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:	Navan Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	12 December 2023
Centre ID:	OSV-0003062
Fieldwork ID:	MON-0039426

About the designated centre

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

This is centre is located on the outskirts of Dublin city. The centre can also cater for residents with specific healthcare needs. The centre comprises one premises which is a two-storey dwelling. Each resident has access to their own bedroom, communal sitting rooms, kitchen and dining area, utility room, shared bathrooms, and a secure garden space is located to the rear of the centre. Staff are on duty both day and night to support residents and the staff team is comprised of a person in charge, a staff nurse, social care workers and carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 (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 12 December 2023	09:45hrs to 16:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place to monitor and assess ongoing regulatory compliance. Overall, the inspector found that residents' care and support had improved since the last inspection and that there was an increase in the level of compliance with the regulations. However, some areas continued to require improvement such as staffing, risk management, records and staff training and development. These are discussed in the body of the report.

The designated centre is a large detached two-story residence located on a busy road in Dublin 7. The house comprises of 9 single occupancy bedrooms and is registered for eight residents. There were seven residents living in the centre on the day of the inspection, many of whom had complex healthcare needs due to ageing. Downstairs, there are six resident bedrooms, with one resident having moved downstairs to better support their needs. There are three bathrooms available to residents, which were accessible, a large living room, a kitchen/ dining area which led out onto a patio and a utility space. Upstairs was another sitting room where residents had tea and coffee making facilities, two resident bedrooms and an office. The premises was warm, clean and homely. There were photographs of residents up on the walls and each resident had their own bedroom which was personalised and had ample space to store personal belongings and to spend time relaxing in.

Since the last inspection, there had been a number of changes which had happened in the house. Two residents who had lived with the other residents for many years had died and another resident had moved in. Residents were supported by staff members with processing these losses and changes which had occured for them. On arrival to the centre, the inspector met a resident coming down the stairs who spoke about a show they had been at in a theatre the night before. They spoke about their plans for Christmas and were excited to spend time with family. Residents in the centre spoke about some positive changes which had happened since the last inspection. Residents spoke about getting out more to do things they liked. One resident said "I'm so happy now, everything is much better and I get to do anything I want". Residents were accessing community amenities such as shops, hairdressers, going out for coffee, for dinner. Throughout the day residents were observed going to day services, being facilitated to attend and appointment and visiting a grave of a loved one. A resident spoke to the inspector about making a will and what their expressed wishes were in relation to their end-of-life care.

Another resident who had recently moved into the centre showed the inspector their bedroom and said that they liked living in their new home. They also spoke about their upcoming plans for Christmas and were supported to go to work, which they reported that they loved. Residents were observed sitting at the kitchen table with one another having breakfast and chatting together. It was evident that residents were comfortable and content, and that they were making choices and being consulted with about their preferences in their home. Throughout the day, the inspector noted kind and caring interactions between residents and staff. Staff were

observed sitting looking at photographs and chatting with staff, supporting them to go and get their hair done and there was a friendly and homely atmosphere in the house. It was evident from speaking with both residents and staff that residents were well supported to sustain and develop relationships with family and friends. Residents spoke about their plans for Christmas, buying Christmas presents for those important to them and writing cards.

Residents reported being happy with the food and the choices they had. One resident spoke about the food and said that they got ''lovely hot dinners all the time''. Another spoke about how the staff gave them options that they liked when they didn't like the meal that was planned for the day. A resident spoke about shopping online with staff for clothes they liked. Residents spoke highly of the staff and described them as "great" and "really nice''. However, two of the residents spoke about the number of relief or agency staff completing shifts in the centre. One resident spoke about how it was difficult to ''get used'' to staff and that when relief are on that things were not ''as good as they are with our normal staff''. Another said ''there's a lot of relief coming and going and we don't see them again so it's hard''.

