



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

## Issued by the Chief Inspector

Name of designated centre:	Abode Doorway to Life CLG
Name of provider:	Doorway to Life Ltd
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 November 2019
Centre ID:	OSV-0002411
Fieldwork ID:	MON-0027620

## About the designated centre

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

The designated centre provides residential and respite services for up to 10 adults with physical and sensory disabilities, on the outskirts of Cork City. The designated centre is a purpose built building, which comprises of residential units and communal areas for residents. The service operates 24 hours a day, 7 days a week all year round. Staff sleep over in the accommodation provided and are on call for emergencies.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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## 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
Tuesday 5 November 2019	10:00hrs to 15:00hrs	Lisa Redmond	Lead
Tuesday 5 November 2019	10:00hrs to 15:00hrs	Lucia Power	Lead

## What residents told us and what inspectors observed

The inspectors had the opportunity to meet two of the residents currently residing in the designated centre, on the day of the inspection.

One resident told the inspectors that they were very happy living in the designated centre. The resident told the inspectors that they felt safe in their home. The resident was aware that they could speak with staff if they were unhappy or if they wanted to make a complaint. The resident knew the designated centre's complaints officer.

One resident told the inspectors that they were supported to receive visitors. The resident told the inspectors that they enjoyed listening to music, watching movies and going for meals out. The resident told the inspectors that they knew that they would be supported to go on a holiday, if they wished to do so.

## Capacity and capability

The inspectors reviewed the capacity and capability of the designated centre and found that significant improvements had been made since the last inspection. It was evident that the registered provider was responsive to the previous inspection findings, and used this information to improve the quality of service provided to residents.

The registered provider had ensured that a clearly defined management structure was in place within the designated centre, which identified clear lines of authority and accountability. Governance systems were put in place within the designated centre, which ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance. While the issues identified on the day of the inspection were outstanding from a previous inspection, the registered provider had a plan in place to address the identified issues. The time lines for these actions were consistent with the time lines provided to HIQA in the compliance plan submitted, following the previous inspection of the designated centre.

A comprehensive annual review of the quality and safety of care and supports within the designated centre had been completed. This review was completed in consultation with residents' views and the views of their representatives. It also identified areas of good practice and areas which required improvement. The registered provider had also ensured that an unannounced visit to the designated centre had been completed since the last inspection.

The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. The person in charge had ensured that staff had access to appropriate training, as part of a continuous professional development programme.

A person in charge had been appointed in the designated centre. This person held the necessary skills and qualifications to carry out the role. The person in charge had ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements. There had been no changes to the governance and management structure since the previous inspection.

The registered provider had established and maintained a directory of residents in the designated centre. The directory included the information specified in paragraph (3) of Schedule 3. The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

The inspectors reviewed the designated centre's complaints procedure and found that it was available to residents in an accessible and age appropriate format. A complaints log was maintained within the designated centre. This included details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied. It was evident that residents were supported to make a complaint.

#### Regulation 14: Persons in charge

The person in charge held the skills, experience and qualifications necessary to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory included the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had ensured the maintenance of a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the complainant was satisfied.

Judgment: Compliant

## Quality and safety

The inspectors reviewed the quality and safety of care and supports provided in the designated centre and found that significant improvements had been made since the last inspection. Although the issues identified on the day of the inspection were outstanding from a previous inspection, the registered provider had a plan in place to address the identified issues.

The inspectors reviewed a sample of residents' personal plans. It was noted that the designated centre had introduced a new format for carrying out a comprehensive assessment of the health, personal and social care needs of residents in the designated centre. Staff members had started work to complete the comprehensive assessment for all residents in the designated centre. Plans to support residents to meet their personal and social care needs had not yet been developed. Although these actions were outstanding, the progress was consistent with the time lines previously provided to HIQA. The person in charge informed the inspectors that key worker training had also been scheduled for staff members, to support them within their role in the designated centre.

The registered provider had ensured that residents were provided with appropriate health care, having regard to the individual personal plans. One resident told the inspectors that they had recently ceased smoking. It was evident that the resident was provided with advice about their health, and supported to improve their health in line with their wishes. Residents had access to a general practitioner of their choice. There was evidence that residents were supported to access acute medical treatment when required. Improvements had been made to the documentation of residents' health care needs, since the last inspection.

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. The inspectors observed evidence that the person in charge had sought advice on the referral process for residents who may require communication supports. This was discussed with the person in charge on the day of the inspection and it was noted that following the comprehensive assessment, residents would be supported to receive communication supports in line with their assessed needs. Residents in the designated centre were



provided with access to appropriate media including telephone, television, radio, newspapers and the Internet.

A review of one resident's behaviour support plan had been carried out by an allied health professional. The outcome of the review identified that the behavioural support plan for the resident was no longer required. The person in charge told the inspectors that they were waiting to receive the assessment report from the allied health professional. The person in charge noted that the recommendations of the assessment would be supported by an appropriate plan of care.

The inspectors reviewed a safeguarding plan in place for one resident. In managing the allegation of abuse, the registered provider adhered to organisational policy and national standards regarding the safeguarding of vulnerable adults. The registered provider's response to adverse events that involved residents living in the designated centre, assured the inspectors that the designated centre was effectively monitored and that the service provided to residents was safe.

The inspectors reviewed the designated centre's risk register. All identified risks had appropriate control measures in place. The designated centre risk management policy required updating to ensure that it contained the required information under the regulations. Although this issue was identified on a previous inspection, the registered provider had a plan in place to address the policy update. All staff members working in the designated centre had received risk management training.

### Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had not ensured that the risk management policy included; the unexpected absence of any resident, accidental injury to residents, staff or visitors, aggression and violence and self-harm. The policy did not include the identification, recording and investigation of adverse events or learning from such incidents and events.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan
The person in charge had not ensured that a comprehensive assessment of the health, personal and social needs of each resident had been carried out.
Judgment: Not compliant
Regulation 6: Health care
The registered provider had ensured that residents were provided with appropriate health care, having regard to the individual's personal plan.
Judgment: Compliant
Regulation 7: Positive behavioural support
The person in charge had ensured that staff received training in the management of behaviour that is challenging.
Judgment: Compliant
Regulation 8: Protection
The registered provider had ensured that residents were protected from 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Abode Doorway to Life CLG OSV-0002411

Inspection ID: MON-0027620

Date of inspection: 05/11/2019

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk management policy includes the measures and actions in place to control the risks specified in Regulation 26.</p> <p>A serious incident and adverse events policy is currently being trialled by the service. This identifies the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents, visitors and staff.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>As recognized by the inspector under Quality and Safety, the Designated Centre has Introduced a new format for carrying out a comprehensive assessment of health, personal and social care needs of residents in the designated center. This comprehensive review now provides evidence of completed plans supporting residents to meet their personal and social care needs.</p> <p>The comprehensive assessment by an appropriate health care professional, clearly identifies that the health, personal and social care needs of each resident is in place. This reflects changes in need and circumstances. Reviews will take place twice a year. Evidence of a yearly multi-disciplinary team meeting is on file.</p>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/01/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31/01/2020
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to	Substantially Compliant	Yellow	30/11/2019

	in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.			
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	30/11/2019
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	30/11/2019
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Substantially Compliant	Yellow	30/11/2019



	Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	31/01/2020
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	30/11/2019
Regulation 05(1)(a)	The person in charge shall ensure that a	Not Compliant	Orange	30/11/2019

	comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.			
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.	Not Compliant	Orange	30/11/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2019