



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

Issued by the Chief Inspector

Name of designated centre:	Cabra Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	26 October 2022
Centre ID:	OSV-0003059
Fieldwork ID:	MON-0031854

About the designated centre

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

Cabra road is a community based residential home in Co. Dublin providing care and support for up to five ladies, over 18, with an intellectual disability. The centre is located in a quiet residential area and the house consists of six bedrooms, one of which has an ensuite bathroom, and the other which is a staff sleepover room/office. There was also a large kitchen, a separate dining room, and a large living room. There is a large front garden with a drive way and a side and back garden. There was also a storage shed/laundry room in the back garden. The house is close to a variety of local amenities such as a pharmacy, shops, pubs, churches and parks. There are good local transport links close to the centre. Residents are supported on a 24 hour basis by a staff team consisting of a clinical nurse manager, staff nurses, social care workers and care staff.

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 (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
Wednesday 26 October 2022	10:45hrs to 13:15hrs	Marie Byrne	Lead
Monday 5 December 2022	09:10hrs to 09:40hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

In September 2022 the provider submitted applications to the Chief Inspector of Social Services to vary conditions 1 and 3 of the registration of this designated centre. This inspection was completed to inform a decision in relation to these applications. It was completed over two days, as on the first day of the inspection the inspector of social services found that the building works and renovations had not been fully completed, and the premises was not ready for residents to move in. They were informed by the provider that there had been a number of unexpected delays in relation to building works and the delivery of supplies and that a revised date was being looked at for residents to move in. On the second day of the inspection the majority of the works which were outstanding on day one, were found to be completed. Some further works were required to the house, garden and shed, and some of the fire safety measures and equipment required review.

In January 2021, residents had moved out of this centre to another designated centre owned and run by the provider, while the extension was built and renovations completed to their home. The application to vary condition 1 was made to change the footprint of the centre due to the changes in the layout in the centre, and the application to vary condition 3 was to increase the number of registered beds from four to five.

There were no residents living in the centre at the time of the inspection. Day one the inspection was facilitated by the person in charge who had worked in this centre prior to the renovations and was supporting the five residents in the centre they were temporarily residing in with their transition plans. The inspector of social services completed a walk around the premises with the person in charge and then reviewed documentation in an office location. Day 2 of the inspection was facilitated by the service manager as the person in charge had moved to another role. The inspector was informed that the provider was recruiting to fill the position, with interviews scheduled just after the inspection.

On arrival to the centre on day two of the inspection, the front of the house had been freshly painted and the driveway had been resurfaced. Inside the house, there was a fresh and pleasant smell. The provider had installed a new ventilation system due to historic ventilation issues which had caused black mould in the older parts of the building. Residents bedrooms had been freshly painted and were ready for residents' furniture and personal belongings to be delivered. Residents had made decisions in relation to which furniture they would like to bring with them, and what new items they would like. There were two bathrooms in the original part of the house and some works had been completed to these. A bath had been removed from one of them, and a new one was due to be installed.

The works to the premises has resulted in additional communal spaces being available for residents. Previously there was a kitchen come living and dining room. Now there was a large kitchen with work areas designed to suits residents' mobility

needs, a large living room, and a separate large dining room. The two living areas had double doors out to the back garden and shed area, and there were sky lights in the roof. There was also now an additional large bedroom with an ensuite bathroom. Two of the bedrooms had their own fire exits out to the side garden. Overall, accessibility had improved in the centre with widened doors and corridors, and the addition of a number of fire exits.

The front driveway had space for the centre's vehicle and there were also two garden areas available. One of these was to the side of the house and another to the back. Plans were in place to make patio areas and raised beds in the gardens, and while doing this works would be completed to make paths more accessible.

Transition plans had been developed for the five residents who were due to move to the centre. Residents were involved in picking flooring, the kitchen and counter tops, the paint colour for the walls, the type of bed and storage they would like, the furniture, and the soft furnishings in the house. Residents were kept informed when building delays occurred, and they listed who they wanted to keep informed of the progress of their transition. They also listed what needed to be in place before they moved, and things they would like to do when they moved.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the service's quality and safety.

Capacity and capability

Overall the inspector found that the governance and management arrangements in the centre would ensure that residents were in receipt of a good quality, person-centred and safe service. As previously mentioned, there were no residents living in the centre at the time of the inspection, but the building works and renovations that had been completed in their home had resulted in it being more accessible, having improved fire safety measures, and the availability of more private and communal spaces. Some improvements were required in relation to staffing numbers, fire safety and the premises. These will be discussed later in the report.

At previously mentioned, the provider was recruiting to fill the person in charge vacancy at the time of the inspection. Interim arrangements were in place identifying a person participating in the management of the designated centre (PPIM) as person in charge.

The provider was found to be identifying these areas of improvement, and the service manager described plans to bring about these improvements. The provider had systems in place to ensure that they completed an annual and six monthly reviews. There was an audit schedule in place and staff meetings were due to occur monthly. There were systems in place to ensure incidents were recorded, reviewed and followed up on. Incident reports would be reviewed by the person in charge,

and quarterly reviews were planned by the person in charge and PPIM. The inspector was informed that regular formal supervision was scheduled between the person in charge and PPIM.

There were a number of staff vacancies in the centre at the time of the inspection. While the provider was recruiting to fill these vacancies they had plans to use regular relief and agency staff to fill the required shifts.

