



Office of the Chief Inspector

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

Name of designated centre:	Community Houses Rathfarnham
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	22 November 2018
Centre ID:	OSV-0004013
Fieldwork ID:	MON-0023252

About the designated centre

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

Community Houses Rathfarnham is a residential designated centre that provides care and support to individuals with mild to severe intellectual disabilities with varying levels of behaviours of concern and/or associated mental health difficulties. The centre comprises of three houses, all of which are two storey and are located in community residential locations. All bedrooms are single occupancy. All houses have communal kitchens and lounge areas. All three houses have laundry facilities and toilet/shower facilities. The centre provides a 24 hour residential service, seven days a week, 365 days a year. Care and support needs are provided to each resident, based on their individual needs and assessments. The service provides a skill mix of nursing care, social care workers and health care assistants. Additional support is also accessed through local clinical supports as required. The residents in Community Houses Rathfarnham access community services for social and recreational activities.

The following information outlines some additional data on this centre.

Current registration end date:	16/02/2019
Number of residents on the date of inspection:	11

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
22 November 2018	09:30hrs to 17:30hrs	Sinead Whitely	Lead

Views of people who use the service

The inspector had the opportunity to meet and speak with six residents on the day of inspection. Residents met with, appeared very comfortable and happy in their home and in the company of the staff working with them. Some residents expressed their satisfaction at the service and support being provided. One resident expressed they really liked all staff and knew who to raise concerns with if they had any.

There were positive, respectful and meaningful interactions observed between staff and residents on the day of inspection. Residents appeared to exercise choice and control in their daily lives. Care and support provided was individualised, person centred and was tailored to suit the residents choice and preferences.

Residents were provided private space in their home. Residents also had access to adequate living and communal space. Residents were supported to maintain relationships with family members and to attend their preferred activities on a daily basis.

One resident expressed an issue with the inspector regarding a complaint about premises. When this was highlighted with the person in charge, there was evidence and documentation to show that this had been investigated and addressed in a serious and appropriate manner.

Capacity and capability

Overall the provider, person in charge and people participating in management demonstrated a good level of capacity and capability to provide a safe, high quality service to the residents. The majority of actions had been addressed from the previous inspection, however some outstanding issues had not been addressed since the previous inspection.

Overall, the registered provider was ensuring there was sufficient staff with the appropriate skills, qualifications and experience to meet the assessed needs of the residents at all times. There was a planned and actual working day and night staff rota that accurately reflected the staff on duty on the day of inspection. The staffing levels were accurately reflected in the statement of purpose. There was on-call clinical nurse manager at all times that provided support when required. Arrangements were in place to ensure continuity of care for the residents. The inspector observed three staff files on the day of inspection and found that all documents and information specified in Schedule 2 were in place.

Staff had access to appropriate training and refresher training, this included training in manual handling, fire safety, basic life saving, hand hygiene and the safeguarding and protection of vulnerable adults. Training being provided was appropriate to the assessed needs of the residents and enabled staff to provide up-to-date evidence based support. Staff were appropriately supervised by the person in charge and staff spoken to were knowledgeable about the training they had received and felt well supported by the service to address any training needs they may have had. However, some refresher training was outstanding on the day of inspection and some training was not in line with time frames outlined in the service policy.

There was a clearly defined management structure in place which staff and residents were familiar with. There were clear lines of accountability and the person in charge appeared to have good oversight of support and care being provided. The registered provider or their representative was carrying out six monthly unannounced visits. These were highlighting areas in need of improvement and were driving some improvements in the centre. However, an up-to-date annual review was not available on the day of inspection. The most recent annual review available had been completed 22 months previous to the inspection day. The person in charge had a date planned for the completion of an up-to-date annual review and intended to include the 22 months that had not been reviewed.

The registered provider and person in charge had ensured there was an effective complaints procedure in place which was available in an accessible format. There was a feedback process in place following the resolution of a complaint. Residents spoken with, were familiar with the who to raise complaints and concerns with. All complaints were investigated promptly and addressed in a serious and timely manner by the person in charge and people participating in management. One resident raised a concern with the inspector regarding a premises issue. There was evidence that this was thoroughly investigated by the person in charge. This investigation included a risk assessment and following this, the issue was rectified. Details of advocacy services available to the residents were displayed in the three premises.

