



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

## Issued by the Chief Inspector

Name of designated centre:	Helen's Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	23 February 2022
Centre ID:	OSV-0003078
Fieldwork ID:	MON-0034749

## About the designated centre

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

Helen's Road is a residential low support community service for four individuals with mild and moderate intellectual disability. The aim of the centre is to provide a safe, caring and welcoming residential setting, where residents who reside there are nurtured and facilitated in achieving their fullest potential and empowered to access the local community. The centre is located in a suburb of South Co. Dublin within walking distance of good public transport links including bus and rail links. Residents have an active social schedule through interaction with work friends, social clubs, work, independent activities, and family events. The centre consists of a semi-detached house which contains a kitchen/dining room, a living room, four resident bedrooms, a staff office/sleep over room, two bathrooms with shower facilities, and a toilet. The centre is staffed by a person in charge, social care workers and carers. There is generally staff on duty when service users are in the centre. Some residents are risk assessed to stay in the house independently.

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

Number of residents on the date of inspection:	4
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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 (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:**

Date	Times of Inspection	Inspector	Role
Wednesday 23 February 2022	10:30hrs to 14:30hrs	Thomas Hogan	Lead

## What residents told us and what inspectors observed

The inspector found, from speaking with residents and from what was observed, that there had been significant improvements made across a number of key areas since the last inspection of this centre. As a result, residents were in receipt of good quality and safe supports which were delivered through person-centred and human rights based approaches. It was clear that residents availing of the services of this centre were enjoying a good quality of life and were supported to develop and maintain meaningful connections with their local community and natural support networks.

During the course of the inspection, the inspector spent time speaking with and listening to the experiences of three residents. One resident had attended a hair appointment in the morning while another returned from a part-time job after finishing their shift there. A third resident explained how they were having a "rest day" and were planning on helping a staff member with some errands in the afternoon. All residents met with told the inspector that they were very happy living in the centre and felt safe. They knew who to speak to if they ever needed to raise any concerns that they may have. One resident told the inspector that the staff team were "absolutely brilliant" and "so kind" while another resident added that the person in charge had "a heart of gold". The residents told the inspector that a friend of theirs who used to live with them had recently moved out and that the centre was quieter as a result. They were happy, however, with the reallocation of bedrooms which now meant that they each had their own room. The residents showed the inspector how they had chosen paint colours, blinds and furniture for the renovation of these rooms and were very proud of the upgrade that had been completed.

The inspector found that there was a homely, relaxed and warm atmosphere in the centre at the time of the inspection. Residents were encouraged to live as independent lives as possible and to contribute towards the day-to-day operations of the centre. During the course of the inspection, residents were observed to independently travel on public transport, make appointments for the coming days and prepare meals and snacks. It was clear that the resident group had developed strong relationships with the staff team and were observed to be laughing and joking with them. The staff members met with were respectful in their interactions with residents and treated them in a kind and patient manner. They were observed to act in a dignified manner through knocking on doors of bedrooms before entering and by speaking about residents and their needs in a sensitive and respectful way. The staff team knew the individual needs of residents very well including their preferences and methods of communication. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease.

There was evidence available to the inspector to clearly demonstrate that the residents enjoyed a good quality of life while living in this centre. Residents were

supported to engage in a wide range of meaningful activities and to develop and maintain valued social roles in their local community. Some residents attended day services for a number of days each week while others were engaged in part-time paid employment and voluntary roles. One resident was exploring opportunities for completing a hair dressing course and was looking forward to this. It was clear that the views of the residents mattered to the staff team and there were weekly resident meetings held where topics included COVID-19, activity planning, fire safety, menu planning, grocery shopping, complaints, advocacy services, holiday planning, staffing updates, and general updates. There was thought given to the promotion of the rights of residents and there was evidence to demonstrate that this was embedded in the staff culture of the centre.

Overall, the inspector found that this was a good centre which was well managed and had employed effective systems to allow for appropriate oversight of the care and support being provided to residents. There was clear evidence to demonstrate that the resident group were safe and supported to live good quality and meaningful lives.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This centre was well managed and there was good oversight of the care and support being delivered to residents. The findings of the inspection were positive and there was clear evidence to demonstrate that good quality services were being provided. In the time since the last inspection, there had been significant improvements made across a number of key areas including the governance and management arrangements, the physical environment of the centre, and fire safety arrangements.

The inspector found that there was effective leadership by the person in charge and there were appropriate arrangements in place for the governance and management of the centre. The person in charge had a clear understanding and vision of the service to be provided. The inspector found that they had a strong focus on person-centred supports and were committed to driving ongoing quality improvement. The centre was appropriately resourced to meet the collective needs of the residents availing of its services and there was a competent and confident workforce employed. There were a clear management structure in place and effective management systems had been implemented to allow for oversight of the care and support being delivered.

