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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>124 Gracepark Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>ChildVision Company Limited by Guarantee</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Dublin 9</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>06 November 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002091</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0025507</td>
</tr>
</tbody>
</table>
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 five 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 |

Page 2 of 15
How we inspect

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 - 2015 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:**
<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 November 2019</td>
<td>09:30hrs to 16:00hrs</td>
<td>Conan O'Hara</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector had the opportunity to meet with two of the four residents living in the centre. The other two residents were attending education during the course of the inspection. The two residents used verbal communication as their predominant mode of communication with the inspector. Residents or students as they preferred to be called, spoke about how much they liked living in the centre during the week.

Residents spoke with the inspector about the things that interested them including education, judo, technology and soccer. One resident spoke with the inspector about their health, education and volunteering. Another resident told the inspector of the sports they liked and teams they followed. In addition, one young person from another designated centre was visiting the centre in the morning of the inspector and spoke with the inspector about their plans for the day. The inspector observed residents as they prepared to engage with their daily activities which included accessing the community, attending appointments and travelling to education.

The inspector also had the opportunity to speak with a family representative during the unannounced inspection. The family representative told the inspector that they were happy with the service provided to their family member and the support received from the staff team. In addition, the inspector observed positive feedback about the service from questionnaires completed by residents representatives as part of the service's Annual Review 2018.

Throughout the inspection, positive interactions were observed between residents and staff including staff supporting residents with specific tasks, discussing plans for the day and talking about the role of the Health Information and Quality Authority and the inspection.

The inspector observed that the designated centre was well maintained and decorated in a homely manner. The centre was a two storey house comprised of a homely sitting room decorated with pictures of past and current residents, five individual bedrooms, a large kitchen/dining room at the rear of the house which was bright and spacious with lots of natural light, a large study room which included two computers, a number of board games and arts and craft supplies, and a number of shared bathrooms and toilets. The bedrooms viewed were decorated in line with residents taste and preferences. There was a large garden to the rear of the centre which was well maintained and contained a patio area and storage shed.

Capacity and capability
The inspector found that the governance and management arrangements provided effective oversight of the service and ensured that the service provided was safe, good quality and person centred. However, a minor improvement was required in the timeliness of the unannounced six monthly provider visits.

There was a clearly defined management structure in place. The designated centre was managed by a person in charge who was suitably qualified and experienced. The person in charge was not present on the day of the unannounced inspection and the inspection was facilitated by the staff team. There were quality assurance audits in place which included an annual review for 2018 and the six-monthly unannounced provider visits as required by the regulations. These audits identified areas for improvement and developed action plans to bring about improvement to the service. While, the inspector acknowledges that the centre is closed during school holidays and summer months, some improvement was required in the timeliness of the unannounced six monthly provider visits in order to be in compliance with Regulation 23.

The person in charge maintained planned and actual rosters. The inspector reviewed a sample of rosters which demonstrated that there was sufficient staff levels to meet the assessed health and social care needs of residents. The centre was staffed with a team of social care workers and nursing support was available through an on call system if required. The centre was currently operating with a 0.5 whole time equivalent vacancy, however continuity of care was maintained by the covering shifts through the use of regular relief staff. The inspector was informed that the provider was in the process of recruitment to fill this vacancy. Throughout the inspection, the inspector observed warm, positive interactions between residents and staff.

There were systems in place for the training and development of the staff team. The inspector reviewed a sample of the staff teams training and found that the staff team had up-to-date training in areas including safeguarding, fire safety, manual handling and safe administration of medication. In addition, the staff team received specific training to support residents identified needs including gastrostomy care. Training needs were well monitored and training was arranged in advance of any identified gaps or expiry dates. This meant the staff team had up to date knowledge and skills to meet the needs of the residents.

The inspector reviewed a sample of incidents and accidents in the centre and found that the provider had appropriately notified the Office of the Chief Inspector of Social Services of incidents and accidents in line with Regulation 31.

### Regulation 15: Staffing

The planned and actual rosters demonstrated that there was sufficient staff levels to meet the assessed health and social care needs of residents. The centre was staffed with a team of social care workers and nursing support was available through a
nurse on call system if required.

**Judgment:** Compliant

**Regulation 16: Training and staff development**

There were systems in place for the training and development of the staff team. Training needs were well monitored and training was arranged in advance of any identified gaps or expiry dates.

**Judgment:** Compliant

**Regulation 23: Governance and management**

There was a clearly defined management structure in place. There were quality assurance audits in place including an annual review for 2018 and the six-monthly unannounced provider visits as required by the regulations which identified areas for improvement and developed action plans to bring about improvement to the service. However, a minor improvement was required in the timeliness of the unannounced six monthly provider visits.

**Judgment:** Substantially compliant

**Regulation 31: Notification of incidents**

The provider had appropriately notified the Office of the Chief Inspector of Social Services of incidents and accidents in line with Regulation 31.

**Judgment:** Compliant

**Quality and safety**

Overall, the governance and management systems in place ensured that the service provided to residents was safe, high quality and person centred. However, a minor improvement was required in reviewing fire precautions in place.