The majority of policies and procedures were in place as specified in Schedule 5. However, one policy was not in place on the day of inspection. A copy of service policies were made available to all staff. These policies were reviewed at intervals not exceeding three years and these updated copies were then available. In general, service policies and procedures appeared to be guiding staff practice.

There was a statement of purpose in place that contained all information specified in Schedule 1. The inspector observed this provided an accurate description of the care being provided. The statement of purpose was regularly reviewed and and changed as appropriate to the service that was provided. The statement of purpose was available to residents and/or their representatives

Regulation 15: Staffing

Overall, the registered provider was ensuring there was an appropriate number of staff on duty with the appropriate qualifications and skill mix to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and refresher training, however some of this was outstanding on the day of inspection and was not completed within the time frames outlined in the service policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place which staff and residents were familiar with. There were clear lines of accountability. The registered provider or their representative, was carrying out six monthly unannounced visits. However, an up-to-date annual review was not available on the day of inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that contained all information specified in Schedule 1. This was regularly revised and effectively reflected the care being provided.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider and person in charge had ensured there was an effective complaints procedure in place which was available in an accessible format. Residents were familiar with the who to raise complaints and concerns with. All complaints were investigated promptly and addressed in a serious and timely

manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

The majority of policies and procedures are in place as specified in Schedule 5, apart from one. The registered provider and person in charge were aware of this and there is a plan in place to implement one.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the registered provider and person in charge were endeavouring to provide a good quality and safe service to the residents. However, some improvements in relation to maintenance of documentation in the centre, premises, residents' rights and in relation to fire safety were needed.

The registered provider and person in charge had ensured there were appropriate and suitable practices in place relating to the ordering, receipt, prescribing, and administration of medicines. Staff received suitable training on the administration of medication. Medication prescriptions in place were reflective of medication prescribed and medication reviewed by the inspector in blister packs. These prescriptions were subject to regular review with the residents general practitioner (GP). All medicines observed were in date and arrangements were in place for safe and suitable storage of all medicines. The residents had access to a local pharmacy, and residents were supported by staff to receive and return their medication as required. Staff checks were in place when new medicinal products were received from the pharmacy. There were guidelines in place for staff to safely administer medication as required (PRN).

The registered provider had ensured that the premises was of sound construction and accessible to all residents, however some outstanding decor and repair issues were identified on the day of inspection. A malodorous smell was noted in one house by the inspector, this was an issue raised on a previous inspection and had not been addressed. Outstanding works were also required to bathroom tiles and woodwork. Staining was also noted to carpeting on the landing and stairs. One resident expressed their wish for more adequate space and suitable storage facilities. This was also noted as an issue in a second residents bedroom. There was adequate private and communal space for residents and adequate facilities for residents to launder their clothes.

In general, the registered provider was ensuring effective fire safety management systems were in place. There were regular evacuation drills being carried out, equipment was being regularly serviced and all residents had personal emergency evacuation plans (PEEP's) in place. Residents spoken with, appeared knowledgeable regarding evacuation procedures. Arrangements were in place for the containment of fire. However, there was no adequate emergency lighting in some areas of the designated centre. This was provided in some areas of the houses. Staff were completing regular checks to fire panels, fire doors, smoke alarms and exits. However, some of these checks were not always completed and numerous dates were identified with blank spaces where staff did not sign the checklist.

Overall, residents appeared to have freedom of choice and control in their daily lives. Residents had access to advocacy services if required and information about these services were made available to residents. Residents were consulted with, and participated in, the running of the designated centre. Care and support provided by staff appeared individualised, person centred and was tailored to suit the residents choice and preferences. Bedrooms were all single occupancy and residents had private space in their home. However, an issue was raised on inspection regarding privacy and dignity secondary to the layout of one bathroom facility in one of the houses. The layout of this bathroom did not ensure residents had privacy while bathing and using the toilet at all times.

Assessments and personal plans were in place for all residents. These were comprehensive and personalised. Residents attended annual personal centred planning (PCP) meetings with key staff, friends, family and other multidisciplinary attendees of their choice. Social goals were set out at these meeting that were specific, measurable, achievable, realistic and time bound (SMART). These goals were regularly evaluated by key staff members. Comprehensive transitional plans had been developed for some residents who had stayed in another designated centre for a short period of time while renovation work had been completed. However, some assessments observed were not reviewed on an annual basis and did not reflect the most current needs of the residents.

