



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

Issued by the Chief Inspector

Name of designated centre:	Kinvara Avenue
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	18 March 2021
Centre ID:	OSV-0005729
Fieldwork ID:	MON-0026064

About the designated centre

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

Kinvara Avenue is located in a suburban area of North Dublin City and provides 24 hour residential services for up to four individuals with intellectual disabilities, medical needs, mental health needs and age associated conditions. The centre is comprised of one terraced house and consists of an entrance hallway, a living room, an open plan kitchen and dining room, an accessible toilet and shower room, four resident bedrooms, a first floor bathroom, a laundry room, a store room and an enclosed garden space to the rear of the property. Residents who avail of the services of this centre are supported by a staff team made up of a person in charge, social care workers, and health care assistants. There is a total staff compliment of 10.10 full-time equivalents.

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 - 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:

Date	Times of Inspection	Inspector	Role
Thursday 18 March 2021	12:30hrs to 16:45hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From speaking to residents and their families and from what the inspector observed, this was a very well run centre which provided a high standard of care and support to those who were availing of its services. The inspector found that both the staff and local management teams prided themselves on providing person-centred care and support and building strong, warm and caring relationships with the resident group. It was clear that the residents enjoyed a good quality of life and were supported to understand their personal rights and to engage in meaningful activities.

The inspector met with four residents who were availing of the services of the centre at the time of the inspection. The residents were engaging in a number of activities including completing jigsaws, arts and crafts, and writing poetry. One resident recited a poem for the inspector which they had recently written which focused on resilience and the need for people to be kind and respectful towards each other during the ongoing pandemic. The residents told the inspector that while they were very happy living in the centre, they were somewhat frustrated with the impact of COVID-19 related restrictions on their lives. The residents shared their daily routines with the inspector and explained the type of activities they engage in. There was a relaxed atmosphere in the centre at the time of the inspection and it was clear that the residents had formed strong friendships with each other and with the staff team. The residents told the inspector that they felt safe living in the centre.

In addition to speaking with residents, the inspector received four completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback provided in the completed questionnaires with residents indicating that they were very satisfied with the service they were in receipt of. One resident stated: "I am very happy with my food choices and I decide on my take away on Saturdays" while another resident said: "The staff are nice to me and take great care of me".

The inspector also spoke with two family members of residents who were availing of the services of the centre by telephone. In both cases, the family members told the inspector that they were very satisfied with the services their loved ones were in receipt of and were very complimentary of both the staff team and person in charge. The family members told the inspector that residents were supported and cared for in a person-centred manner and were safe. One family member stated that their loved one was supported to "...make their own decisions about their care and encouraged to make choices without pressure". Another family member stated that the centre was "...a marvelous place with a homely atmosphere and positive

culture". They also stated that the staff team and the person in charge always "go the extra mile" for the residents and the family groups.

The premises of the centre were very clean throughout, decorated in line with the preferences of the residents and provided for a homely living environment. The centre was warm and each resident had their own bedroom. There was a need for the evolving needs of residents to be considered through the adaptation of the bathroom facilities on the first floor of the centre to accommodate reduced mobility and the aging profile of the group. In addition, some areas of the centre required painting and the person in charge had taken action on this by submitting a maintenance request for this work to be completed. Some residents and staff told the inspector that the garden to the rear of the centre required work to make it more accessible for them. This area included a patio and outdoor dining space along with a lawn and small shed.

There was clear evidence available to the inspector to demonstrate that residents enjoyed a good quality of life while living in this centre. It was also clear that the human rights of the resident group had been considered, promoted and protected by the staff team. The culture of the team placed the residents at the centre of decisions taken and promoted their involvement in the operation of the centre. While there was an interruption to the ordinary routines and day-to-day activities enjoyed by the residents as a result of the COVID-19 pandemic, the residents understood the need for this. The residents told the inspector about their associated frustrations and how they had been supported by the staff team to engage in alternative activities and to build resilience over the previous 12 months. The staff team along with the person in charge had created an "in house day programme" for residents which involved a number of activities and events for each resident each day. This, as was explained to the inspector, allowed for some structure to continue for the residents. Activities included hairdressing appointments (with the staff helping residents with their hair), zumba classes, bingo sessions, weekly discos, music sessions, knitting classes, mindfulness classes, board games, beauty therapy, nature walks in the locality, daily exercise classes, online calls with day services, and cooking and baking sessions.

