Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	North Circular Road
Name of provider:	Gheel Autism Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	15 May 2019
Centre ID:	OSV-0002022
Fieldwork ID:	MON-0022445

About the designated centre

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

North Circular Road consists to two residential homes adjoining each other. The homes are in close proximity to lots of local amenities and public transport links. The immediate location offers a tranquil and calm atmosphere near a city centre location. The aim of North Circular Road is to provide a residential setting wherein the service users are supported and valued within a homely environment that promotes their independence, health and wellbeing. North Circular Road uses a low arousal philosophy, which is used in supporting adults with autism, both male and female over the age of 18. The homes have bathroom facilities, kitchen/dining room, living room areas, bedrooms, laundry facilities and access to a large garden. There is a prefabricated wooden building at the end of the garden of one of the homes that contains two additional communal rooms for residents. The support provided in the designated centre includes assistance with personal care, washing and laundry, supporting development of life skills, cooking and provision of meals and support to go out in the community. All service users require a tailored level of support from staff, based on a mix of independence and abilities. Residents are supported by a team of social care workers and care workers that are directly overseen by a location manager.

The following information outlines some additional data on this centre.

Current registration end date:	27/10/2019
Number of residents on the date of inspection:	8

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
15 May 2019	09:30hrs to 18:30hrs	Sarah Mockler	Lead

Views of people who use the service

The inspector met with seven of the residents across the day of inspection. The residents had different communication needs and were supported by staff during this time. Two residents were very eager to show the inspector around their homes. One resident had many paintings on display in their home and enjoyed telling the inspector about them. One resident currently shared a room with another resident and had done so for many years. The resident proudly showed the inspector around their room and stated they were happy sharing the room. All residents appeared very happy and content during the day. Interactions between staff and residents were kind and respectful and very considerate of the individual communication needs of the residents.

Resident views were also captured by reviewing the appropriate documentation such as the Health Information and Quality Authority questionnaire and annual review of the service. Two residents had directly filled out the questionnaire. In this they stated they were happy with the care and support they were receiving. They did not want to change anything and readily identified the activities they liked doing in the centre such as art and laundry and the activities outside their centre such as attending events in the local 'deaf village' and swimming. The annual review captured the views of residents and their families and overall it stated that they found the quality of services provided was excellent.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring a good quality service was provided to the residents. Due to the effective governance in the centre there were positive outcomes for residents, person centred care ensured that an inclusive environment was promoted where each residents' specific needs were considered.

The management structure was clearly defined with clear lines of accountability and authority. The person in charge was in a full time role and they directly reported into the Director of Services. There were two location managers that were responsible for the homes in the centre. They were directly supervised and managed by the person in charge. Good quality supervision was occurring across the service, both formally and informally. A sample of supervision notes were reviewed by the inspector. Formal supervision occurred bi-annually and staff also had an appraisal completed on an annual basis. Staff stated that they felt well supported in their roles and would readily know who to report into when necessary.

There were appropriate systems and processes in place that underpinned the safe delivery and oversight of the service. There was an annual review of the quality and safety of care and support in the designated centre. The provider had also completed two unannounced visits to the centre in 2018. The person in charge had systems in place to monitor the quality of care and support for residents including a suite of audits which were completed regularly. The suite of audits included and were not limited to; care plans, medication, personal evacuation plans and finances. These reviews were identifying areas for improvement, and actions from these reviews were impacting positively on residents care and support in their home.

At the time of inspection there was one whole time equivalent staffing vacancy. However, the use of regular relief staff ensured continuity of care for the residents. There was an actual and planned roster in place and these were well maintained. Safe and effective recruitment practices were in place and ensured an appropriate skill mix was available to the residents. A sample of Schedule 2 documents in respect to staff were reviewed and in place as per regulation.

Staff had received relevant training, demonstrated knowledge and competence in these areas and had implemented the training into practice, however some staff members had not completed refresher training. However this was not having an impact on the care and support provided to residents. Staff readily spoke about their knowledge around safeguarding and fire training and their role in keeping residents safe. Staff spoken too were very strong advocates for the people living in the centre and were very cognisant of each persons communication style and ability.

Regulation 15: Staffing

There were enough staff with the rights skills, qualifications and experience to meet the assessed needs of residents. There was an actual and planned rota.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received relevant training, demonstrated knowledge and competence in these areas and had implemented this training into practice resulting in positive outcomes for residents. However some staff members had not completed refresher training.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The registered provider nominated a person to visit the centre at least once every six months and produced a report on the safety and quality of care and support provided in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

Regulation 31: Notification of incidents

Quarterly reports where provided to the Chief Inspector to notify of any incident set out in regulation 31 (3) (a) to (f).

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. On the day of inspection the residents were getting ready to engage in meaningful activities of their choice. Staff were very knowledgeable about the residents' preferences, needs and communication style.

The designated centre consisted of two adjoining homes which both had large well kept back gardens. The design and layout of the centre was in line with the statement of purpose. The centre was clean and suitably decorated. Six of the

residents had their own bedrooms and two residents shared a bedroom. One resident showed the inspector around their room which they shared with the other resident. All bedrooms were found to be spacious, personalised and suitably furnished. The resident expressed that they liked sharing a room. The premises met the needs of the residents and the design and layout promoted the residents' safety, dignity, independence and wellbeing. The shared bedroom had necessary facilities to ensure that each residents' privacy and dignity could be upheld.

The application to renew the registration of the designated centre that had been submitted had stated that the registered provider was seeking to register nine beds which would result in another shared bedroom. Following the inspection the registered provider confirmed that they would reduce this number from nine to eight in light of the residents' needs and best interests.

