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

Issued by the Chief Inspector

Name of designated centre:	Fairview
Name of provider:	Gheel Autism Services Company Limited by Guarantee
Address of centre:	Dublin 3
Type of inspection:	Announced
Date of inspection:	04 March 2022
Centre ID:	OSV-0005301
Fieldwork ID:	MON-0027612

About the designated centre

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

Fairview designated centre consists of four residential homes and six individual occupancy apartments. One of the houses is currently unoccupied and is used in the event of a resident requiring isolation due to COVID-19. The centre has capacity to accommodate 22 service users in total. Fairview is situated in a suburban area of Dublin in close proximity to local amenities and good public transport links. The immediate location offers a tranquil and calm atmosphere close to Dublin City.

In the designated centre, there is a focus on supporting individuals with autism through their life journey and enabling them to have fulfilling life experiences, while having autonomy and control over their choices and decisions. Across the models of support within the designated centre the team consider how each person thinks, learns and processes information to develop an autism informed personalised plan of support. The focus is on empowering people into a more inclusive, independence focused style of support, where people are encouraged to be partners in, not recipients of their service delivery. Within the model of support, the staff team actively contribute to the fostering of positive relations with the local community and in particular with those living in the immediate neighbourhood to build networks and connections with the people supported to enhance their community participation and quality of life.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19

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 (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
Friday 4 March 2022	10:00hrs to 18:15hrs	Jennifer Deasy	Lead
Friday 4 March 2022	10:00hrs to 18:15hrs	Micheal Kelly	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspectors wore face masks and maintained physical distancing as much as possible during interactions with residents and staff. The inspectors had the opportunity to meet with several of the residents on the day of inspection. Some residents chose to interact with the inspectors in more detail and told them about life in the designated centre. Several of the residents and some family members had also completed questionnaires in advance of the inspection. The inspectors used observations, discussions with residents and key staff and a review of documentation to form judgments on the quality of the residents' lives in their home. Overall, the inspectors found that the designated centre was providing a good quality, person-centred service and that the residents appeared comfortable and relaxed in their homes.

One of the inspectors visited each of the premises which comprised the designated centre and spoke to residents and staff. The inspector saw that each of the premises was very well decorated, personalised to residents' preferences and was equipped to meet residents' needs'. One resident showed the inspector around their apartment. The resident was very proud of their apartment and had lots of family and friends photos on display. The resident stated that they had a keen interest in music and that they were very happy with the location of the apartment due to it's close proximity to a large stadium. The resident said they were very much looking forward to listening to some concerts on their balcony over the summertime. The resident also stated that they were very interested in outdoor activities and said they were very happy to be able to go cycling around some local parks with their support worker.

Throughout the campus it was demonstrated that person-centred care was at the forefront of this service with accessible documentation and easy to read guides. These documents included guidance on how to make complaints as well as activity planners and meal planners for the week ahead to be seen in each unit. A sensory garden was also seen at the rear of the campus. Residents informed the inspector that they found the sensory garden very relaxing to use especially during periods of restrictions due to the pandemic. Staff told the inspectors that they also had a temporary small convenience store set up in one of the prefabricated buildings during the pandemic. This supported residents to continue to access a shop to purchase preferred sweets and treats during this period. Residents were very much involved in the running of the centre with some residents having paid employment on campus as well as being able to engage with local community groups.

The resident questionnaires showed that the majority of residents were happy with their homes and felt that their rights were respected. Residents were aware of who to report a complaint to if they were unhappy. One resident stated that although they were happy with their home, they would like the ramp access to be improved for mobility reasons. Family members complimented the service provided within the designated centre, and in particular, the staff team. The resident questionnaires

detailed that residents engaged in a wide variety of in-house and community based activities. These included walking, football matches, cinema, eating out, swimming, baking and arts and crafts.

Overall, the inspectors found that the residents in this designated centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and the staff team were striving to ensure that residents lived in a person-centred and supportive environment.

The next two sections of this report will present the findings of the inspection in relation to the governance and management arrangements in place and how these impacted on the quality and safety of care in the designated centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's registration. The inspectors found that this service met and exceeded the requirements of the regulations in many areas of service provision.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently monitored. The provider had systems in place to monitor and review the quality of services provided within the centre such as bi-annual unannounced visits and an annual review of the quality and safety of care. The annual review clearly set out how the views of residents, family members and staff were captured in order to inform the review. A time-bound action plan was derived from the biannual audits and annual review and there was evidence of progression of actions across these audits.