To gain further insight into residents' views on the service, the inspector viewed resident questionnaires which had been carried out as part of the annual review. These indicated that residents and family members were largely happy with the service. For example, one family thanked the person in charge and staff team for supporting their loved one ''so well'

Weekly residents' forums took place and there was a set agenda in place. Some residents had chosen not to partake in areas such as menu planning and this was respected by the team. It was evident that conversations had taken place with residents about their bereavement.

Staff were in the process of completing training on a human-rights based approach in health and social care. Staff told the inspector about how they found the training useful to rethink how they went about their days with residents. For example, one staff member spoke about how they thought about residents having equal rights to everyone else and how they could make sure that they supported them to exercise those rights. The provider had employed a human rights officer and there was a human rights committee in place. Individual rights assessments had been carried out for residents in order to identify any areas of their life where they experienced restrictions. However, there were very few restrictions in place in the centre. Where there were restrictions in place, these were clearly documented, logged and reviewed. One resident spoke about a restrictive practice which was in place for health and safety purposes. They told the inspector that they had spoken about it with staff and wished to keep it in place to help them to feel safe. It was evident that they had been consulted with on a number of occasions in relation to this practice, and that this review was ongoing.

In summary, from speaking with residents, observations on the day of the inspection and from speaking with staff, it was evident that residents were well supported by a caring staff team. Residents reported an increase in their

opportunities to engage in activities of their choice which, in turn had a positive impact on their quality of life. The next two sections of the report present findings on the governance and management arrangements in the centre and how these impacted on the quality and safety of residents' care and support.

Capacity and capability

As stated earlier in the report, this inspection was an unannounced inspection which took place to assess regulatory compliance following poor inspection findings in February 2023. A cautionary meeting had taken place with the provider following this inspection, and a compliance plan was submitted to the Authority. The inspector found that many of the actions on this compliance plan had been completed and these had led to positive outcomes for residents. However, improvements were required in staffing, risk management and maintenance and access to records.

There was a clear management structure in the centre, with lines of authority and accountability outlined. The person in charge met with their line manager on a monthly basis and minutes of these meetings were viewed. These had a standing agenda in place which included complaints, risk management, health and safety, incidents and accidents and other key service areas. The provider had carried out an annual review and six-monthly unannounced provider visits in line with regulatory requirements. It was evident that the provider was identifying areas for improvement and ensuring that actions were progressed in a timely manner. Team meetings occurred regularly and there were clear agendas in place which included staffing, staff training, safeguarding, complaints and fire safety. There was a schedule of audits taking place in the centre relating to key service areas such as residents' care plans and personal plans, finances, medication and fire. However, documentation viewed on the day had some gaps in relation to actions taken as a result of these audits. However, this did not present significant risk to residents and this is captured under Regulation 21: Records.

The provider had employed a suitable number of staff to meet residents' assessed needs. Since the last inspection, there was an additional staff member on duty each day. This had a direct impact on residents, who were now able to leave the centre more than they had been. However, it was reported to the inspector that this resource was due to cease in the weeks following the inspection. There were two new staff nurses due to commence in the centre in January 2024. There been a high number of relief and agency staff in the centre. This meant that residents were not enjoying continuity of care in their homes.

The staff training matrix was submitted to the inspector following the inspection. This indicated that staff had completed training in fire safety, food safety, hand hygiene, safeguarding and the safe administration of medication. There were some gaps identified, with staff requiring refresher training in a number of areas and these are outlined below under Regulation 16.

The inspector was unable to access records such as the staff training matrix and the risk register on site due to the person in charge being on leave. Persons participating in management were unable to access these documents and they were not available for staff to view. The provider was in the process of moving relevant documentation onto an online system to circumvent this occurring. However, this was not completed for this centre, meaning that documentation had to be forwarded to the inspector two days after the inspection took place. There were gaps noted in documentation in a number of other areas such as fire, finances and audits.