Positive behavioural support plans were in place where required and these were subject to regular review. Training on the safeguarding and protection of vulnerable adults and training for the management of behaviour that is challenging and de-escalation and intervention techniques was provided to all staff. This training ensured staff had up-to-date knowledge and appropriate skills to support residents with behaviours that were challenging. Residents and staff had access to additional supports through multidisciplinary services. The use of restrictive procedures was minimal and any restrictive procedures in place, were applied in accordance with national policy and evidence based practice.

Regulation 17: Premises

The registered provider had ensured that the premises was of sound construction,

however some outstanding decor and repair issues were recognised on the day of inspection. Furthermore, not all residents had access to suitable storage facilities.

Judgment: Not compliant

Regulation 28: Fire precautions

There were regular evacuation drills being carried out, equipment was being regularly serviced and all residents had personal emergency evacuation plans (PEEP's) in place. However, there was no adequate emergency lighting in some areas of the designated centre and staff checks to monitor emergency exits and control panels were not always recorded as completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider and person in charge had ensured there were appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments and personal plans were in place for all residents. These were comprehensive and personalised. However, the review dates for some assessments were out-of-date and did not reflect the residents most current needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Positive behavioural support plans were in place where required and these were subject to regular review. Staff had up-to-date knowledge and appropriate skills support residents with behaviours that were challenging. Residents had access to additional supports through multi-disciplinary services.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had freedom of choice and control in their daily lives, however an issue was raised on inspection regarding privacy and dignity secondary the layout of the toilet facility in one of the houses.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Houses Rathfarnham OSV-0004013

Inspection ID: MON-0023252

Date of inspection: 22/11/2018

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>In response to the area of substantial compliance found under Regulation 16(1)(a) The PIC will</p> <ul style="list-style-type: none"> • Ensure staff training is kept up to date in line with local policies and training will be arranged for the staff to attend. • Training Schedule for service completed for the year 2019 and available to all staff. 	
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>In response to the area of substantial compliance found under Regulation 23(1)(d) Provider</p> <ul style="list-style-type: none"> • Shall ensure that the annual report is completed on time on an annual basis . For the period of time that was not included in the last end of year, the PIC will ensure it is included in the end of year report of 2018. 	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>In response to the area of Substantial compliance found under Regulation 04 (3) the Provider will:</p> <ul style="list-style-type: none"> • Ensure the HSE Policy in relation to the Creation of, Access to, Retention of, Maintenance of destruction of Records is reviewed and updated at intervals not exceeding 3 years and updated the local policy in accordance with best practice. Completed 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In response to the area of Substantial compliance found under Regulation 17(7) 17(1)(b) the Provider will:</p> <ul style="list-style-type: none"> • Ensure all areas around fire doors installed prior to HIQA inspection will be repaired and painted to good as new. Ensure any areas from the recent refurbishment of bathroom upstairs will be repaired and painted. Curtains have been replaced in 2 of the areas. • Ensure that there is regular review of all maintenance needs of the houses, any damaged floor coverings will be repaired and décor issues will be addressed. • Ensure all residents will have storage requirements reviewed, additional storage will be provided as needed. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In response to the area of Substantially Compliant found under Regulation 28(2)(b)(ii) the PIC will</p> <ul style="list-style-type: none"> • Contact the HSE Fire Prevention Officer and arrange to have emergency lightening is installed. Completed 	

In response to the area of Substantially Compliant found under Regulation 28(2)(c) the PIC will

- Ensure, by including in nurses rounds that all documentation relating to fire checks will be monitored.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 In response to the area of Substantially Compliant found under Regulation 05(6)(d) the PIC will

- Ensure that all assessments are reviewed and reflect the residents needs accurately at any given time

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 In response to the area of Substantially Compliant found under Regulation 05(6)(d) the Registered Provider will

- Ensure that the bathroom area is reviewed and a new layout will ensure residents respect and dignity is guaranteed.

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	31/03/2019
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.	Not Compliant	Orange	31/12/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2019
Regulation 23(1)(d)	The registered provider shall	Substantially Compliant	Yellow	31/03/2019

	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.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	28/03/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	21/02/2019
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	21/02/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/03/2019
Regulation 09(3)	The registered	Substantially	Yellow	31/12/2019

	provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Compliant		
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