The inspector completed a walk through of the centre accompanied by a member of
the staff team and found that the designated centre was well maintained and decorated in a homely manner.

The inspector reviewed a sample of personal plans and found that there was an up-to-date assessment of need in place. The assessment identified residents’ health and social care needs and informed residents’ personal support plans. Personal plans reviewed were up-to-date and guided the staff team in supporting the residents with their assessed needs. The residents were given appropriate support to enjoy best possible health while attending the service. Their healthcare needs were appropriately identified and care plans were in place to guide staff in supporting the residents with their healthcare needs.

There were positive behavioural supports in place for residents where required. The inspector reviewed a sample of the positive behaviour support plans and found that they were up-to-date and guided the staff team in supporting residents. The centre promoted a restraint free environment and at the time of the inspection no restrictive practices were in use in the centre.

There were systems in place to safeguard residents. From a review of a sample of incidents, the person in charge had appropriate oversight of incidents and took appropriate action if required. Staff spoken with were knowledgeable of safeguarding and on what to do in the event of a concern. Residents spoken with said they were happy in the service and felt safe. The inspector observed residents appearing comfortable and relaxed in the service and warm, positive interactions were observed between residents and staff.

There were systems in place for the identification, assessment and the ongoing review of risk. There was evidence of brainstorming sessions completed by the staff team to identify risks in the centre. The person in charge maintained a risk register which was up-to-date and outlined centre level risks which included staffing, slips trips and falls and medication. In addition, individual risk assessments were in place which included epilepsy, independent travel and safeguarding. The inspector found that there was a positive approach to the management of risk in the centre. For example, following a review of a risk assessment, a restrictive practice (locking of a chemical press) was removed to promote the independence of residents. Overall, the inspector found that risks were being managed effectively in the centre.

There were systems in place for fire safety management. Some improvements were required. There was suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a Personal Emergency Evacuation Plan (PEEP) in place which outlined the supports for each resident to evacuate the designated centre. The provider had arrangements in place, in the event of a fire, to evacuate all persons in the designated centre and bringing them to safe locations. Centre records reviewed showed that day time fire drills were carried out regularly during the day and demonstrated that the day time evacuation arrangements were adequate.
However, at the time of the inspection, it was not evident that night time evacuation arrangements had been reviewed to assess their effectiveness. For example, a fire drill at night time had not been completed in the last year. The inspector was informed that this was due to concerns related to the impact and distress of the sound of the alarm may have on residents. While it was recognised there was a reason why such a drill had not occurred, the provider was required to make arrangements to review their night time evacuation procedure to ensure it was effective, taking into account the assessed needs of residents.

**Regulation 17: Premises**

The designated centre was well maintained and decorated in a homely manner.

Judgment: Compliant

**Regulation 26: Risk management procedures**

There were systems in place for the identification, assessment and the ongoing review of risk. An up-to-date risk register was in place which outlined centre level risks and individual risks.

Judgment: Compliant

**Regulation 28: Fire precautions**

There were systems in place for fire safety management. There was suitable fire safety equipment in place which were serviced as required. Centre records demonstrated that fire drills were carried out regularly. However, at the time of the inspection, it was not evident that night time evacuation arrangements had been reviewed to assess their effectiveness. The provider was required to make arrangements to review their night time evacuation procedure to ensure it was effective, taking into account the assessed needs of residents.

Judgment: Substantially compliant

**Regulation 5: Individual assessment and personal plan**

There was up-to-date assessment of needs in place in place which
identified residents' health and social care needs and informed residents' personal support plans. Personal plans reviewed were up-to-date and guided the staff team in supporting the residents with their assessed needs.

The residents healthcare needs were appropriately identified and care plans were in place to guide staff in supporting the residents with their healthcare needs.

Judgment: Compliant

### Regulation 6: Health care

The residents healthcare needs were appropriately identified and care plans were in place to guide staff in supporting the residents with their healthcare needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were positive behavioural supports in place for residents where required which were up-to-date and guided the staff team in supporting residents.

The centre promoted a restraint free environment and at the time of the inspection no restrictive practices were in use in the centre.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents. From a review of a sample of incidents, the person in charge had appropriate oversight of incidents and took appropriate action if required. Staff spoken with were knowledgeable of safeguarding and on what to do in the event of a concern. Residents spoken with said they were happy in the service and felt safe.

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 - 2015 as amended and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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Compliance Plan for 124 Gracepark Road OSV-0002091

Inspection ID: MON-0025507

Date of inspection: 06/11/2019

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 will identify 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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The minor adjustment required to the scheduling of six monthly inspections has now been implemented.

| Regulation 28: Fire precautions             | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The necessary benefit/harm analysis in respect of meeting compliance here has now been made by way of a clarification to the centre’s risk register.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23(2)(a)</td>
<td>The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>11/12/2019</td>
</tr>
<tr>
<td>Regulation 28(2)(b)(ii)</td>
<td>The registered provider shall make adequate arrangements for reviewing fire precautions.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>11/12/2019</td>
</tr>
</tbody>
</table>