A review of staffing arrangements found that the staffing allocation for the centre as outlined in the centre's statement of purpose was not in place in practice. Staff duty

rosters for a one month period were reviewed and were found to have a deficit of approximately 0.67 full time equivalent (FTE) which equated to 26 hours per week or 16 per cent of the total staffing allocation. The inspector found that there had been improvement in the continuity of care and support provided to residents in the time since the last inspection. While there remained an unfilled vacancy in the staff team, the registered provider had ensured that these hours were filled by a small number of agency and relief staff who were known to the residents. The total number of agency and relief hours worked in the centre had reduced to 18 per cent of all rostered hours in the one month sample of staff duty rosters reviewed.

### Regulation 15: Staffing

While the inspectors found that the centre was appropriately resourced, there was a lack of clarity on the part of the provider about the agreed staffing allocations for the centre. The staff roster reviewed for an four-week period found that the allocation of staffing was significantly lower than that outlined in the centre's statement of purpose. There were planned and actual staff rosters maintained in the centre as per the requirements of the regulations.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There were deficits across a number of staff training programmes which were deemed to be mandatory by the registered provider. These deficits included refresher training in the area of medication administration despite some of these staff members administering medications to residents. There were robust arrangements in place for the supervision of the staff team including regular team meetings, the presence of the person in charge, and regular one-to-one formal supervision meetings with all staff members.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of good quality person-centred care and support. There was a strong leadership in place and the person in charge demonstrated that they were competent and were knowledgeable of the legislation, regulations, national policy and their statutory responsibilities. An annual review and

six monthly unannounced visits to the centre had been completed by the registered provider as required by the regulations.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

While all residents had a signed contract of care in place, these documents did not clearly include information on the support, care and welfare services which were to be provided to residents while availing of the services of the centre. This matter was identified at the time of the last inspection and had not been appropriately followed up on by the registered provider.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. Residents were encouraged and supported to express any concerns they had and it was clear that there was a culture of openness and transparency in the centre which welcomed feedback. There was a complaints policy in place along with an easy-to-read complaints procedure. There had been no complaints made in the centre in the time since the last inspection.

Judgment: Compliant

## Quality and safety

The inspector found that the resident group who were availing of the services of this centre appeared to receive care and support which was of a high standard, promoted a human rights and person-centred approach, and safeguarded individuals from experiencing abuse. The residents were supported to live active, meaningful and rewarding lives through the supports which they received.

There was clear evidence available to demonstrate that residents' social care needs were met through the supports provided in the centre. Residents told the inspector that they enjoyed engaging in a variety of activities and social outings and had developed and maintained good relationships with their families and friends. Activities which residents were supported to engage in reflected their abilities,



needs, wishes and interests and it was clear to the inspector that the staff team knew the residents' needs well and acted as advocates for them when required.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. Staff members had completed safeguarding training and had developed a good understanding of the various types of abuse and the actions to be taken in the event of abuse occurring. A review of incident, accident and near miss records found that there had been no reported incidents of a safeguarding nature in the centre in the time since the last inspection.

### Regulation 17: Premises

The premises of the centre were very clean, spacious and well maintained throughout. There was sufficient provision of private and communal accommodation, which provided for a comfortable living environment for residents. The centre was fully accessible to those who were availing of its services and it met their needs.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

It was clear to the inspector that the rights of residents to choose where and with whom they wanted to live and was fully respected in this centre. A recent transition of a resident to another designated centre was found to be managed in a sensitive and respectful manner. The process included a resident centred assessment of need, allied health professionals review, consultation with the resident and their family and a series of visits and short stays in the new centre. The transition to the new service was found to have taken place in a planned and safe manner and had resulted in the resident's wishes being met.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were regular audits being completed along with

infection prevention and control self assessments. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place.

Judgment: Compliant

### Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency. While there were fire containment measures in place in most cases as required, this did not include a door between the kitchen and a potential egress route. The provider had not addressed this issue despite it being identified at the time of the last inspection.

Judgment: Substantially compliant

### Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe living in the centre and knew how to communicate any concerns that may arise. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise their rights; were included in decision making processes about their care and support; and were supported to exercise choice and control over their daily lives while availing of the services of the centre.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Helen's Road - Community Residential Service OSV-0003078

Inspection ID: MON-0034749

Date of inspection: 23/02/2022

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• The Registered Provider will ensure the appropriate staffing measures are maintained in place</li> <li>• The registered provider has requested the Director of Nursing to undertake an assessment of individuals needs.</li> <li>• The SOP and roster will be updated to ensure it reflects current needs.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The PIC will ensure all staff including regular relief and agency staff have access to training appropriate to their role.</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:	

- The registered provider will ensure each residents contract clearly includes information on the support, care and services which will be provided to residents while availing of the services of the center.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire safety systems have been reassessed.
- Fire doors will be installed in the kitchen, boiler room, cloakroom and store rooms.
- Additional fire separation will be added to walls and ceiling of corridor.

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/04/2022
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	30/04/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and	Substantially Compliant	Yellow	31/03/2022



	welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2022