The registered provider demonstrated they had the capacity to identify and mitigate for certain risks by forward planning. For example, the provider had recently commissioned an age in place working group and had published a report in this regard. The report set out recommendations to support residents to remain in the designated centre as their needs may change in line with age-related changes. The provider was in the process of establishing a steering committee in order to progress these recommendations.

There were clearly defined management structures in place which identified lines of accountability and authority within the designated centre. The centre was managed by a suitably qualified and experienced person in charge. The person in charge was supported on site by location managers in each of the designated centre's premises. The person in charge was supported in their role by a service manager. Regional manager meetings took place monthly and reviewed operational issues such as staffing, complaints, recruitment and COVID-19. Comprehensive time-bound action plans were developed from these meetings as required.

There was evidence that the provider was operating a person-centred service, whereby residents were actively consulted with regarding their preferences and choices. Residents' views were used to inform service provision. For example, the provider had recently consulted with residents regarding their opinions on the required skill set for staff who were to be employed to support them. The provider subsequently used this information in their recruitment campaigns for staff vacancies. Monthly "voices and choices" meetings were held with residents. These acted as a forum for formal consultation with residents regarding the running of the designated centre.

A roster was comprehensively maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. The inspector was informed that there was careful planning of the staff roster to ensure consistency for residents and that any changes to the roster took into account residents' assessed needs and preferences. The centre was operating with 1.5 whole time equivalent vacancies at the time of inspection. The provider was actively recruiting for these positions and, in the interim, was filling gaps in the roster with a small panel of relief staff.

A training matrix was maintained for the centre which demonstrated that staff generally had a high level of mandatory and refresher training maintained. Staff reported through bi-annual audits that they felt very supported in their roles. Staff received supervision on an informal basis through their line managers and formally through attendance at staff meetings and an annual supervision meeting. A staff training and supervision policy was in place which detailed the process for staff to request formal supervision if required.

The centre's incident log was reviewed. It was found that most notifications were submitted in line with the requirements of the regulations. The inspector saw two instances where incidents were not notified or were notified incorrectly.

The centre's statement of purpose was reviewed. The statement of purpose contained all of the information as required by the regulations. It was found to be available to all the residents within various units of the designated centre.

The provider had in place a complaints policy along with an accessible, easy-to-read complaints procedure There was evidence that where complaints were made these were responded to promptly and investigated. Residents were consulted with regarding the outcome of the investigation and were informed of the appeals process if they were dissatisfied with the outcome.

Regulation 14: Persons in charge

The centre was managed by a full-time person in charge who was suitably qualified and experienced. The person in charge had worked in the service for a considerable length of time and knew the residents well. The person in charge had responsibility for six premises which comprised this designated centre. There were effective

systems in place to support the person in charge in having oversight of these premises.

Judgment: Compliant

Regulation 15: Staffing

A roster was maintained which showed that there were adequate number of staff and skill mix to meet the assessed needs of the residents. The centre was operating with 1.5 whole time equivalent vacancies at the time of inspection. The provider was in the process of recruiting to fill these roles. Gaps in the roster were filled from a small panel of relief staff to support continuity of care for residents. Schedule 2 files were not reviewed on this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training matrix was maintained which demonstrated that staff had a high level of mandatory and refresher training. All staff were up to date in training in fire safety, safeguarding, managing behaviour that is challenging and safe administration of medications. Staff reported through the provider's audits that they felt supported in their roles. Staff had access to both formal and informal supervision.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which facilitated the delivery of good quality care that was routinely monitored and evaluated. The provider had mechanisms in place to consult with residents and families and to use their views to set goals and to inform service planning, including the recruitment of staff. The provider had completed several comprehensive audits of the safety and quality of care in the designated centre. Comprehensive, time-bound action plans were derived from these audits and there was evidence of actions being progressed and implemented across audits. The provider was proactively working to future-proof the designated centre, having recently commissioned a working group to explore and make recommendations to support residents to age in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available to all residents within the designated centre and included all the information as set out in the associated schedule.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the designated centre's incident log was completed. It was identified that the majority of incidents were notified in line with the requirements of the regulations. There was one incident where an injury to a resident was notified through the incorrect process to the Chief Inspector. An environmental restraint was also present in one of the premises and, while this was logged as a restrictive practice in the provider's own audits, it had not been notified to the Chief Inspector as such.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had in place an accessible complaints policy which clearly set out the mechanisms for residents to make a complaint. The complaints policy was clearly displayed in each of the premises. There was evidence that, when complaints were made, these were responded to in a timely manner and that residents were informed of the outcome of the complaint and provided with an opportunity to appeal the decision.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the inspectors found that the day-to-day practice within this centre ensured that residents were safe and were