Registration Regulation 8 (1)

The provider submitted all of the required information with the applications to vary Condition 1 and 3 of the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were a number of staff vacancies at the time of the inspection, including the vacant person in charge post. On day one, there was one whole time equivalent (WTE) staff nurse vacancy, 0.5 (WTE) social care worker vacancies, and one WTE healthcare assistant vacancy. On day two, the inspector was informed of the person in charge vacancy and told that the healthcare assistant vacancy was filled. they were also informed that a staff nurse from the relief panel would be doing regular shifts in the centre.

There were planned and actual rosters in place. The inspector reviewed sample rosters and from the sample reviewed, eight to 12 shifts were due to be covered weekly by relief or agency staff. This equated to between 20% to 30% of the required shifts being covered by relief or agency.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre had appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place to ensure the quality of care and experience of residents was being monitored on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability in the centre.

The inspector found that the provider had systems in place to regularly complete audits and reviews. These included an annual and six monthly reviews of care and support in the centre. In addition, the local management team had plans to complete regular audits in key areas of service provision. As previously mentioned, the provider was self-identifying areas for improvement and generating action plans.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and available in the centre. It contained the information required by the regulations. There were systems in place to ensure it was being regularly reviewed and updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

As previously mentioned, the extension and renovations had resulted in attractive, spacious communal areas being available to residents and inside the premises was more accessible and meeting the number and needs of residents due to live in the centre. More works were planned to further improve the accessibility of the garden areas and to ensure that residents could access and use the shed where laundry equipment was situated. A review of fire safety measures and equipment was also planned by the provider.

An occupational therapist had visited the centre just before the inspection and had made some recommendations in relation to the external pathways and some equipment that was required in the bathrooms in the centre. There were suitable arrangements in place for the disposal of general and clinical waste and enough showers and toilets to meet the number of residents living in the centre. Rooms were of a suitable size and layout and residents' bedrooms had built in storage. Residents had a say in how the centre was designed and decorated, and they

participated in choosing furniture and soft furnishings.

There were suitable fire containment measures in place and systems to ensure that fire equipment was serviced regularly. This included quarterly servicing of the fire alarm and annual servicing of fire-fighting equipment. However, fire equipment was overdue a service at the time of the inspection. The inspector was informed that this was scheduled for a number of days after the inspection, and prior to residents moving in. There were adequate means of escape, including emergency lighting. An additional fire exit door was ordered and due for delivery after the inspection. Residents had personal emergency evacuation plans which took into account their mobility and the levels of support they required to evacuate, if any.

Regulation 17: Premises

The design and layout of the centre was found to be in line with the centre's statement of purpose. As previously mentioned, the building works and renovations in the centre had resulted in improved accessibility, improved fire safety measures, and increased private and communal spaces being available for residents. The house appeared light, bright, comfortable, homely and spacious. Residents now had more spaces to engage in their preferred activities, and to spend time with their family and friends, if they wished to.

There remained a number of outstanding works and actions relating to the premises at the time of the inspection. For example;

- Some furniture and white goods were due to be delivered.
- Finishing works were required to some wardrobes and the kitchen.
- A bath had been removed and a replacement was due to be installed,
- The shed was not plastered, the window frame did not appear to be in good working order and there were some white goods which required cleaning or replacement.
- A new front door and a double door for one of the bedrooms was on order and due to be delivered and installed.
- Works were planned in the garden including the installation of a patio, and works to improve the paths.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide in place and available in the centre. It contained the information required by the regulations. This included a summary of the services and facilities provided to residents, the terms and conditions of residency,

arrangements for resident involvement in the running of the centre, how to access inspection reports, the complaints procedures, and arrangements for visits.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents were consulted with as part of the transition process. They had transition plans in place which captured their wishes and preferences in relation to the move. They were involved in picking flooring, furniture, soft furnishings, and paint colours for their home. They were also kept informed throughout the building process, and informed of delays as they occurred.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed significant works in relation to fire safety in the centre. This included the installation of additional fire doors and self-closing mechanisms, the installation of a number of additional fire exits, and the installation of thumb locks on fire exits.

However, at the time of the inspection fire extinguishers were due to be serviced, and a review of the number of extinguishers was required. The garden to the side of the house was due to be levelled to aid fire evacuation from two of the bedrooms, and one of the fire exit doors was due to be replaced. The inspector was informed that this was ordered and they were awaiting at the time of the inspection. In addition, the fire safety measures in the shed required review by the provider. The inspector was informed that plans were in place to link the fire panel in the house, to the shed.

Judgment: Substantially 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	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Cabra Road - Community Residential Service OSV-0003059

Inspection ID: MON-0031854

Date of inspection: 05/12/2022

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A recruitment process has commenced for the PIC position. A relief staff nurse has been relocated to cover 37.5 hrs per week, One HCA has been recruited and is being processed with HR. The provider will identify a number of SCW 's to fill the remaining .5 SCW vacancy to ensure continuity of care. The provider will continue to engage with the recruitment process.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All furniture and white goods will be in place by 12-12-22, Wardrobes are going to be fitted / replaced by 12-12-22 and storage units within shared living spaces by 16-12-22. French doors are being fitted in one bedroom 9-12-22 , The front door has been ordered Bath has been replaced Window in the shed is being repaired 12-12-22 white goods are in good working order and fit for purpose The garden works have been prioritized for Spring 2023.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All extinguishers have been serviced, the number and location of fire equipment will be assessed by an external fire company by the 12-12-22 The garden will be leveled in spring 2023, all individuals can safely evacuate through current doors. French doors in one bedroom will be fitted 9-12-22 The shed has been linked to the fire alarm system within the main house.	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2023
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.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023

Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	12/12/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	12/12/2022