



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

Issued by the Chief Inspector

Name of designated centre:	Community Houses Dundrum
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	27 September 2021
Centre ID:	OSV-0004647
Fieldwork ID:	MON-0026545

About the designated centre

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

Community Houses Dundrum is a community-based residential service for adult residents with an intellectual disability operated by the Health Service Executive. The centre is based in a suburban area of South Dublin and is comprised of two units. One, a semi-detached house, is home to three residents while the second unit, also a semi-detached house, is home to four residents. Services provided from the centre include 24-hour residential supports and residents. The staff team consists of a person in charge, nursing staff and health care assistants. There are a wide variety of services and amenities available within short distance from both residential units including shops, post offices, medical centres, and access to public transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 27 September 2021	9:30 am to 4:30 pm	Marie Byrne	Lead

What residents told us and what inspectors observed

There were five residents living in the designated centre at the time of this inspection. Overall, the inspector found the centre was well managed and that residents were in receipt of a good quality and safe service. Throughout the inspection residents appeared happy, relaxed, comfortable and content. It was apparent that there was a person-centred and human rights-based approach to the provision of services in this centre. Residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them. Residents and their representatives were consulted with in relation to the running of the centre.

As the inspection was completed during the COVID-19 pandemic, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. The inspector had the opportunity to meet and briefly engage with the four of the five residents living in the in the centre, and five questionnaires were completed in relation to care and support in the centre by residents and/or their representatives in advance of the inspection. When visiting the two houses that made up the designated centre the inspector had the opportunity to meet two residents in one of the houses. In the other house both residents who lived there were at day services; however, both residents dropped into an office location later in the day to have a chat with the inspector on their way home.

When speaking with the two residents in the office location, they were very complementary towards care and support in the centre. They were particularly complimentary towards the support they received from the staff team. They both spoke about how important their independence was to them and about how important it was for them to spend time independently doing things they enjoyed in their local community. They talked about enjoying their day service, but also said they enjoyed their down time reading, listening to music, or watching television. They both told the inspector who the local complaints officer was and what they would do if they had any concerns.

During the inspection residents spoke about the important people in their lives, and how they had kept in touch with them during the COVID-19 pandemic. They described the impact of the pandemic on their lives, but discussed all the positive things that were happening in their lives now that restrictions relating to the pandemic were lifting. They talked about how important getting out and getting fresh air had been to them during the highest levels of restrictions relating to the pandemic. The provider had very much recognised the impact of the pandemic on residents' access to activities they usually enjoyed and had ensured that staff were available in both houses to support them when day services were closed.

Both houses were found to be homely, and designed and laid out to meet the number and needs of residents living there. Residents' bedrooms were found to be decorated in line with their wishes and preferences and they contained storage for their personal belongings. There were soft furnishings, art work and family photos on display in both of the houses. The provider had identified they needed to do a number of works in the houses and these works were due to take place just after the inspection.

In the afternoon when the inspector visited one of the houses, two residents were relaxing in the dining room after their lunch. One resident was knitting and they smiled as they greeted the inspector and the person in charge. They talked about the new bed they would like and asked the person in charge when they would be getting it. The other resident greeted the person in charge and the inspector and then continued to complete their art project. The third resident who lived in this house was in day services so the inspector did not have an opportunity to meet them.

Through observations, and speaking with residents and staff, it was evident that residents were very much involved in the running and operation of their home. Regular residents' meetings were held and these facilitated residents' participation in decisions about their home. They were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives. Information was also available in a user-friendly format in relation to areas such as, rights, complaints and accessing advocacy services.

The staff team spoke with the inspector about how motivated they were to ensure each resident was happy, safe, and involved in decisions relating to their care and support. Throughout the inspection each resident appeared happy and content. Kind, caring and positive interactions were observed between residents and staff and residents were observed to appear very comfortable in the presence of staff. Staff who spoke with the inspector were found to be familiar with residents' likes, dislikes and preferences.

As previously mentioned five questionnaires were completed by residents and/or their representatives in advance of the inspection. Residents' questionnaires were very positive, with a number of residents saying they were "happy with everything". They were very complimentary towards the staff team and said they were happy their access to activities. They included some of the activities they enjoyed such as; aqua aerobics, bowling, tennis, football, doing puzzles, gardening, going for nice walks, going out for sinner, going to the zoo, and going bowling.

Residents' representatives indicated in the questionnaires that overall they were happy with care and support for their family member. For example they indicated they were happy with the comfort and warmth in the centre, the arrangements for visits, the amount of choices their relative had on relation to their day-to-day lives, their access to activities, their support plans, and the support they received from the staff team. They included some feedback in relation to areas where they would like to see improvements in relation to the premises and the time some meals are

served, but indicated that they were aware of the complaints process in the centre.

