



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

Name of designated centre:	16 Sion Hill Road Residential Service
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	07 March 2018
Centre ID:	OSV-0002094
Fieldwork ID:	MON-0021038

## About the designated centre

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

This community based designated centre provides a residential service for vision impaired young people, aged from 18 to 23 years, both male and female. This includes young people who are vision impaired with additional disabilities. The primary and main aim of a residential placement in the centre is to facilitate access to appropriate education provision. Therefore, any circumstance in which a young adult is accommodated will be because they are pursuing educational arrangements usually associated with a younger demographic, that is attending second level education. The centre provides social care and support consistent with maximising the young person's educational attainment and holistic development. The centre is open from Sunday to Friday afternoon during term time, September - June. The centre is located in a mature residential area, close to amenities and public transport. The premises consists of two storeys and has five bedrooms, three of which have an en suite facility. A very large bathroom and a separate downstairs toilet facility are also available. Each resident has their own separate bedroom. There is a number of communal areas including a kitchen, sitting and dining room. Residents have access to a garden at the rear and side of the premises. 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
07 March 2018	09:45hrs to 19:00hrs	Helen Thompson	Lead

## Views of people who use the service

On the day of inspection, the inspector met with, interviewed and spent some time with the residents when they returned in the evening from their individual educational programme. The atmosphere was observed to be very pleasant, relaxed and home-like.

Residents reported high levels of satisfaction with the service that they received in the centre, noting that they were all very happy living there. Feedback on questionnaires completed by the residents was also very positive and complimentary of their experience of living in this centre. This included satisfaction with the premises, the facilities, the food provided, activities that residents were supported to pursue, engagement with and support available from staff. The inspector also noted that high levels of satisfaction with the service provided in this centre were expressed in the parent/guardian survey that accompanied the centre's most recent annual review.

## Capacity and capability

The inspector observed that the governance, management and oversight of service provision to the residents was robust in this centre. There was a clearly defined management structure with established lines of authority and accountability. Meeting and communication systems within the centre were noted to effectively underpin these structures. Out of hours support from the management team was also available to staff if required.

The centre was managed by a suitably qualified, skilled and experienced person that was familiar with residents and their individual needs. The inspector also noted that the provider nominee was also clearly known to residents.

The service that was being delivered to the residents was observed to be in keeping with the centre's statement of purpose.

There were mechanisms for residents and their representatives to raise any concern regarding the quality and safety of care delivered. This included an established complaints process that was available in an accessible format for the resident.

There were enough staff available to support the residents and their individual needs. Staff engagement with residents was respectful and conducted in a very person centred manner.

Staff were appropriately supervised in line with their role in service provision to residents. This included an individual process, team meetings and the availability of the person in charge during her shifts.

The inspector especially noted that staff were generally very complimentary of the service provided, and reported their happiness with being part of the centre's workforce. Staff communicated that they felt well supported and highlighted that their own personal development was also promoted.

Staff were facilitated with training and education to enable them to support residents. However, to ensure that the residents' needs were comprehensively and continuously met, some training gaps required attention. The inspector acknowledged that there were plans to address identified mandatory training needs, and additional ancillary training was also to be considered in future training needs analysis.

#### Regulation 14: Persons in charge

The person in charge for this centre had taken up their role in recent months and had responsibility for this centre only. The inspector found that the person in charge met the requirements of this role in terms of their qualifications, knowledge, background and experience.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector found that the number and skill mix of staff was in keeping with the residents' needs. The staff roster was additionally planned around residents' support requirements and activities. The provider had its own recruitment function and from a review of three staff files, the inspector found that they were in line with Schedule 2 requirements.

Judgment: Compliant

#### Regulation 16: Training and staff development

Overall, staff were facilitated with appropriate training and received supervision through a number of formats.

However, from a review of records and as noted by the person in charge during the

opening meeting, training gaps were identified for some staff members.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector observed that the centre had structures and systems in operation in the centre that underpinned and ensured the delivery of a safe and quality service. There was a clear management structure with succinct lines of authority and accountability. The centre was managed by an appropriate person who was familiar to the residents and staff.

