Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	National Association of Housing for Visually Impaired
Name of provider:	National Association of Housing for Visually Impaired CLG
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	13 November 2020
Centre ID:	OSV-0001938
Fieldwork ID:	MON-0025169

About the designated centre

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

This residential service is for vision impaired adults, both male and female, with additional disabilities. The centre can cater for 16 residents over the age of 18 years. The centre is staffed with two social care workers, and 20 care assistants along with the person in charge and service manager. The centre comprises of four houses which are close to local amenities such as shops, train stations, bus routes and churches. Day services are not provided. Residential care is provided across 24 hours with sleep over staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16

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
Friday 13 November 2020	11:20hrs to 17:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not spend extended periods of time with residents. However, the inspector did have the opportunity to meet three residents during the inspection. The inspectors judgements relied upon meeting with residents, speaking with a residents representative, reviewing documentation and speaking with staff.

The inspector engaged with residents in line with their assessed communication needs and staff supported residents to engage with the inspector. It was very clear that staff understood residents' individual communication style. Residents told the inspector they loved their home. A resident told the inspector that they were supported to engage in activities of their choosing, which included music lessons. Additionally residents told the inspector that they were actively engaged in the running of the house, they choose what dinners they would have each day and helped with the cooking. The inspector observed some beautifully decorated garden ornaments, which had been made by residents during the COVID-19 pandemic.

The inspector reviewed the providers annual consultation exercise with residents and their representatives for 2019/20, this included feedback from seven residents and seven family members. This feedback was overwhelmingly positive. A sample of residents feedback included "the staff are very helpful and supportive" and "i feel my choices are respected".

Overall the inspector noted that residents appeared very comfortable with staff. The inspector also found that residents appeared very relaxed and comfortable in each others company.

Capacity and capability

Overall the centre was well managed and this enhanced the capacity and capability of the centre. The provider had entered into a memorandum of understanding with an external service provider, to enhance the governance and management arrangements within the centre. This memorandum of understanding had driven positive change within the centre. However, some further improvements were required in the providers oversight of the centre to enhance its capability to self identify areas of non compliance with the regulations.

There was a statement of purpose in place that clearly described the model of care and support delivered to residents in the centre. It contained all the information set out in the Regulations and had been updated as required.

There was a suitably qualified and experienced person in charge who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre and highlighted that they would feel comfortable raising concerns if they arose.

There were arrangements in place to monitor the quality of care and support in the centre. The person in charge conducted appropriate audits and the provider had ensured that an unannounced visit to the centre was completed as per the Regulations. Where areas for improvement were identified within these audits, plans were put in place to drive improvement. However, some further improvements in this system were required to ensure it was effective. For example, the provider failed to self identify the need for self closing mechanisms on some fire doors and failed to recognise the requirement to notify a pertinent notifiable event.

There was enough staff on duty to meet the assessed needs of residents. There was a planned and actual roster maintained that accurately reflected the staffing arrangements within the centre. During the inspection the inspector spoke with staff and found them to be caring and genuinely interested in their role. The inspector observed staff interacting in a very positive and person centred way with residents and it was clear they knew residents well.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs. A review of supervision practices noted that staff were supervised appropriate to their role. The centre utilised individual staff supervision to reflect on staff practice and this enabled staff to support residents safely with their assessed needs. .

The inspector completed a review of a sample of adverse incidents within the centre. This review demonstrated that the person in charge had ensured most incidents were notified to the Office of the Chief Inspector as required by the Regulations. However, on one occasion the person in charge failed to notify a three day notifiable incident, as required by the regulations.

Regulation 15: Staffing

The statement of purpose was in place and included all information set out in the associated schedule. It was reviewed annually as required and a copy of it was available in the centre.

All schedule 2 information was in place. There was a planned and actual roster in place and it was maintained appropriately.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date evidence-based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

The provider ensured that an annual review of the quality and safety of care and support in the centre was completed. Additionally the provider ensured that an unannounced visit to the centre assessing the safety and quality of care and support was conducted. However, these reports required some improvement, as the provider did not self identify some pertinent areas of non compliance with the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. It was reviewed annually as required and a copy of it was available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all adverse incidents was kept in the centre. However, not all incidents had been reported appropriately to the Office of the the Chief Inspector as required.

Judgment: Not compliant

Quality and safety

There were systems and procedures in place to protect residents and promote their welfare. There were appropriate arrangements in place to protect residents during the COVID-19 pandemic. However, improvements were required with annual reviews of residents' assessment of need. furthermore fire containment measures within the centre required review.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. This included the adoption of a human rights based approach to decision making and facilitating safe garden visits to the centre, on the basis of compassionate grounds. These garden visits were risk assessed and conducted in line with public health guidance. This ensured residents assessed needs were protected and it enhanced their lived experience within the centre during the COVID-19 pandemic.

There were appropriate hand washing and hand sanitising facilities available throughout the centre and there were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE).The provider had developed a COVID-19 contingency plan that was in line public health guidance and best practice. This plan was enacted where required and residents received access to appropriate testing as required. During the inspection, the inspector observed staff engaging in social distancing and wearing appropriate PPE. These arrangements helped protect residents and staff from unnecessarily acquiring or transmitting COVID-19.

Residents needs were comprehensively assessed. However, improvements were required in the annual review of these assessments. For instance not all residents' multidisciplinary assessments, such as speech and language or occupational therapy, had been reviewed at least annually as required.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences. Residents were assisted in finding activities to enrich their lives and maximise their strengths and abilities.

The person in charge promoted a positive approach in responding to residents assessed needs, including behaviours that challenged. Staff were appropriately

trained and were familiar with the strategies adopted to support residents appropriately. Where assessed as being required, restrictions were implemented with the informed consent of residents. All restrictions were reviewed regularly to ensure they were the least restrictive option for the shortest duration possible. Residents that spoke with the inspector said they did not feel restricted in their home.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Safeguarding plans were developed and safeguards put in place as required. Allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national policy. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation. Residents also had intimate care plans developed as required which clearly outlined their wishes and preferences.

The provider had ensured that there were fire safety measures in place, including a detection and alarm system, fire fighting equipment and fire doors. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire. However, improvements were required where fire doors did not have automatic self closing mechanisms.

Regulation 27: Protection against infection

There were arrangements in place to protect residents from the risk of acquiring a healthcare associated infection, including hand wash facilities, clinical waste arrangements and laundry facilities. The provider had introduced a range of measures to protect residents and staff from contracting COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were fire safety measures in place, including a fire detection system and fire fighting equipment. There were personal evacuation plans in place for all residents and regular fire drills were completed.

However, fire containment measures within the centre required improvement as there were no automatic closing mechanisms on some fire doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need in place that met the needs of the residents and a personal planning process that reflected those assessed needs. However, the provider could not ensure that all relevant multidisciplinary reviews, relating to residents' assessment of need, were reviewed annually.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Appropriate, supports were in place for residents with behaviours that challenge or residents who are at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for National Association of Housing for Visually Impaired OSV-0001938

Inspection ID: MON-0025169

Date of inspection: 13/11/2020

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A review of monitoring systems will be completed by the provider to enhance the effectiveness of the unannounced inspection process, to include assurances that all regulatory requirements are met e.g. notification of incidents in line with statutory requirements. For completion by 31/03/2021	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • NFO7 submission completed 13 November 2020 • A review of monitoring systems will be completed by the provider to enhance the effectiveness of the unannounced inspection process, to include assurances that all regulatory requirements are met e.g. notification of incidents in line with statutory requirements. For completion 31/03/2021	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
HSE Fire Inspector attended properties 16/11/2020, identifying that doors are safe and in line with fire regulations however automatic closures would be recommended.
• Service Manager to source approved automatic closures that are in line with fire regulations and met the needs of people supported at NAHVI, ensuring that closures are appropriate and safe for the visually impaired.
Completion date 31/01/2021

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Service Manager to escalate risk regarding challenges accessing multi-disciplinary reviews for people supported at NAHVI to the Disability Manager (HSE).
• Service Manager to formally request multi-disciplinary review for individuals in writing, from multi-disciplinary team representatives.
• Service Manager to record and maintain all evidence requesting MDT review.
• Service Manager to ensure where there is no identified need for MDT engagement that this is clearly identified in person centre plans, in instances that MDT were previously engaged and no longer required, that MDT requirement is closed by MDT representative.
• Service Manager to identify risk associated with accessing MDT review to the Service Risk Register.
Completion date: 31/03/2021

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2021
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of	Not Compliant	Orange	13/11/2020

	misconduct by the registered provider or by staff.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/03/2021