The inspector found that there had been considerable thought given to the manner in which residents were supported with their personal rights. There were weekly resident forum meetings held where a wide range of issues were discussed including menu planning, COVID-19 related restrictions, maintenance and upkeep requirements, promotion of good friendships, personal rights, advocacy issues, activity planning and much more. Residents had been fully informed about COVID-19 vaccinations and told the inspector about the different types and the benefits of vaccination programmes. Social stories and easy read information leaflets had been prepared by the staff team and used to support residents to make informed decisions on consenting to the vaccination programme. There were a number of bespoke prompts and reminders used throughout the centre to promote privacy and dignity such as "in use" and "please knock" easy read signs on bathroom doors.

The staff team were observed to be respectful in their interactions with residents and treated them in a kind and patient manner. The manner in which staff members

spoke about residents was sensitive, respectful and appropriate. 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. Despite the restrictions on visiting family members associated with the COVID-19 pandemic, residents had maintained close contact with their natural support networks in a variety of ways including online video conferencing and phone calls. The residents told the inspector that they were very much looking forward to visiting their families and reconnecting with their friends in the near future.

While overall, the findings of the inspection were very positive and demonstrated that residents were experiencing a good quality of life, there were some areas identified which required improvements. There were a number of staff members who required refresher training in a number of areas described by the provider as being mandatory, there were some improvements required to the premises of the centre, and annual reviews of the centre had not been completed for 2019 or 2020 by the registered provider.

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

Overall, the inspector found that this centre was well managed and residents were in receipt of high quality and safe services. The findings of the inspection were very positive and there was clear evidence to demonstrate that care and support was being delivered through person-centred and human rights based approaches. Despite this, the inspector identified some areas which required improvements to ensure that the centre would be fully compliant with the regulations.

The inspector found that there was effective leadership in the centre through the person in charge who was aware of their responsibilities, the requirements of the regulations and legislation and had developed and implemented local effective management systems. The management structures were clear and the centre was adequately resourced to meet the collective needs of residents and to provide services as outlined in the centre's statement of purpose. The inspector found, however, that annual reviews had not been completed as required for 2019 or 2020. This demonstrated that while there were strong arrangements employed locally, the registered provider had not ensured appropriate oversight of the care and support being delivered in this centre.

The number and skill mix of the staff team deployed in the centre was appropriate to meet the number and needs of the residents who were availing of its services. There was clear evidence to demonstrate that there was continuity of care and

support amongst the staff team. This had a positive impact on the resident group who knew the staff members well and had developed good relationships with them. There were appropriate arrangements in place for the supervision of the staff team and regular one-to-one supervision meetings were taking place with all staff members.

Regulation 15: Staffing

The inspector found that the culture and ethos of the organisation was embodied by the staff team who clearly recognised their roles as advocates and to create a supportive environment for the resident group. There were staff duty rosters maintained in the centre which clearly outlined the names of staff who were working, along with their grades and the starting and finishing times of shifts. Staff members were observed to be kind, caring and respectful in their interactions with residents and responded to their needs in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

There was a wide range of ongoing training being completed by the staff team as part of their continuous professional development. While in the majority of cases all staff had completed training described by the provider as being mandatory, there were some staff members who had not completed refresher training. These included the safe administration of medication, food safety, and the administration of Midazolam (a rescue medication used in the treatment of seizure activity).

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents in accordance with Schedule 3 requirements. This information was managed in a manner which respected the rights of residents by ensuring that sensitive information was safely stored and was not on display in open areas.

Judgment: Compliant

Regulation 21: Records

The inspector found that there was a system in place which ensured that records maintained in the centre were up to date, accurate and supported the effective and efficient operation of the centre. There was a records management policy in place and where required, information was accessible in nature.

Judgment: Compliant

Regulation 22: Insurance

There was appropriate insurance in place against risks in the centre including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Annual reviews of the quality and safety of care had not been completed by the provider in the preceding period of two years. This demonstrated that the registered provider did not have appropriate oversight of the care and support being delivered in this centre. Despite this, the person in charge had developed and implemented good management systems locally and as a result, residents were in receipt of high quality and safe care and support.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated 01 March 2021) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: 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. A complaints register was maintained and there was clear evidence available to demonstrate that complaints had been investigated and responded to in a timely manner and complainants were satisfied with the outcomes of these actions. There were easy read procedures on display in the centre to support residents when making a complaint and the inspector observed a culture of promoting and welcoming complaints from residents and their representatives.