Regulation 15: Staffing

While the number of staff on duty each day had increased and had a positive impact upon residents' quality of life, there were a high number of different relief and agency staff used in the centre. For example, in October, vacant shifts were covered by 35 different staff and in November shifts were covered by 28 staff. This meant that residents were not enjoying continuity of care with the staff team supporting them. Two of the residents highlighted this to the inspector as an issue which was difficult for them.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had completed training in fire safety, safeguarding and manual handling. Gaps were evident in mandatory training for staff, with one staff overdue a food safety refresher, one staff was due a refresher in the safe administration of medication and three staff were due to do refresher training in manual handling. It was not evident from the information provided whether staff had completed training to support them to best meet residents' assessed needs in areas such as epilepsy, dementia and oxygen. Staff were in the process of completing training on human rigths.

Judgment: Substantially compliant

Regulation 21: Records

There were some gaps evident in documentation on the day of the inspection. For example, there were gaps in documentation relating to daily fire checks, in having two signatures on residents' receipts and in audits. Some of the documentation which was required for the inspection such as staff training records and the risk

register were not accessible on site on the day of the inspection. These were forwarded to the inspector via email two days after the inspection took place.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre which identified lines of authority and accountability. Since the last inspection, the governance and management arrangements had improved in relation to oversight of the centre by persons participating in management. For example, there was a clear agenda for meetings which took place on a monthly basis between the person in charge and the person participating in management. This ensured that relevant areas were discussed and actioned accordingly in addition to sharing of information.The provider had carried an annual review and out six-monthly unannounced visits in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents' well being and welfare was maintained by a good standard of evidence-based care and support. Residents were found to be supported to stay well and to engage in activities of their choice. As outlined earlier, there had been an increase in the staffing allocation to the centre since the last inspection. This was reported by residents and staff to have had a positive impact for all residents living in the centre. For example, staff reported that there had been improvements in their ability to offer residents opportunities to go out on their own with staff. Documentation in relation to activities which residents were offered had improved and it was evident that residents were enjoying more activities outside of the centre in line with their expressed wishes and assessed needs.

Residents were protected from abuse in the centre through policies and procedures and ongoing training and discussions with staff and residents. Residents reported feeling safe and told the inspector who they would speak to if they had a concern. Staff were knowledgeable about how to report safeguarding concerns in line with national policy. Personal and intimate care plans were detailed to guide staff practice and to ensure that residents' rights to privacy, dignity and bodily integrity were upheld.

Residents were supported to access and control their personal possessions. Residents had access to their finances and had financial capacity assessments

carried out which outlined the support they required. Residents told the inspector where their finances were and how they were supported. Financial passports were in place which provided detail on residents income, how they paid their bills, what they knew about money , how to support the resident and what additional supports or knowledge they may benefit from. Within the centre, it was evident that residents' had access to their own personal possessions and this was particularly evident in their bedrooms. There were measures in place to have an inventory of these possessions and ensure that they were safeguarded. The significance of particular possessions were acknowledged in residents' end-of-life care plans.

The premises had improved since the last inspection. There had been a re-purposing of rooms downstairs, with a staff sleepover room converted to better meet a resident's assessed needs. The sitting room had been re-decorated and no longer had a large amount of equipment stored in it, leading to a more homely and welcoming space for residents to sit in. Each residents' bedroom was found to be highly personalised and had ample space to store their belongings. Many of the residents had a television in their bedrooms, which enabled them to spend time alone where they wished to do so. There was another sitting room which residents chose to use upstairs available.

The provider had a risk management policy in place. There was a system for the identification, assessment and ongoing review of risk. However, it was evident that the risk register had not identified some risks noted on this inspection. Additionally, ratings required review to ensure that high and moderate risks were clearly outlined and shared with staff. It was evident that accidents and incidents were reviewed and discussed at both management level and with the wider staff team.

The designated centre had fire fighting equipment, emergency lighting, fire doors and smoke detectors in place. As outlined, some gaps were noted in documentation in relation to daily checks in the months prior to the inspection. Residents had personal emergency evacuation plans. Fire drills took place and demonstrated reasonable evacuation times. It was noted on a number of drills that residents were unable to open fire doors without staff support during drills due to their mobility requirements. This was discussed at management level, but it was unclear what actions had been taken. There was a tank of oxygen stored in one of the residents' bedrooms. However, this had not been required for a number of months. A risk assessment in relation to storing this oxygen was not evident and staff were unclear as to why it was stored in this room. While there was a sign on the bedroom door, it was unclear in other documents that oxygen was in use on the premises.

Regulation 12: Personal possessions

Residents had access to their finances and had support provided in line with their assessed needs. Residents could launder their own clothes if they wished to do so and there was ample space for residents to store their clothing. All of the residents' bedrooms had personal affects and photographs on display.

Judgment: Compliant

Regulation 13: General welfare and development

Since the last inspection, the provider had increased the staffing levels, which enabled residents the opportunities to participate in activities or access local amenities on a more regular basis. Activity logs were clearly documented for residents and demonstrated a range of things which residents were doing such as being able to go to church, going out for coffee, going shopping, going to a local hairdressers and getting their nails done.

It was evident from speaking with residents and staff that residents were supported to maintain personal relationships with family and friends. Residents spoke about going home for Christmas and meeting friends, while another resident was supported to send out Christmas cards. Staff told the inspector about conversations they had with family over the phone and in person when providing transport to residents' homes.

Judgment: Compliant

Regulation 17: Premises

The premises had been upgraded since the last inspection in line with the provider's compliance plan. It was designed and laid out to meet the aims and objectives of the service and was found to be clean, suitably decorated and warm. The layout of the centre had been adapted to enable a resident to have a more accessible bedroom.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's system for the identification, assessment and management of risk in the centre required review. For example, the risk register had not identified risks found on this inspection, such as the use of oxygen in the centre. Risk ratings required review to ensure that they accurately reflected risks, including those pertaining to residents. For example, incidents had occured in the vehicle and therefore, there was an identified risk of a possible accident. This risk was not evident in the centre's risk register.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector was not assured that the provider had taken appropriate action to ensure that residents could exit their bedrooms safely in the event of a fire. For example, on the previous four fire drills, between three and five of the six residents who were present required staff help to open the door due to their mobility requirements and their need to use rollators due to the weight of the door. This was identified as an area for action, but it was not clear what actions had been taken to ensure residents could evacuate safely. Additionally, storage of oxygen in a residents' bedroom required review to ensure that this was recognised as a potential fire risk and that it was stored in a suitable location.

Judgment: Substantially compliant

Regulation 8: Protection

Residents in the centre were protected from abuse through policies and procedures, ongoing discussions at staff meetings and providing residents with information relating to safeguarding. Personal and intimate care plans were suitably detailed to guide staff practices to ensure that care was provided in a manner which respected and upheld residents' bodily integrity and dignity.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Navan Road - Community Residential Service OSV-0003062

Inspection ID: MON-0039426

Date of inspection: 12/12/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider has recruited for two SN posts within the centre. This will increase the staffing by 75 hrs per week. Both positions will be in place by the end of January 2024.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will receive mandatory and refresher training in line with the Regulations .All training has been scheduled	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: An excel shared folder will be accessible to all PPIM,s containing all information pertaining to the needs within the centre. Gaps evident in documentation will be rectified in line with Regulations. The need for staff signatures on receipts will be discussed with the staff team at the next meeting within the centre.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Identified risks will be documented appropriately in the risk register. Risk ratings will be reviewed and rated accordingly to reflect the risks pertaining to residents. (19/02/24)	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PEEP's for all residents within the centre will be reviewed by the PIC ensuring that the need for support with opening fire doors while evacuating is required to ensure safe evacuation . Fire doors remain a requirement within the centre. The Provider has assurance that all residents can evacuate with support of staff within the time outlined in fire regulations based on recent fire drills within the centre. .	

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/01/2024
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	30/04/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are	Not Compliant	Orange	01/04/2024

	available for inspection by the chief inspector.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/02/2024
Regulation 28(3)(c)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	31/01/2024