receiving a good quality and person-centred service which was respectful of residents' rights.

The inspectors completed a walk through of each of the premises comprising the designated centre and saw that the premises was very clean and comfortable. Each of the residents' bedrooms had a personal touch to them and were personalised with photos of family and friends. There was a sensory garden to be seen in the back of the designated centre as well as a poly tunnel for residents to grow their own vegetables, and comfortable seating for relaxation. The inspectors saw that one bathroom continued to require renovations. This had been identified as an action to be completed on the last Health Information and Quality Authority (HIQA) inspection in March 2021. The inspectors were informed that there was a delay to this work due to COVID-19. The provider stated the works were scheduled to commence on renovating the bathroom within the coming weeks.

A residents' guide was available in each of the premises of the designated centre. The residents' guide was in an easy-to-read format and had been tailored to each premises. The residents' guide contained all of the information as required by the regulations.

The registered provider had effected policies and procedures to mitigate against the risk of residents acquiring a healthcare-associated infection. There were stringent controls in place which were observed on the day of inspection with temperature checks taken throughout different units. Staff displayed strong knowledge of current and previous guidelines and were seen to wear appropriate Personal Protective Equipment (PPE). There was a dedicated COVID-19 documentation folder which was updated with the latest Health Protection Surveillance Centre (HPSC) guidance and an updated cleaning schedule. Human resources were effectively and efficiently managed in order to prevent and control the spread of any healthcare-associated infections.

There were a range of appropriate fire precautions in place. The registered provider had ensured that all fire equipment and building services provided were maintained to the associated standards and that fire safety checks took place regularly and were recorded within the fire register folder. Regular fire drills were completed and residents' personal evacuation plans provided clear information on how residents were supported to evacuate.

A comprehensive assessment of need was available on residents' files. The assessment of need had been recently updated and was used to inform care plans. The assessment of need and care plans were written in person-centred language which was mindful of residents' rights to dignity and autonomy. There was evidence that residents were involved in writing care plans. Care plans set out residents' strengths, needs and life goals. The designated centre was suitable to meet the assessed needs of the residents. It was evident that residents had access to a variety of health care professionals as required including audiologists, psychologists and behaviour support specialists.

Behaviour support plans were in place where there was an assessed need for these.

These plans had been reviewed within the last year and were written in person-centred language. Behaviour support plans detailed proactive and reactive strategies to support and respond to behaviours of concern. The provider had completed an environmental restriction assessment for where there were restrictive practices in place. This assessment was informed by staff and the relevant multi-disciplinary professionals and was reviewed at least annually. Staff spoken with were clear that the centre operated a low arousal approach to managing behaviour that is challenging and were mindful of the impact of behaviour support plans on residents' rights.

There were systems in place to ensure that residents were protected from harm. All staff had completed training in safeguarding vulnerable adults. The provider had in place a safeguarding policy which set out a clear procedure for the reporting of allegations or concerns regarding abuse. The provider had also created an easy-to-read leaflet for residents which detailed residents' rights to feel safe and the provided education on how to recognise and report abuse. Intimate care plans were available on residents' files and were written in person centred language.

A comprehensive risk register was in place for the designated centre which reflected all known risks. Individual risk assessments were on file and were up-to-date. A risk management policy was in place which included all of the information as required by the regulations.

