



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

Name of designated centre:	31 Ormond Road Residential Service
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	20 June 2018
Centre ID:	OSV-0002095
Fieldwork ID:	MON-0022096

About the designated centre

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

This designated centre offers a residential service for vision impaired young people, aged 18-23 both male and female, including young people who are vision impaired with additional disabilities. The primary and main aim of a residential placement in this centre is to facilitate access to appropriate education provision. This centre provides a residential service from Sunday to Friday afternoons during school term time, September to May/ June. The offer of a placement in the centre is made in accordance with the admissions policy and procedures, with a maximum number of 4 residential students being catered for. The designated centre is not intended to serve the needs of vision impaired young people whose needs are deemed to be best met in a home or hospital setting, or in a residential treatment facility. The premises consist 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 are a number of communal areas including a kitchen cum dining room, sitting room and separate study room that is also used for relaxation. The centre is staffed with 4.5 social care staff members, and one team leader. Support is provided over the 24 hour period by the staff team. 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
20 June 2018	09:00hrs to 17:00hrs	Louise Renwick	Lead

Views of people who use the service

The inspector met and spoke with three of the residents availing of a placement in the designated centre, and reviewed four questionnaires which were completed by, or on behalf of residents. Residents told the inspector that they enjoyed staying in the centre, and were happy with the support that they received from the staff team and the wider organisation. Residents spoke fondly about the staff that supported them, and told the inspector about their educational goals as well as other life goals that they were working on.

The questionnaires received indicated that in general residents were satisfied with the centre itself, the care and support on offer and the choice and control they had over their day to day activities.

Capacity and capability

The inspector determined that the provider and person in charge had ensured a good quality and safe service being provided to residents. The inspector found the provider had demonstrated high levels of compliance with the Regulations and Standards.

There was a clear and strong management structure in place in the designated centre with clear lines of accountability and responsibility evidenced. Effective leadership and oversight was in place of the care and support being provided to residents through adequate monitoring systems. The provider had appointed a suitably qualified, skilled and experienced person in charge to manage the designated centre, along with a stable staff team of social care workers. Staff had been provided with training which ensured they were competent in meeting the collective and individual needs of residents. Staff were knowledgeable on the residents that they supported, including their likes and dislikes, supports, needs and challenges. Staff felt that they could raise any issue or concern regarding residents' care or the operation of the centre overall. Staff felt supported by the person in charge and the centre was managed and operated in line with the aim of the centre as per the statement of purpose.

There was clear reporting mechanisms for adverse events and complaints with an open culture of reporting evident. Any issue raised through these reporting systems were responded to by the person in charge or the provider. The provider had appointed a team of nurses, an occupational therapist and speech and language therapist to support the wider needs of residents, and guide the staff team in their

supports and input.

Regulation 14: Persons in charge

The inspector met the team leader who held the role of person in charge as part of the inspection process. The team leader had been appointed in December 2017 to cover an absence of the previous person in charge. The inspector found the person in charge to be suitably qualified, skilled and experienced to manage and oversee the care and support being delivered in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found there to be a stable staff team in place in the designated centre, who had adequate skills, experience and qualifications to meet the needs of residents. There was an adequate number of staff on duty in the centre, and in line with the statement of purpose in order to meet the centre's objectives. Residents spoke fondly of the staff team and person in charge, and were happy with the number of staff on duty during the day and night to support them. The person in charge maintained a planned and actual roster to reflect who was on duty each day.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff were provided with adequate training and refresher training in mandatory and key areas to meet the needs of residents. There was a training schedule in place to ensure any gaps that arose were planned for in advance. Staff in the centre had received an information session on Autism since the previous inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a strong 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 in place that described the service on offer and the inspector found this to be a true reflection of what was being delivered in the designated centre. The written Statement of purpose met the requirements as set out in Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector spoke with residents about making complaints and reviewed the process for raising issues within the designated centre. There was a policy in place for the management of complaints, and residents understood how to raise any concerns or complaints locally with the team. The person in charge was responsible for recording and managing local complaints, and any complaint that could not be resolved locally was escalated to the director of care through the formal complaints process.

Judgment: Compliant

Quality and safety

The designated centre was managed and operated in a way that delivered a person centred, good quality and safe service. Residents' health, social and personal needs were assessed and supports were planned to address them 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 understand positive health. Residents' were

encouraged to focus on life skills and on increasing their independence while staying at the designated centre. For example, learning to cook, develop relationships and increase their independent access to community based activities and facilities.

Residents' safety was promoted through strong safeguarding and risk management systems, and residents felt they could raise any concern or issue with staff in the centre or the person in charge. There was a proportionate and balanced approach to risk management, with a focus on residents' gaining responsibility for their own safety through skills teaching and support.

There was effective fire safety and health and safety practices in the centre and medicine management was guided by centre specific policies and procedures with low errors occurring.

Residents had choice and control in their daily lives, and expressed satisfaction at the supports being offered by the staff team and wider organisation. Residents told the inspector that they enjoyed their time staying in the centre while availing of their education provision. Family members expressed satisfaction at the quality of the care and support offered to their relative.

Regulation 18: Food and nutrition

The inspector found that residents were involved in the planning of meals and menus in the designated centre. Residents told the inspector that each Friday they decided upon a menu plan for the week ahead, and residents would create a Braille version of the menu to put on display in the dining room. Residents had choice in relation to their meals, and alternatives were available should a resident decide they didn't want to eat what had been agreed. Some residents were involved in shopping for ingredients and cooking as part of their own life skills goals. There was an ample supply of food and drinks in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that risks were low in the designated centre. There was a system in place for identifying, assessing, managing and reviewing hazards and risks in the centre which was supported by a policy as required by Schedule 5 of the Regulations. The person in charge maintained a risk register to have oversight of risk, and accidents, incidents and other adverse events were well monitored for any emerging hazards, trends or patterns. Any individual risk were assessed and managed in a proportionate way so as not to negatively impact on residents'

independence or quality of life.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured the centre had fire safety systems in place, with a fire detection and alarm system in place along with fire fighting equipment and emergency lighting. Due to residents' needs to independently mobilise safely around the house, some fire doors were kept open. The provider had requested magnetic door catches to be installed to ensure in the event of a fire these doors could close themselves in the event of a fire. Until these were installed, staff were aware of their requirement to close doors themselves as part of the response to the alarm sounding. The inspector was given documentary evidence that these magnetic door catches would be installed in July when the students and staff were on vacation so as to cause minimal disruption.

Residents had been supported to complete fire drills and to understand the evacuation plan in the event of the alarm sounding.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the policies and procedures in place regarding medicine management for the designated centre, and spoke with staff who administer medicine as well as the nursing team who support the staff working in the designated centres. Where it had been assessed and deemed appropriate residents could self administer medicine. Residents requiring additional support were supported with this by the social care team who had been trained in the safe administration of medicine. The inspector reviewed the systems in place for the administration and storage of medicine with the person in charge and found that medicine was securely stored, and two staff administered medicine together in line with the local procedure. Medication errors were low in the designated centre, and the social care team were supported by the nurses employed by the provider who worked centrally.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and plans and discussed them with staff members. There was a clear and effective system in place for assessing and planning for residents' health, social and personal needs as well as goal setting. The assessments and plans had a focus on life skills and building on independence for residents, as well as their education aspirations. For example, learning to cook independently and increase independent travel in the community. When necessary, members of the multidisciplinary team were involved in the plans or supports on offer. For example, a physiotherapist had accompanied a resident to their local gym to assess the resident using gym equipment and identify any additional supports required.

Judgment: Compliant

Regulation 6: Health care

Any health care needs were identified and planned for in the designated centre. Residents were supported to maintain good health and be involved and in control of the promotion of healthy living. As the centre provided boarding during education term, residents were supported by their families to attend health appointments and follow up appointments. Staff in the designated centre continued to support residents with any health care needs during their time in the centre, with evidence of good communication between families and the social care team. The provider had a number of multidisciplinary team members available for residents such as occupation therapy, speech and language therapy, nursing support and access to counselling services.

Judgment: Compliant

Regulation 7: Positive behavioural support

If required, residents had additional supports in relation to positive behaviours. Two of the staff team were trained in multi-element positive behaviour support and could create support plans in relation to this, and guide the team in their implementation. These additional supports had proved successful for some residents, and the practices in the centre were promoting a restraint free environment.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the systems in place for the safeguarding of residents and found them to be robust. There was a policy in place to guide staff on how to prevent, detect and respond to any allegations, suspicions or concerns of abuse or harm. Residents told the inspector that they felt safe living in the centre, and would talk to staff if they felt concerned. The provider had a named designated officer to screen and investigate any allegations, suspicions or concerns, and staff were aware of who this person was and their role. The person in charge was aware of their role in the safeguarding mechanisms and staff had been trained in both Children First and the safeguarding of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for 31 Ormond Road Residential Service OSV-0002095

Inspection ID: MON-0022096

Date of inspection: 20/06/2018

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A number of automatic door closers, previously ordered prior to the inspection, have now been installed ahead of residents' return from their summer holidays. Completed 31.08.18 	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31.08.18