff, the local management and the provider. For example, regular meetings occurred with the staff team working in the centre, and people in charge of designated centres across the service met regularly.

The inspector overheard the staff meeting during the inspection. At this meetings each resident was discussed along with risk management, clinical issues and any other wider issues concerning the centre. In speaking with staff and reviewing minutes the inspector found that these meetings were solution focused and aimed to improve the experience of residents staying in the centre. Staff felt that they

could raise any issue or concern regarding residents' care or the operation of the centre overall.

The provider had ensured appropriate management was in place with a person in charge who meets the requirements of the regulations and a consistent and familiar staffing team who were trained to meet the needs of residents. Staff felt supported by the person in charge and the team worked well together to achieve the aim of the centre as per the statement of purpose and to support residents to achieve their goals during their time there. There were seven permanent staff employed to work in this centre, and any long term leave was covered by a relief staff member who would work for the duration of the absence to ensure consistency for residents. Agency staffing was not in use in this centre.

All staff were up to date in their mandatory training such as fire safety, safeguarding, medication management, Children First and responding to behaviour that is challenging. Some staff had completed training in multi-element behaviour support and this learning was shared with the team and was positively impacting on the supports given to some residents. Gaps in training was quickly identified and attendance at refresher training was planned for in advance. Staff were supervised on a day to day basis while working alongside the person in charge, and also received more formal supervision on a one to one basis. Yearly appraisals were completed with the staff team to review performance.

#### Regulation 14: Persons in charge

The provider had appointed a suitable person in charge of the designated centre who met the requirements of the regulations, worked full time and was responsible for one designated centre. The person in charge worked a number of shifts directly with residents each week but had ample time for supervisory and administrative duties. Both staff and residents could identify who was in charge, and spoke extremely complimentary of how the centre was run and operated. Staff felt supported in their role by the person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector found there to be an adequate number and mix of staff working in the designated centre who were suitably skilled and qualified to meet the needs of residents.

Continuity of care was afforded to residents due to a stable staffing team and the

provider's ability to cover any long term leaves with staff employed internally.

Nursing care and advice was available to residents where necessary from a nurse employed by the provider who was accessible for all designated centres.

Planned and actual rosters were well maintained and arranged to meet the needs and activation of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that staff had access to appropriate training and refresher training to allow them to meet the needs of the residents they were supporting. Training needs were well monitored and training was arranged in advance for any identified gaps or expiry dates.

Staff working in the centre were appropriately supervised by the person in charge, and were aware of the Regulations and Standards.

Judgment: Compliant

### Regulation 23: Governance and management

There was a robust and effective governance structure in place with clear lines of accountability and responsibility.

The provider had ensured effective systems were in place in the designated centre to demonstrate that the service provided was safe, good quality and effectively monitored.

There had been an annual review and six monthly unannounced visits arranged by the provider.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had a written Statement of purpose which outlined the care and support on offer in the designated centre and met the requirements of the Regulations. The inspector found that the statement of purpose was available in the

designated centre in both written word and Braille for residents and visitors to read and was a true reflection of what was on offer.

Judgment: Compliant

## Quality and safety

The inspector found the service provided in the designated centre to be safe and of good quality. Residents were seen as individuals and treated with dignity and respect. There was clearly a good relationship between the staff team and the residents staying in the centre, and the focus was on encouraging the young adults to be as independent as possible.

Residents' needs, wishes and aspirations were identified through an effective assessment and planning process in consultation with the resident and their families. Residents had access to a wide range of allied health care professionals and if required, were supported by staff team to attend appointments and were encouraged to be healthy. Information reviewed in residents' files was person centred and aimed at assisting the resident with their educational programme as well as life skills and personal development.

Residents spoke of their educational and personal goals and were satisfied with help that they received from the staff team to achieve these. Some residents were completing their leaving certificate this year and others were seeking further education opportunities.