Regulation 17: Premises

The premises were designed and laid out to meet the aims of the service and in such a manner that was appropriate to meet the needs of the residents. The premises were clean and suitably decorated. There were facilities for occupation and relaxation. An adequate number of baths, showers and toilets were available and were generally well maintained. However, one bathroom renovation was overdue. It was acknowledged that there were plans in place to complete this work in the immediate future.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available in each of the premises of the designated centre. The residents' guide was in an easy-to-read format and had been tailored to each premises. The residents' guide contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had implemented a risk management policy. A risk register was in place that accurately reflected the known risks in the designated centre. Individual risk assessments were available and had been recently reviewed and updated if required.

Judgment: Compliant

Regulation 27: Protection against infection

Through observation on the day of inspection staff were seen to be wearing the correct PPE in line with public health guidelines. There were effective infection prevention and control systems in place such as temperature checks and hand sanitation stations. The premises was very clean and hygienic and there were adequate facilities for laundry. Residents also gave feedback on how they felt very comfortable with the infection and prevention control systems in place within the designated centre. Staff displayed strong competency in this area. The isolation unit was also very well kept and appropriate for residents in terms of comfort and space if isolation was required due to contraction of a healthcare-associated infection.

Judgment: Compliant

Regulation 28: Fire precautions

There was sufficient fire fighting equipment to be seen on the day of inspection throughout the designated centre. Personal evacuation plans (PEPs) were updated appropriately in line with the residents' personal plans. Fire escape signage was effectively displayed and escape routes were kept clear of any obstructions. Equipment was maintained through the use of a fire precaution register which also documented the PEPs and the frequency of fire drills being noted within the register. All residents were involved in fire drills and the staff were trained on what to do in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors found that there was a system in place for assessing residents' needs and for ensuring that plans were in place to meet these needs. On a review of residents' files, the inspectors identified that support plans were in place for each assessed need and that these support plans were updated at least annually. Staff spoken with were knowledgeable regarding residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents had timely access to health care as required by their assessment of need and personal plans. Residents had access to a variety of multi-disciplinary health care professionals including psychology, audiology and specialist consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were clear behaviour support plans in place for those residents who required them. These plans were updated at least annually and included proactive and reactive strategies. Restrictive practices, where applied, were documented and reviewed regularly. All staff had received training in managing behaviour that is challenging. Staff spoken with were knowledgeable regarding residents' behaviour support needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to protect residents from abuse. These systems included a safeguarding policy, an easy-to-read safeguarding leaflets and up-to-date, person-centred intimate care plans which detailed measures to respect residents' dignity and autonomy. Staff were observed interacting with residents in a respectful and supportive manner.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Fairview OSV-0005301

Inspection ID: MON-0027612

Date of inspection: 04/03/2022

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:
We have now commenced the roll out of Hire Locker.

Hire Locker is a cloud-based recruitment solution and candidate tracking system. The key features of this system are:

• Advertises roles on social media with one click
• Integrate seamlessly with our own career page on our own website
• Delivers an easy application process for candidates, simple cv upload, basic check boxes etc.
• Screens and filters out applicants progressing only those who reach criteria to shortlisting stage
• Rapidly builds a shortlist and pipeline overview of candidates
• Assists in working collaboratively with hiring managers as managers can access their competition and leave comments, star rating on candidates, discuss candidates they want to proceed to next stage of the process
• Will allow hiring managers who work across different shift patterns to collaborate effectively on candidate selection
• Candidate tracking system allows managers to see briefly where the preferred candidate is in the hiring process

Hire Locker are providing training on the system for hiring managers across the designated centre on Friday 1st of April at 11am or Monday 4th of April at 11am.

This system will mitigate the recruitment challenge and result in a more efficient onboarding system of suitably qualified candidates with the appropriate person specification. The PIC will ensure the open posts will be filled on or before 17th May 2022.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
1. The Person in Charge will notify the Authority under the correct notification NF03 within 3 days of any serious injury to a resident requiring medical attention with immediate effect.

2. In conjunction with the clinical team the PIC is conducting an audit of all restrictive practices across the designated center between 1st April – 14TH April. This is to ensure all restrictions are notified in the 1st quarter returns for 2022 on or before 30 April 2022.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The work to the bathroom is scheduled to commence in May and will be completed on or before 17th May 2022. Two of the residents are participating in a planned holiday to coincide with the work being carried out to accommodate their physical and sensory needs.

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	17/05/2022
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	17/05/2022
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Substantially Compliant	Yellow	01/04/2022

	following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/04/2022