The provider had self-monitoring systems which included, their six monthly visit process, annual review and auditing. There was evidence of action plan development in response to identified areas for improvement

There were lots of opportunities for staff to express their views and raise any concern with regard to service delivery. Team meetings were held regularly and the agenda template encompassed a number of areas critical to ensuring the safety and quality of service provision.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose (as amended in December 2017) and found that it contained the information as outlined in schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had policies and procedures in place for the management of complaints. The complaints process was user friendly and available in an accessible format in keeping with the individual resident's profile. The inspector reviewed the centre's register of complaints and found that they were appropriately responded to, noting that none had been made since 2015.

Judgment: Compliant

## Quality and safety

In summary, the inspector found that the safety and quality of the service provided to residents was of a good standard. The service was noted to be especially person centred in nature and was in keeping with the residents' unique profile. The importance of each resident's personal development, and the facilitation of their optimal level of independence was prioritised.

All residents attended a vocational training programme based in the service's main campus which incorporated a suite of life skills that were subsequently fostered and supported within the centre. There was clear evidence of communication and collaboration between the resident's educational programme and centre staff.

There were assessments and plans that informed and guided staff in their supporting of the resident's needs and wishes. The resident's understanding of key documentation was aided through accessible versions of same.

Residents were also supported to achieve and maintain their best possible health. Overall, a healthy lifestyle was promoted in the service.

Additionally, any matter or issue that could possibly cause harm for the resident was considered and addressed. There were robust procedures and practices to ensure that each resident could safely evacuate in the event of a fire.

Each resident was supported to pursue and attend meaningful extra-curricular activities of their choice, which primarily occurred within a community setting. This included yoga, being a member of a choir, attending night classes, and socialising in local pubs and restaurants.

In general, to ensure accessibility and safety, the premises was laid out and adapted in line with the residents' particular needs. At the time of inspection each resident had their own room and adequate shared/communal space available. The inspector completed a walk through of the premises and observed that the general environment was laid out and adapted in keeping with the resident's particular needs both collective and individual. For example, the minimising of risk by not having loose floor covering and free standing furniture items in the middle of communal spaces. Also, through the addition of a second bannister on the main stairs. Kitchen equipment was also adapted to promote the resident's independence. This included a smaller kettle option, a talking microwave and alterations to the cooker.

However, to ensure homeliness, some parts of the resident's home needed to be maintained to a higher standard. For example, with the painting and tidying up of

plaster cracks in some rooms.

### Regulation 13: General welfare and development

Overall, from the commencement of the inspection process, it was observed that each resident's educational and personal development was central to service provision. Skill attainment and facilitating the resident to achieve their optimal independence was prioritised.

Judgment: Compliant

### Regulation 17: Premises

From a walkabout of the centre's premises, it was observed that some improvements were required with its upkeep and maintenance. This had also been recently highlighted during the provider's six monthly visit.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The centre had a clear risk management system in operation. Current risks for residents and staff of the centre were assessed and documented on the centre's risk register. The provider also had a system of assurance in operation with regard to the centre's transport.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had an established fire management system in place. This included suitable fire equipment, and an alarm system with evidence of servicing. There was a procedure for the safe evacuation of staff and residents, which they were found to be familiar with.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Overall, the resident's well being and welfare was maintained through a good standard of evidence-based care and support. The care planning system was noted to be implemented in line with the educational/academic year and the inspector observed evidence of review and evaluation. The resident, their representative, members of the service's multidisciplinary team and key personnel from the resident's vocational programme participated in the care planning process.

Judgment: Compliant

## Regulation 6: Health care

Residents' health care needs were recognised, assessed, supported and reviewed through a care planning system. Residents were observed to primarily attend their family/home general practitioner (GP), but whilst they were in the centre their health care needs were, where required supported by the service nurse. Residents were facilitated with access to members of the multidisciplinary team and also attended allied services. This included ophthalmology and dental reviews.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially 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

# Compliance Plan for 16 Sion Hill Road Residential Service OSV-0002094

Inspection ID: MON-0021038

Date of inspection: 07/03/2018

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Identified gaps in training have been addressed and trainers have been assigned to complete the required training by specified dates.</p> <p> </p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All of the slight remedial work to aspects of the building's internal fabric as identified in the course of the inspection has now been carried out</p> <p> </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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	8/6/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	16/3/2018 Completed