Creative ways were used in the centre to ensure that residents had accessible, tailored and inclusive communication that empowered their decision making skills. A resident used Irish Sign Language (ISL), as their main form of communication, all staff were knowledgeable at using the alphabet for ISL and there were posters displayed throughout the home on the different signs used. Staff were observed to use this form of communication with the resident on the day of inspection. Staff spoke about how the resident was trying to teach them specific signs by modelling the sign to staff once they spelt out the word using the ISL alphabet. Staff were very knowledgeable regarding each residents communication requirements and were flexible and adaptable with the communication strategies used. On the day of inspection staff were observed to adapt there communication style dependent on the assessed need of the resident. Communication needs were documented in the residents personal plans and this support was evidently implemented in practice.

Policies and procedures in medicine management were reflected in practice. Medicine was stored in a locked safe and there was a procedure in place for key holding. All staff had received training in the safe administration of medication and used the 10 rights of medication for administration. Regular stock checks were completed in relation to medication by the nurse in the service. Monthly medication audits were also completed and any learning identified from these audits was implemented into practice. The nurse completed the self- administration of medication assessment on a yearly basis with residents. PRN (medicines only taken when required), protocols were in place and were detailed to sufficiently support staff practice.

There was a strong and visable person-centre culture within the organisation with residents receiving the care they needed. Assessments and plans described the abilities and needs of each resident in an individual way. Visual aids were used across the personal planning process to ensure that the plan was suitably accessible to the residents. There was strong evidence of how the resident was involved in the personal planning process. One resident had written his own personal plan and had added the related drawings into it. Residents had access to a keyworker. Keyworkers spoken with were extremely knowledgeable about the goals for the residents and were advocating for a good quality of life for the resident by addressing both social and health needs. The location manager provided an

example of how goal and aims would be documented in all the residents care plans going forward. This had been piloted in one resident's care plan. The change in documentation process included the addition of a task analysis of the goal. The task analysis systematically stated the steps needed to achieve the overall goal. From this, short term goals were written up with a specific time line. This process would further compliment the personal planning process.

Appropriate healthcare was made available to all residents. Residents who were eligible, by means of gender, age or condition, were made aware and supported to access, if they so wished, the National Screening Services. The provider had made considerable effort in ensuring that all residents could access this program. A specific program had been developed to help one of the residents tolerate an examination in line with their wishes and assessed needs.

Staff had received suitable training in fire prevention and emergency procedures. The registered provider had ensured that all fire equipment was maintained and serviced at regular intervals. The mobility and cognitive understanding of residents had been considered and appropriate emergency plans had been developed. Fire drills were completed with staff and residents at suitable intervals. However on the day of inspection one fire door in each of the homes was blocked with furniture and could not be opened. The inspector sought immediate assurances in relation to this. The person in charge removed the furniture.

Where required residents were supported by positive behaviour support strategies in line with the organisations policy of providing a low arousal environment. There was a detailed restrictive register in place for the environmental restrictions in place. There was a clear rationale in place with appropriate assessments completed. There was evidence that one restriction was in the process of being reduced with corresponding data taken to monitor the effectiveness of the reduction. There was multidisciplinary input on a regular basis during the review process of these restrictions.

The inspectors found that residents were protected by appropriate risk management procedures and practices. There was a comprehensive risk register in place and evidence that general and individual risk assessments were developed and reviewed as necessary. There was evidence of learning following incidents and there were systems in place to respond to emergencies.

The inspector found that the provider and person in charge were proactively protecting residents from abuse. They had appropriate policies and procedures in place and staff spoken too had good knowledge around safeguarding the residents. Incidents, allegations or suspicions of abuse were recorded and appropriately followed up on in line with the organisation's and national policy. Accessible information was made available to residents around safeguarding and this was also discussed at resident meetings.

Regulation 10: Communication

Each resident was assisted and supported at all times to communicate in accordance to their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. The physical environment was clean and kept in good structural repair.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the the risk identified. Arrangements were in place for identifying, recording, investigating and learning from serious incidents or adverse events.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. Fire drills were completed at regular intervals. However two fire doors were blocked by furniture and could not be opened.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Practice relating to the ordering, receipt, prescribing, storing including medicinal refrigeration, disposal and administration of medicines was appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment that met the needs of the resident and was kept up to date. The personal plan was made available to the resident in an accessible format.

Judgment: Compliant

Regulation 6: Health care

There was evidence to demonstrate that the residents were supported to make decisions regarding the National Screening Services and facilitated to attend appointments if they wished. Appropriate healthcare was made available for each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where restrictive practices such as environmental restraint were used, such procedure were applied in accordance with national policy and evidence based practice.

Judgment: Compliant

Regulation 8: Protection

The residents were assisted and supported to develop the knowledge, self awareness, understanding and skills needed for self care and protection.

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
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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for North Circular Road OSV-0002022

Inspection ID: MON-0022445

Date of inspection: 15/05/2019

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The one outstanding area of mandatory training identified was Safeguarding Training. It was confirmed that this is a refresher training. • All staff will attend Safeguarding training on the 11.06.2019. • All staff will then be fully compliant with their mandatory training.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire Master have been booked to attend on the 07/06/2019, both of the existing doors identified as blocked with furniture and (not in use) will be officially decommissioned as fire doors. • It was confirmed on the day of our inspection, that both houses have adequate fire escape routes.	

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	11/06/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	07/06/2019