Staff had a good understanding of the individual residents they were supporting and each resident had a key staff member to help them to achieve their personal plans and goals. Positive support was given to residents who required additional behavioural support through the development of written behaviour support plans. Staff were ensuring residents were supported in a manner which allowed them to carry out their day to day activities on their terms and at a pace that was individual to each resident.

Residents felt safe staying in the centre and there were mechanisms in place to ensure residents were protected from harm or abuse. The provider had a written policy on the prevention and detection of abuse which was in line with the National Policy on safeguarding. Staff had received training in safeguarding and in Children First legislation. Residents felt they could raise any issue or concern with staff or their families. The person in charge could demonstrate their knowledge of the reporting procedure in the event of a safeguarding allegation or concern, and appropriate response had been taken for any safeguarding issues to date. Residents were treated respectfully and supported to learn about the development of friendships and relationships including boundaries and personal safety.

The inspector found the premise to be well maintained, and suitable to the needs of



residents and the Statement of purpose. The premises had been adapted to ensure the environment was accessible for residents and safe for their use. Residents found the centre very homely and comfortable and families felt it was welcoming. Some decorative painting work had been carried out since the last inspection.

The inspector found there to be adequate risk management and fire safety systems in place to keep residents, staff and visitors safe. Risk was appropriately identified, assessed and managed in the centre. Risk was seen as a part of every day life and the control measures in place to alleviate or reduce known risks was not having a negative impact on residents' quality of life or their right to take a risk. There was a recording system in place for any adverse event with appropriate action taken to learn from accidents, incidents or near misses.

The provider had ensured there was an effective and functioning fire detection and alarm system in place along with fire fighting equipment. The inspector found that these were regularly serviced and checked by a professional, along with daily and weekly checking systems carried out by staff. Since the previous inspection, the provider had arranged for a magnetic lock device to be installed on a fire door. This would allow the containment of fire in the event of one breaking out, whilst not limiting the safe mobility of residents around the centre. Fire drills were carried out regularly and response times were good.

Overall, the inspector found that the provider and person in charge were ensuring a safe and good quality service was offered to residents in line with the written statement of purpose and residents' individual goals and aspirations. The inspector found that the designated centre was compliant in all Regulations looked at on this inspection, and was assured that the provider had mechanisms in place to self assess and continue to improve areas of care and support going forward.

### Regulation 17: Premises

The layout of the premises had not changed since the previous inspection. However, some decorative works had been completed to enhance the interior. The inspector was informed that any maintenance or general upkeep is carried out during the house closure in the summer time so as not to disturb residents. The premises were clean, well maintained and homely and met the requirements of the Regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured there was a risk management policy in place and risk

management systems to adequately and proportionately identify, assess and manage risk. There was a system in place to record and learn from adverse events.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensure effective fire management systems were in place. For example;

- fire fighting equipment was available and serviced regularly
- fire detection, containment and warning mechanisms were in place
- staff had been trained in fire safety and evacuation
- fire drills were conducted regularly with good response times and residents were given fire safety information and training at representative meetings
- staff and residents knew how to respond in the event of a fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was an adequate system in place for the assessing and planning of residents' health, social, personal and education needs and wishes.

Documentation was accessible for residents and contained clear and up-to-date information. Goals and plans were reviewed regularly.

Judgment: Compliant

### Regulation 6: Health care

Residents were encouraged and supported to have good physical and mental health through access to allied health care professionals and clear health care plans. Advice from the multidisciplinary team was incorporated into plans and residents were supported to attend appointments and gain understanding about any health issues.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured staff were suitably skilled and knowledgeable to respond to any behaviour that may be challenging through a holistic person centred approach. Staff had received training in responding to behaviour that challenges and some staff had been trained in multi-element behaviour support.

The centre was promoting a restraint free environment.

Judgment: Compliant

### Regulation 8: Protection

Residents in the centre felt safe and the provider had ensured mechanisms were in place to protect residents from abuse or harm.

The person in charge was aware of how to respond to any allegation or concern and the reporting duties should this

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant