



Office of the Chief Inspector

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

Name of designated centre:	Avalon House
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	12 June 2019
Centre ID:	OSV-0003694
Fieldwork ID:	MON-0027009

About the designated centre

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

This designated centre provides 24 hours residential care and currently accommodates seven adults both male and female with an intellectual disability. The centre is a large detached bungalow a few kilometres outside a town in Co. Meath. The centre comprises of fifteen rooms including two small storage rooms and a lobby area. There is a kitchen, dining room, sitting room, two staff offices, utility room and seven bedrooms, all with ensuite facilities. There is one separate bathroom and one wheelchair accessible toilet. The centre has a large garden and patio area at the back of the house. It has its own transport; a wheelchair accessible vehicle and a people carrier. The person in charge works full-time in this centre and there are 6 nurses and 7 health care assistants employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
12 June 2019	10:15hrs to 18:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The inspector met with five of the seven residents on the day of the inspection and observed elements of their daily lives throughout the day. The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from residents' weekly meeting minutes, the designated centre's annual review and various other records that endeavoured to voice the residents' opinions.

Two of the residents spoke in detail with the inspector and spoke about the activities they enjoyed and about recent events in their lives including holidays, family visits and their interest in computer games and Irish country music. Both residents advised the inspector that they knew who to speak to if they were not happy. One resident advised the inspector that the house could be a bit noisy at times and that they preferred when the house was quiet. The resident informed the inspector that they like relaxing in their room as it was quiet there.

In the morning a number of residents were out on community activities or at their day service and there was a quiet and relaxed atmosphere in the house however, later in the afternoon there was a lot more activity when the residents returned home. Staff supported the residents settle back into the house after their day out and prepare for the evening meal.

During the evening while most of the residents were sitting at the dining table eating their dinner the inspector observed an incident where a resident became upset and raised their voice quite loudly. The inspector observed that the staff members managed the incident appropriately and provided support and reassurance to all residents. One resident left the dining table and went down to their room however, was supported to return to the table when the incident had subsided.

Overall, the inspectors observed that the residents' needs and supports were well known to staff. The inspector observed that staff were kind and respectful towards residents through positive, mindful and caring interactions and for the most part, residents appeared relaxed and happy in their engagement with the staff throughout the day.

Capacity and capability

Overall, the inspector found that the registered provider and the person in charge were effective in assuring that a good quality service was provided to residents. There were clear lines of accountability at individual, team and organisational level

so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

Governance and management systems in place ensured the centre was monitored effectively. The inspector found that further to the annual report and six monthly review there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

The inspector spoke with staff throughout the day who demonstrated appropriate understanding and knowledge of policies and procedures that ensure the safe and effective care of residents. The inspector found that staff had the necessary competencies and skills to support the residents that lived in the centre and had developed therapeutic relationships with the residents. There were sufficient numbers of staff with the necessary experience and competencies to meet the needs of the residents living in the centre.

A training needs analysis had been completed and overall, staff mandatory training was up-to-date. However, the inspector found that a small improvement was required to ensure staff were provided with specific training to meet the needs of one resident. There was a schedule in place for staff supervision meetings and staff advised the inspector that they found these meetings to be beneficial to their practice.

Overall, the registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have. However, on the day of the inspection the inspector saw that improvements were required to ensure that all complaints received were responded to in a timely manner and that satisfaction levels of the complainant were recorded.

Regulation 16: Training and staff development

Overall, the inspector found that the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice however, the inspector found that staff were not provided with specific type of communication training to support them meet the needs of one resident.

Judgment: Substantially compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 3: Statement of purpose

The service being delivered was in line with the current statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaint policies and procedures in place to ensure that the service was committed to the making, handling and investigation of complaints and that all residents and family members were aware of this. There was an easy to read information booklet and photograph of the complaints officer displayed in communal areas of the house. However, the inspector found that a complaint made in March 2019 by a resident had not been dealt with in a prompt manner and that their satisfaction levels to the investigation had not been ascertained.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the residents' well-being and welfare was maintained to a good standard. The inspector found that the person in charge and staff were aware of each of the resident's needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality however, the inspector found that a number of improvements were required to the area of protection.

The inspector looked at a sample of personal plans and found that residents had up-to-date plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied health professionals and family members. The residents' personal plans reflected their continued assessed needs and outlined the supports required to maximise their personal development in accordance with their wishes, individual needs and choices.

Where appropriate, residents were provided with an accessible format of their personal plan and for the most part there was evidence to demonstrate that residents were consulted in the process. However, the inspector found that in relation to the residents' individual goals, a number of improvements were required to the documentation so that it clearly demonstrated consultation with residents and how residents were supported to progress and achieve their goals.

The person in charge and staff promoted community inclusion. Residents were supported to be involved in their local community through attendance of day activation services but also through other community activities. Residents who did not attend a day activation service were engaged in an individualised service within the house which had been assessed and personalised to better meet their needs.

Residents enjoyed community activities such as going to the cinema, bowling, swimming, animal farms, drama classes, playing soccer and forest walks. On the day of inspection, the inspector observed several residents coming and going to a number of community activities. One of the residents went to the local hairdressers to get their hair styled. Another resident returned from their day's work of sorting and delivering post within the local service and one other resident was heading out to their family home to attend an evening barbecue.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents received appropriate person-centred care and had access to a general practitioner of their choice. Residents were supported to live healthily and where appropriate take responsibility for their own health. Initiatives to promote resident's health and development were produced and in consultation with residents and their families. A staff member advised the inspector that residents were being supported to have a healthier diet through creating a healthy eating shopping list and discussing healthy eating options and lifestyle during residents' house meetings.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Training on behavioural supports had been provided to all staff to ensure consistency of delivery of support plans to ensure better outcomes for the residents. However, on the day of inspection the inspector found that two of the behavioural support plans in place had not been updated to include recent changes in residents' behaviours or guidance for staff around these behaviours.

Staff facilitated a caring environment and clearly recognised their role as

advocates for residents. The inspector found that staff members treated residents with dignity and respect and that personal care practices respected the resident's privacy. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. There was documentation to show that staff recognised the importance of empathy and compassion and actively listened to the fears and concerns of residents.

The inspector found that the number of incidents of behaviour that is challenging had increased in the designated centre since the last inspection. Documentation reviewed demonstrated that residents were supported in a caring and appropriate manner throughout and after each incident however, the inspector found that the impact of the incidents on other residents was not always considered. Furthermore, from talking with staff and reviewing a number of incident reports the inspector found that there appeared to be compatibility issues between some residents which was resulting in negative impacts for other residents. The provider had ensured that where necessary safeguarding plans were in place and were reviewed and updated after each incident however, this did not always ensure the protection or safety of residents.

The inspector found that improvements had been made to fire precautions since the last inspection and that the actions surrounding simulated fire drills and support required for the residents during evacuation had been completed. The inspector found that arrangements were in place for ensuring residents were aware of the procedure to follow in the event of a fire and that the mobility and cognitive understanding of all the residents had been adequately accounted for in the evacuation procedure.

Regulation 28: Fire precautions

All actions from the last inspection had been completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that one of the resident's goals had not included actions, supports or time-lines. Another resident's goal had remained in the same position for over five months as follow up by the appropriate person had not been adequate. Furthermore, where a resident had decided not to go ahead with a goal, no note or explanation of this had been provided in the resident's personal plan.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that resident's personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans were in place for a number of residents however, not all plans had been updated to include recent changes in residents' needs. Furthermore, the inspector found that there was insufficient guidance for staff to ensure they were fully knowledgeable of the support required for these specific changes.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that there had been an occasion in May 2018 where an incident had not been followed up appropriately or notified to the office of the chief inspector.

There was an increase in the number of incidents of behaviours that were challenging in the last eight months. The inspector found that compatibility of residents required reviewing.

Incident reports did not always take into consideration the impact incidents had on other residents who witnessed or were present during an incident.

Judgment: Not 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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Avalon House OSV-0003694

Inspection ID: MON-0027009

Date of inspection: 12/06/2019

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The person in charge has submitted a referral to Speech and Language Therapist for a reassessment of the resident's communication needs and following this assessment to provide training for the staff team. • The Speech & Language Therapist advised the person in charge that this will take 3-4 months to complete assessment and training. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The person in charge spoke to the complainant and offered reassurance. The PIC also informed the complainant that staff support was available to all residents in the centre at all times. The complainant was satisfied and the complaint was closed off. • A system has been established to alert the PIC promptly of any complaints that have been logged. This will enable the PIC to investigate all complaints promptly as per policy. • Complaints are a standing agenda item for monthly staff team meetings. • The person in charge will carry out an audit of all complaints every two months. 	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • All resident's goals are reviewed and updated every 3 weeks. Any goals that are deferred due to resident's ill health will now have an explanation inputted to validate lack of progress with specific goals and will be reviewed and updated at the earliest opportunity thereafter. • Resident's goals are now an agenda item at all staff meetings. • A system has been established where the nurse key worker for each resident checks progress of goals every two weeks and supports the primary key worker to update progress of goals on week three. • The PIC completes an audit of all resident's goals every two months. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The behaviour support plans for residents have been reviewed by the clinical psychologist. (Awaiting updated reports at time of completing compliance plan) • The person in charge will ensure all updated behavior support plans are communicated effectively to all staff by means of clinical notes, daily hand over check list and communication diary. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The person in charge has followed up on an incident requiring a NF06. A NF06 form was completed and submitted immediately to HIQA. The designated officer was informed and a safeguarding preliminary screening has been sent to the safeguarding team. • Safeguarding plans in place for all residents and they are reviewed every six months or 	

sooner if safeguarding incident occurs.

- The person in charge will ensure all incidents that occur take into consideration the impact on other residents who witness or are present during an incident. Incident forms and NF06 forms to be completed for any resident that witness any form of safeguarding incidents as appropriate.
- HSE management have committed to discussing compatibility of residents in Avalon at the next residential planning meeting scheduled for quarter three 2019.
- The safeguarding team have committed to visit Avalon to provide additional advice and support to staff around safeguarding and reporting of incidents.
- All staff training in safeguarding is current and up to date.
- Additional control measures have been put in place to help reduce incidents of safeguarding: eg: planned resident outings in evenings, increased staff supervision during meal times, change of roster to support in house activities and staff supervision in evenings.

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	30/11/2019
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	14/06/2019
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	14/06/2019
Regulation 34(2)(e)	The registered provider shall	Substantially Compliant	Yellow	14/06/2019

	ensure that any measures required for improvement in response to a complaint are put in place.			
Regulation 05(4)(b)	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 outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	14/06/2019
Regulation 05(4)(c)	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 is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	14/06/2019
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	14/06/2019

	<p>the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p>			
Regulation 05(6)(c)	<p>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 assess the effectiveness of the plan.</p>	Substantially Compliant	Yellow	14/06/2019
Regulation 07(1)	<p>The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their</p>	Substantially Compliant	Yellow	16/06/2019

	behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2019
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	13/06/2019