Judgment: Compliant

Quality and safety

The inspector found that the residents who were availing of the services of the centre appeared to receive care and support which was of a high standard, promoted a human rights and person-centred approach, and safeguarded them from experiencing abuse. There was, however, a need for some improvements to the premises of the centre to cater for the evolving needs of residents.

There was evidence available to demonstrate that residents were supported to live active, meaningful and rewarding lives in the centre. Despite the impact of COVID-19 related restrictions, the resident group were living engaging lives through the initiatives of the staff and management teams. The activities which residents were engaging in reflected their interests and facilitated the ongoing development of life skills. Residents were consulted with about how the centre would be operated and their needs were being met through good access to healthcare services and allied health professionals.

Residents told the inspector that they felt safe living in the centre and knew who to speak with if they ever had any concerns. They had completed informal training on relationships and the importance of being kind to each other which was facilitated by the staff team. As a result, residents had been supported to develop the knowledge, self-awareness, understanding and skills required for self-care and

protection. While this initiative was ongoing, the inspector found that there was an awareness amongst the resident group of these important issues.

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in recreation activities of their choosing. As a result, the resident group lived active and engaged lives and had developed and maintained a range of personal relationships and links with the local community in accordance with their wishes. It was clear that the initiatives employed in the centre were effective in assisting residents to find opportunities to enrich their lives and to maximise their strengths and abilities.

Judgment: Compliant

Regulation 17: Premises

While the premises of the centre were very clean throughout, the inspector found that there was a requirement to adapt and refurbish a first floor bathroom to meet the needs of residents who were of an aging profile. For example, in this bathroom there was no level entry shower and the majority of residents who had bedrooms on the first floor were no longer able to access the current shower which was over a bath tub. The inspector observed that a number of areas of the centre required painting. Also, some residents and staff members outlined how the garden space to the rear of the centre was not fully accessible and required upgrade works to be completed so it could be used.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector found that residents were supported to eat a varied and nutritious diet and were communicated with about their meals and preferences. There were allied health professional supports in place for residents who required them and staff members met with on the day of the inspection had the appropriate level of knowledge and skills to ensure that food and nutritional needs of the resident group were met. The inspector observed one resident being supported with a meal and noted staff members sitting with them and allowing for an unrushed, social and enjoyable experience. There were snacks available for residents between meals and

a menu planner was on display in the kitchen area demonstrating the meal choices of residents for the week ahead.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place in the centre which contained the information required by the regulations. This document was available to residents and their representatives.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider and person in charge had a good understanding of the different levels of risk, the type of service being provided, the individual needs of residents, and the needs of the staff team and visitors and had taken appropriate action to manage presenting risks. There was a risk management policy in place (dated October 2019) and the person in charge had maintained a risk register which was found to contain all presenting risks and hazards. A sample of risk control measures were reviewed and were found to be in place at the time of the inspection. There were quarterly reviews of incidents and accidents which had occurred in the centre and a sample of these were reviewed by the inspector who found that appropriate follow up actions had taken place where required.

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. There was a local contingency plan in place and a COVID-19 folder was maintained in the centre containing up to date information and guidance for the staff team. Staff were observed to be wearing face masks and personal protective equipment in line with public health guidance and documentation maintained demonstrated increased cleaning was taking place four times each day.

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 were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. 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.

Judgment: 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. While a number of incidents of a safeguarding nature had taken place, there was evidence available to demonstrate that these had been appropriately followed up on and investigated as per local and national safeguarding policies. The staff members spoken with were knowledgeable of the different types of abuse and the actions required if abuse was ever suspected, witnessed or reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life. The resident group told the inspector how they had been supported to make informed decisions on a range of issues including consenting to the COVID-19 vaccination programme. Residents were supported to vote in elections and referenda and had been empowered to raise issues or concerns which impacted them. The privacy and dignity of residents was promoted and actively considered in the centre. For example, residents who required supports with intimate care had individual support plans in place.

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kinvara Avenue OSV-0005729

Inspection ID: MON-0026064

Date of inspection: 18/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Some staff have already completed refreshers identified since HIQA Inspection. The remaining staff have dates scheduled for training and will complete by 1st June 2021.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will carry out an annual review as per regulations by 1st June 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Internal maintenance will be completed by Dec 2021. The provider will review access arrangements in the rear garden and develop and implement a plan for completion of same.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/06/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	21/12/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the	Substantially Compliant	Yellow	21/12/2021

	statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/12/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/06/2021