



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

Issued by the Chief Inspector

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| Name of designated centre: | An Tra |
| Name of provider: | Daughters of Charity Disability Support Services Company Limited by Guarantee |
| Address of centre: | Dublin 3 |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 18 March 2021 |
| Centre ID: | OSV-0007899 |
| Fieldwork ID: | MON-0031810 |

About the designated centre

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

An Tra provides residential care for up to four female adult residents with an intellectual disability. The centre is a six bedroom semi-detached bungalow situated in a coastal suburb on the North side of Dublin. There is a cobble locked garden in front of the house and a spacious garden enveloping the house. Each resident has their own bedroom, all of which have an ensuite bathroom. There is also a lounge, kitchen, dining room, a small sitting room and two bathrooms. The house is close to a number of local amenities such as a local park, a promenade, coffee shops, restaurants, churches and shops. Residents have access to a bus to support them to access their local community. Residents are supported by registered nurses and care staff 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 3 |
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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 | 10:00hrs to 14:30hrs | Marie Byrne | Lead |

What residents told us and what inspectors observed

The three residents living in the centre at the time of this inspection had moved into their new home in late 2020 following their transition for a large 21 bedded residential house where they had lived for 22 years. Overall, the inspector found that residents appeared happy living in their new home and to be supported to enjoy a good quality of care and support in the centre. It was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment. The centre was homely, spacious and designed and laid out to meet their care and support needs. Every effort had been made to ensure that they were supported to transition to their new home at a pace that suited them. The provider was aware of areas for improvement in the centre and were in the process of recruiting to fill a number of vacancies and plans were in place to ensure staff had access to training and regular formal supervision in 2021.

Resident had been supported to transition to the centre over a number of months. They had opportunities to visit the centre and were involved in decisions relating to the design, layout and decoration of their new home. Plans were in place to have a celebration with residents whom they had previously lived with once the current levels of restrictions were lifted. Plans were also in place for residents' families and friends to visit them in their new home.

As this inspection was completed during the COVID-19 pandemic, the time spent with residents and staff was limited and done in line with public health advice. Residents appeared content in their new home and the inspector observed kind, caring and respectful interactions between residents and staff throughout the inspection. The inspector had the opportunity to meet and briefly engage with the three residents living in the centre.

At the front of the house there was a cobble locked garden, and there was a spacious garden enveloping the house. The house was situated in a coastal suburb of County Dublin close to the seafront, with a promenade. It was close to a large local park with extensive walks and green areas, a coffee shop, markets on some weekends and a large rose garden. The local area has numerous pubs, coffee shops, restaurants, a church and numerous supermarkets. Residents can access plenty of private and communal spaces in their home. There was space for individual and group activities. Each resident had their own bedroom with an ensuite which they are supported to decorate in accordance to their individual likes and preferences. As residents had only transitioned to the centre a number of months before the inspection they were still in the process of putting personal touches in parts of their home including picking paint colours for shared spaces in their home, picking furniture and storage units, and choosing pictures and mirrors and soft furnishings.

During the inspection, residents were observed to spend time in their preferred spaces. On the morning of the inspection, residents were supported to get up,

dressed and have their breakfast at a time that suited them. Staff were observed to listen to residents and to pick up on their cues and respond appropriately. They had worked with the residents in their previous residential home and were very familiar with their care and support needs and their communication preferences. Two residents had attended a zoom activity with day services on the morning of the inspection and following this were observed watching mass on the television. One resident was observed chatting with staff a number of times during the inspection as they were preparing meals and snacks in the kitchen. They were also watching a movie on their tablet computer and chatting to staff about what the movie was about. They were observed smiling and heard laughing throughout the movie. They later talked to staff and the inspector about how they were looking forward to going to the cinema when the restrictions relating to the pandemic were lifted. They also talked about how much they liked animals and how they were looking forward to watching videos about animals later that day.

Residents were also observed having their lunch in the dining room. They all appeared comfortable, content and to be enjoying their meal. The atmosphere was relaxed and they were offered their choice of soup, sandwiches and drinks. Staff were available to them, should they require any support. Where support was offered, it was done in sensitive and respectful manner. Residents appeared relaxed and happy with the levels of support offered to them. Staff were again observed to pick up on residents cues and to respond appropriately.

Residents were being supported to keep busy during the pandemic. They were partaking in activities of their choice in their home and had access to a bus to access their local community should they so wish. In line with public health advice and current levels of restrictions their access to some community based activities were limited, but plans were in place to access their local community and take part in local groups and activities once the current level of restrictions were lifted.

Residents were meeting with their keyworkers at least monthly to develop and review their goals. There were weekly residents' meetings which provided a forum for residents to discuss social activities, upcoming events and menu planning. From reviewing minutes of these meetings it was evident that every effort was being made to ensure residents were involved in decisions relating to the day-to-day running of the centre. For example, health and safety, environmental and maintenance issues, menu planning and shopping were being regularly discussed. Throughout the pandemic residents were being supported to maintain contact with their family and friends. They were using telephone and video calls and sending cards to their family members to celebrate birthdays and other important celebrations.

Residents rights were promoted by the care and support provided in the centre. Residents could access advocacy services, should they so wish. There was information available to them in an accessible format in relation to safeguarding, advocacy, residents' rights, national screening programmes, complaints, falls risks, restrictive practices, and COVID-19. Their personal plans were detailed in relation to the supports they may require with their personal and intimate care needs which ensured that the dignity of each resident was promoted. During the inspection, staff

were observed to knock on residents' doors and waiting for a reply prior to entering.

In summary, residents appeared happy, content and comfortable in their new home. They were being supported to be involved in the day-to-day running of the centre and to engage in activities which were meaningful to them and to stay in contact with their family and friends during the pandemic. They were being supported to have control over and make choices in relation to their day-to-day lives.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The provider had systems in place to monitor the quality of care and support for residents living in the designated centre. The staff team were motivated to ensure residents were being supported to engage in activities of their choice and to develop and maintain their independence. Overall, the findings of this inspection were that the centre was well managed and this was resulting in residents being in receipt of a good quality and safe service. Residents were settling into their new home and plans were in place to make further improvements to their home, once they were fully settled in. As previously mentioned, some improvements were required in relation to staffing numbers, staff training and formal staff supervision. The provider was aware of this and was in the process of recruiting to fill the vacancies and to ensure staff were accessing training and formal supervision.

The management structure clearly identified the lines of authority and accountability and staff had specific roles and responsibilities. The person in charge had been on leave for a number of months at the time of the inspection and the person participating in the management of the centre (PPIM) was identified as the person in charge in their absence. They were regularly supporting the staff team and the two staff nurses in the centre were responsible for the day-to-day management of the centre.

This inspection was facilitated by the PPIM and the staff nurse on duty. The staff team were completing regular audits and reviews and identifying areas for improvement. These audits included fortnightly medication audits, care plan audits, monthly reviews of incidents, restrictive practice audits, and audits of residents' activities to ensure they were regularly engaging in meaningful activities. The provider had plans to complete six monthly unannounced inspections and an annual review of care and support in the centre for 2021.

Residents were supported by a staff team who were familiar with their care and support needs as they had moved with them from the designated centre they previously lived in. However, there were a number of staff vacancies at the time of the inspection and whilst it was evident that every effort was made to ensure

residents were in receipt of continuity of care and support, a large percentage of shifts were being covered by agency staff and members of the staff team completing additional hours.

Plans were in place to implement regular formal staff supervision to support them to carry out their roles and responsibilities to the best of their abilities. Staff had access to training and refresher training in line with residents' assessed needs. However a number of staff required training and refresher training which is detailed later in this report. Staff who spoke with the inspector were aware of their roles and responsibilities and motivated to ensure residents were happy, safe and staying busy during the pandemic.

The provider had an admissions policy and procedures in place. The criteria for admissions was also outlined in the centre's statement of purpose and residents' contracts of care. From a review of admissions in the centre, residents' admissions to the centre had occurred in line with the organisations policies and procedures. Each resident had a contract of care which contained information in relation to care and support in the centre, the services to be provided for residents, and where applicable the fees to be charged.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were a number of staff vacancies at the time of the inspection. These included a clinical nurse manager 2, two staff nurses, and one and a half care staff vacancies. While recruiting to fill these vacancies, the provider was attempting to provide consistency of care and support for residents through regular staff completing additional hours or through the use of three regular agency staff completing the required shifts. However, there were some weeks in January and February 2021 when an average of 40% of shifts were covered by agency staff and 20% of shifts were covered by regular staff completing additional hours.

The provider was ensuring that nursing care was provided as required in line with residents' assessed needs and the statement of purpose. There were planned and actual rosters in place and they were well maintained.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access some training and refresher training in line with residents' assessed needs. However, a number of staff required training or refresher training such as:

- 44% of the staff team required fire safety awareness training
- 66% of the staff team required training or refresher training in managing behaviour that is challenging
- 11% of the staff team required manual handling refresher training.

The inspector viewed documentary evidence that staff were booked onto some of these trainings and that requests had been submitted for dates for the remaining trainings.

The person in charge was on unplanned leave at the time of the inspection and in the interim the person participating in the management of the designated centre was visiting the centre regularly and supporting the staff team. Plans were in place to ensure that each staff member was in receipt of regular formal supervision in 2021.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place in the centre against the risks in the centre including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place. Staff had specific roles and responsibilities and staff meetings were occurring.

The provider was ensuring oversight and monitoring of care and support in the centre through regular audits and reviews. There was an audit schedule in place for 2021. Plans were in place to ensure six monthly and annual reviews were completed

by the provider.

The provider was self-identifying areas for improvement and taking the necessary steps to bring about the required improvements.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was an admissions policy including transparent admissions procedures. These were also outlined in the centre's statement of purpose. They took into account the need to protect residents from abuse by their peers. There was one vacancy at the time of the inspection and plans were in place for another resident to transition to the centre. As part of the admissions process plans were in place to ensure this resident would have an opportunity to visit the centre and to meet the residents living there.

Each resident had a contract of care in place which outlined the support, care and welfare, services available and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident, accident and near miss records maintained in the centre and found that the Chief Inspector was notified of the required incidents in line with the requirement of the Regulations.

Judgment: Compliant

Quality and safety

The provider and local management team were ensuring that residents were being supported to live in a comfortable and safe environment. They were also ensuring that residents were regularly provided with the opportunity to participate in activities which they enjoyed and to take positive risks. As residents had just moved to the local community, plans were in place to support them to participate in their local community.

The premises had been fully renovated prior to residents moving in. Each resident had their own bedroom with an ensuite bathroom. Bathrooms were designed and laid out to meet residents' current and future needs. They had access to plenty of communal and private spaces and they were observed to move around their home as they wished and to choose to spend time in different parts of the centre at different times depending on what they wanted to do. It was evident that every attempt was made to ensure the house and particularly residents' bedrooms were decorated in line with their wishes and preferences. The house was well maintained both internally and externally. As the communal areas of the house were all painted the same colour when it was renovated, plans were in place for residents to choose paint colours for these areas. Plans were also in place to do some planting and to get some raised beds for the courtyard garden. In their last home there was an industrial kitchen and a chef. In their new home residents could choose to become involved in meal preparation and baking as they wished. As the dining room was beside the kitchen they could also now observe their meals being prepared and enjoy the smells coming from the kitchen as they were cooked.

Residents were protected by the risk management policy, procedures and practices in the centre. The policy contained the information required by the regulations and there was a risk register in place. General and individual risk assessments were developed and reviewed as required. There was evidence that incidents and near misses were regularly reviewed and that learning following these reviews was shared amongst the team.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. The provider had developed and updated existing policies, procedures and guidelines for use during the pandemic. They had contingency plans which were being regularly reviewed and updated during the pandemic. Staff's roles and responsibilities were clearly outlined. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. There were systems to ensure there were adequate supplies of PPE at all times. Staff had completed training in infection prevention and control and the use of PPE.

Each resident had an assessment of need and personal plan in place. There was evidence that these were reviewed and updated regularly in line with their changing needs. A log was maintained of reviews that occurred and the changes made. Residents were supported by keyworkers who they were meeting with regularly to review their personal plan and to support them to develop goals.

Residents were being supported to enjoy best possible health. There were systems in place to ensure they could be supported to access a local general practitioner (GP) and other allied health professionals during the pandemic. They had assessments and care plans in place which were reviewed, as required. They each had a health communication booklet which contained important information relating to their healthcare needs.

Residents were protected by the fire precautions in place in the centre. Suitable fire equipment was available and there was evidence it had been regularly serviced. There were adequate means of escape and emergency lighting was in place. The evacuation plan was available and on display and each resident had a personal emergency evacuation plan in place. These plans were sufficiently detailed to guide staff in relation to the support residents required to safely evacuate the centre. Fire drills were occurring regularly and it was clear from the records reviewed that adequate arrangements were in place to ensure each resident could be supported to safely evacuate the centre in the event of an emergency. Staff who spoke with the inspector were knowledgeable in relation to the supports each resident required to safely evacuate the centre.

Regulation 17: Premises

The premises was found to be warm, clean and comfortable. It was designed and laid out to meet the number and needs of residents in the centre. It was accessible and well maintained both internally and externally.

As the residents had just moved into the centre a number of months before the inspection, they were still in the process of picking new furniture, paint colours, additional storage and soft furnishings for their new home. Plans were also in place to further develop the garden by completing some planting and putting pots in raised beds.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained the required information and was available for residents or their representatives in the designated centre. It was available in a format suitable for residents and contained a summary of the services and facilities available, the terms and conditions of residency, arrangements for residents involvement in the running of the centre, how to access inspection reports, the procedure for complaints and the arrangements for visitors.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register which was reviewed and updated regularly. General and individual risk assessments were developed and reviewed as required. The organisation's policy contained the information required by the Regulations.

Incidents and adverse events were being regularly reviewed and learning following these reviews was being shared with the staff team. There were systems in place to ensure the vehicle was roadworthy.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies and procedures relating to infection prevention and control. They had developed contingency plans relating to COVID-19 which clearly guided staff on to their roles and responsibilities.

The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the house was being cleaned regularly.

There were stocks of PPE available and a stock control system in place. There were suitable systems in place in relation to laundry and waste disposal.

Staff had completed training in relation to infection prevention and control including hand hygiene and donning and doffing PPE.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were effective fire management systems in place. There were adequate arrangements for detecting, containing and extinguishing fires. There were adequate means of escape and emergency lighting in the centre. There were systems in place to ensure fire equipment was serviced, tested and maintained.

The evacuation plan was on display and fire drills were occurring regularly. Learning following these drills was contributing to the review and update of residents'

personal emergency evacuation plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. These were being reviewed and updated regularly to ensure they were effective and reflective of residents' needs. Residents' personal plans were also developed in an accessible format and their goals were being reviewed regularly in line with their wishes and preferences.

As residents had just moved to the locality plans were in place for them to explore the neighbourhood and join local groups, if they wished to.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans developed as required. They had access to allied health professionals in line with their assessed needs and were being supported to access national screening programmes in line with their assessed needs and age profile.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | 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 |

Compliance Plan for An Tra OSV-0007899

Inspection ID: MON-0031810

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 15: Staffing | Not Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: Current staff vacancies will be re advertised and candidates processed if successful at interview by 31/08/21. | |
| 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"> • One staff requires fire training refresher to be completed • Two staff require manual handling training to be completed online • Five staff currently require refresher training in the management of behaviours of concern • One staff requires full training in the management of behaviours of concern Training request has been sent to the training co-ordinator, awaiting confirmation of training dates. | |

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. | Not Compliant | Orange | 31/08/2021 |
| 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 | 31/12/2021 |