Residents and their representatives views were also captured as part of the annual care and support in the centre. Overall, feedback from both residents and their representatives was positive. Residents were complimentary towards food choices, the staff team, and their access to activities. Care and support was described by residents representatives as "excellent", and "very good". Staff were described as "excellent" and "committed". Residents' representatives included comments in the surveys like; my relative is "very lucky to be in such a great and caring service", "I would like to compliment staff for the way they handled the pandemic, and "my sister has never been happier".

In summary, residents appeared happy, content and relaxed in their home. The inspector found that a person-centred approach was being used to ensure residents' care and support needs were met. The team were found to be quickly responding to residents' changing needs and to be motivated to ensure that residents were choosing how and where they spend their time.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that they met and exceeded the requirements of the regulations in many key areas of service provision. This inspection was fully compliant with all of the regulations reviewed, and the local management team were found to be focused on quality improvement and proactively driving improvements in the centre. They were quickly recognising residents' changing needs and responding appropriately. There was a clear focus on ensuring that each resident was happy, content, relaxed and comfortable in their home, and on ensuring that they were spending their time taking part in activities they enjoyed. The provider was making the best of the available resources in the centre, and this was ensuring that residents were in receipt of the best care and support available.

The governance and management arrangements in place were ensuring that residents received a good quality of care and support in accordance with their assessed needs. The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections which also provided for consultation with residents and their representatives. In addition, the staff team were meeting regularly and completing a suite of regular audits relating to key areas of service provision. These audits and reviews were identifying areas for improvement, and bringing about actions which were having a

positive impact on residents' lived experience in the centre.

The person in charge had commenced in this centre in 2021. They were also responsible for two other designated centres in the organisation. They had the qualifications, skills and experience to fulfill the role and had systems in place to ensure the effective governance, operational management and administration of this centre. From reviewing documentation, and speaking with residents and staff it was evident that they were regularly visiting the houses. They had been spending time getting to know residents in each of the houses since they commenced in their role, and were found to be knowledgeable in relation to residents' support needs. They were supported in their role by a number of clinical nurse managers and a director of nursing who was previously person in charge of this centre.

Residents were supported by a staff team who were familiar with their care and support needs, and who had completed a number of training's to ensure they could support them in line with their assessed needs. Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the clinical nurse managers and person in charge was on site regularly and there was also an on-call support system in place. Staff were in receipt of regular formal supervision, and staff meetings were occurring regularly. The provider had recognised that in line with residents' changing needs they required an additional waking staff and additional staff at times during the day. While they were in the process of securing the funding and recruiting to fill these positions they were utilising regular agency staff to cover the require shifts.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had employed a full time person in charge who had the qualifications, skills and experience to fulfill the role. They were identified as the person in charge for this and two other designated centre and were found to have systems in place to ensure the effective governance, operational management and administration of this designated centre.

They were knowledgeable in relation to residents' care and support needs and were motivated to ensure that each resident was happy, content, relaxed and safe in their

home.

Judgment: Compliant

Regulation 15: Staffing

Residents were found to receive assistance, interventions and care in a respectful, timely and safe manner by a staff team. The provider had recognised the need to increase staffing numbers in one of the houses and was in the process of securing funding and recruiting to fill these positions. In the interim, residents were in receipt of continuity of care and support as rregular agency staff staff were covering the required shifts.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of training to enable them to provide person-centred care and support for residents living in the centre. Each staff had completed training and refresher training in line with the organisation's policy. In addition, staff had completed a variety of additional trainings in line with residents' specific care and support needs.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. Staff who spoke with the inspector stated that they were well supported in their role and knew who to escalate any concerns they may have in relation to residents' care and support.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place that supported and promoted the delivery of a safe, quality service. The quality of care and the experience of residents was being monitored and developed on an ongoing basis. The provider was found to be self-identifying areas for improvement and there was a clear focus on person-centred care and quality improvement in this centre.

The provider had made sure there were enough staff who were familiar with residents, supporting them. The centre was managed by a suitably qualified and experienced person in charge who had the authority, accountability and responsibility for the provision of service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were protected by the complaints policies, procedures and practices in the centre. There was a nominated complaints officer and residents and staff were found to be familiar with the complaints procedures. The complaints procedures were available in the centre and included pictures of the person in charge, clinical nurse manager and complaints officer.

There was a complaints log and actions and follow ups were recorded and regularly reviewed. The satisfaction level of the complainant was recorded. There was also an easy-to-read complaints form and reply letter available.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care that supported them to spend their days as they wished. As previously mentioned, they were being

supported to make decisions about their care and about the day-to-day running of the centre. Their likes, dislikes and preferences were well known by the staff team and clearly documented in their personal plans. Their rights were supported and promoted and their independence was encouraged.

Overall, residents were living in warm, clean and comfortable homes where their safety and wellbeing was being prioritised. They had access to a number private and communal spaces in their homes. Both homes were decorated in line with residents' preferences and residents' bedrooms were personalised to suit their tastes. Works were planned in both houses both to gardens and in relation to the kitchen and floor covering. The tenders were completed for these works, and projects had been allocated to a construction company. The provider was waiting for confirmation of the date for the works at the time of the inspection.

Residents were protected by the policies procedures and practices relating to risk management in the centre. The provider had developed policies and procedures to guide staff practice. There was a risk register, and general and individual risk assessments were developed and reviewed as required. There were systems in place to review and learn from incidents and adverse events in the centre.

Residents were also protected by the infection prevention and control policies, procedures and practices in the centre. Both premises were clean and there were systems in place to ensure that there was personal protective equipment available. Staff had completed a number of infection prevention and control trainings.

There were systems in place for the prevention and detection of fire. Fire fighting equipment and fire alarm systems were in place and were appropriately serviced and maintained. Fire drills were occurring regularly and each resident had a personal emergency evacuation plan in place to guide staff on supports they may require to safely evacuate the centre.

Residents were protected by the policies, procedures and practices relating to medicines management in the centre. There were suitable practices in relation to the ordering, delivery and receipt of medicines. There were systems in place to ensure prescriptions and medication administration records were accurate and regularly reviewed. Medication audits were completed regularly, and there were systems for stock control.

Residents who required it, had access to health and social care professionals to support them with positive behaviour support plans. These plans were being regularly reviewed and updated. They contained proactive and reactive strategies and were found to contain sufficient detail to guide staff to support residents. Restrictive practices were logged and regularly reviewed to ensure the least restrictive measures were used for the shortest duration.

Residents were protected through the policies, procedures and practices relating to safeguarding in the centre. Staff had completed training, there was an areas specific safeguarding protocol, and residents had detailed intimate care plans in place. Safeguarding plans were developed and reviewed as required. Staff who spoke with the inspector were found to be aware of their roles and responsibilities in relation to

safeguarding.

Regulation 17: Premises

The location, design and layout of the centre was suitable to meet residents' individual and collective needs in a comfortable and homely way. For the most part, both premises were well maintained both internally and externally. The provider had completed a number of works to the premises and more were planned. The next phase of works had gone to tender and the project was allocated to a construction company. It was due to be completed before the end of 2021.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained the required information and was available for residents and their representatives in the designated centre.

It contained a summary of the services and facilities available, the terms and conditions of residency, arrangements for resident's involvement in the running of the centre, details on how to access inspection reports, the procedure for complaints and the arrangements for visitors.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures and practices in the centre. There were appropriate systems for the identification and management of risks, and systems in place to respond to emergencies. Reasonable measures were put in place to prevent accidents.

There was a risk register in place and general and individual risk assessments were developed and reviewed as required. There were also systems in place to records, investigate and learn from accidents and incidents in the centre.

There were vehicles available in the centre and systems in place to ensure they were roadworthy, maintained, serviced and insured.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans and residents and staff had access to information in relation to COVID-19. Staff had completed a number of additional trainings in relation to infection prevention and control.

Both premises were clean throughout and there were cleaning schedules in place to ensure that each area of the houses were regularly cleaned.

There were suitable systems in place for laundry and waste management. There were also systems in place to ensure there were sufficient supplies of PPE available in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires. There was suitable equipment and it was being regularly serviced and maintained.

Staff were in receipt of fire safety awareness training and fire drills were occurring regularly. It was evident that learning following drills was leading to further drills and the review and update of residents' personal emergency evacuation plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were policies, procedures and guidelines in place to guide staff practice. There were appropriate systems for the ordering, receipt, prescribing, storage and disposal of medicinal products in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a strong focus of the provision of positive behavioural support in this designated centre. Residents had access to health and social care professionals in line with their assessed needs. Support plans were developed and reviewed as required.

Restrictive practices were logged and regularly reviewed to ensure they were the least restrictive practices for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems in place to ensure that allegations or suspicions of abuse were reported, documented and followed up on in line with the organisation's policy, and national guidance.

Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. It was evident from reviewing documents and speaking with the staff team that every effort was being made to ensure that each resident felt safe and protected in their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant