



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

Issued by the Chief Inspector

Name of designated centre:	An Tra
Name of provider:	Avista CLG
Address of centre:	Dublin 3
Type of inspection:	Announced
Date of inspection:	04 May 2023
Centre ID:	OSV-0007899
Fieldwork ID:	MON-0030907

About the designated centre

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

An Trá provides residential care for up to four adult residents with an intellectual disability. The centre is a six bedroom semi-detached bungalow situated in a coastal suburb on the North side of Dublin. There is a cobble locked garden in front of the house and a spacious garden enveloping the house. Each resident has their own bedroom, all of which have an en suite bathroom. There is also a lounge, kitchen, dining room, a small sitting room and two bathrooms. The house is close to a number of local amenities such as a local park, a promenade, coffee shops, restaurants, churches and shops. Residents have access to a bus to support them to access their local community. Residents are supported by registered nurses and care staff 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 4 May 2023	09:15hrs to 16:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This was an announced inspection which took place in order to inform a decision to renew the registration of the designated centre. The inspector found that residents were living in a beautiful home which was well suited to their needs. There were high levels of compliance found on this inspection, which will be detailed in the body of the report.

The house is a large six-bedroomed bungalow in a coastal suburb in North Dublin. The centre opened in 2020 and three residents moved from a large 22-bedded setting to the house, with a fourth resident transitioning in from another campus-based setting in 2021. The house comprises four resident bedrooms, all of which have en suite bathrooms. There is also a large accessible bathroom, a staff sleepover room with an en suite bathroom, a sitting room and a kitchen dining area. The house has a patio and paved garden which is visible from all of the bedrooms in the house. The centre is near to many local amenities and transport links. Residents had beautifully decorated bedrooms, which were personalised in line with their preferences and their life story.

The inspector had the opportunity to meet all of the residents on the day of the inspection. Residents in the centre presented with complex communication needs. Some residents communicated verbally, while others communicated using gestures, facial expression, sounds and body language. The inspector engaged with residents and observed them in their daily routines. On arrival, one of the residents had gone to church and returned shortly afterwards and enjoyed a cup of tea. Another resident spoke about going to a show and their plan to go to the cinema in the afternoon. They showed the inspector their bedroom and their personal belongings and said that they liked living in the house. Another resident was observed baking with staff - smiling and clearly content in the staff member's company. Another resident was observed to have a face and head massage to soft music and were relaxing on the couch for a time after it. Later in the afternoon, a resident received a video call from a relative in another continent. They were supported by staff to tell the family member their news. They were observed to be happy and content. Some of the staff on duty on the day of the inspection had worked with residents for over twenty years and it was clear that both residents and staff were relaxed and comfortable in each others' company. There was a feeling of warmth and respect in the centre, with staff and resident interactions being noted as familiar and kind. The house had a calm atmosphere and was very homely.

Staff members outlined the positive outcomes which a move to the community had for residents. For example, one resident, due to high behaviour support needs used to have a high staffing ratio and did not engage in many activities outside of their home in their previous centre. This resident was now due to be discharged from behaviour support and went out to the cinema with one staff and another resident on the day of the inspection. Significant changes were evident in the everyday choices available to residents in their new home. Residents chose their daily

routines, their meals, their clothes and it was evident that they were supported to access activities of their choosing in their local community. Another resident had a significant decrease in incidents of behaviour of concern since their move. Staff were continuing to increase the levels of activity and engagement in the local community. A record of activities sampled was kept and this informed other activities for residents based on their reactions and preferences.

Residents were also supported to do some chores where they wished to do so. One of the residents was learning how to pay for items in a small shop across from the house. They were involved in the local tidy-town committee and met them on a weekly basis to clean up a local promenade. Other activities residents did included taking part in park runs, attending church, going into the city centre on the bus and going for coffee, attending a seniors club and taking part in a local initiative called cycling without age. This enabled residents to have the opportunity to move around a local park on a specialised bike which was cycled by local volunteers.

To gain further insight into residents' views, the inspector reviewed questionnaires which had been sent to the designated centre prior to the inspection. Questionnaires request feedback on the centre itself, food and mealtimes, visitors, rights, activities, staff and complaints. Four of these were completed by staff on behalf of residents, while one was completed by a family member. Questionnaires indicated that residents took part in activities outside the centre such as attending mass, going to church, taking the local bus into the city centre, walking and going for coffee. One of the family members said that the staffing "couldn't be any better". Another reported that "staff are excellent". Another relative described how the resident was never rushed to get out of bed in the mornings and reported the staff to be 'devoted' in finding activities to suit their relative. Another family member commented on how positive a move to the community had been for their relative. The provider's annual review report noted similar findings. Relatives described staff as "dedicated" "polite and caring". There were a number of compliments logged from the GP which residents attended, members of the public and relatives complimenting the care which residents were getting in the centre.

Staff in this centre had received training in human rights. It was evident that staff in the centre strived to uphold residents' rights to privacy and dignity and to exercising choice and control in their daily lives through their practices. There was evidence of staff advocating for residents who required support to do so. For example, for one resident who used a wheelchair, the current bus did not suit their needs. A member of staff submitted a complaint on that resident's behalf to the provider and there was evidence to show that they continued to follow up on the complaint to ensure that a positive outcome was achieved for the resident. Residents meetings took place and were documented in a way which reflected how residents' reacted to various topics and agenda items.

In summary, from what residents told the inspector, what the inspector observed and from speaking with staff, it was evident that residents were well-supported in this centre and were enjoying a good quality of life. The next two sections of the report present the inspection findings in relation to the governance and

management in the centre , and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and structures in place to ensure that the service provided was safe, consistent and appropriate to residents' assessed needs. Since the last inspection, there was a new person in charge. They were based in the centre once a week, at a minimum. The provider had carried out six-monthly unannounced provider visits and an annual review , both of which identified areas requiring improvement, and were in line with regulatory requirements. Monitoring and oversight of care at centre level was achieved through regular audits and a central action tracker was used to ensure all identified areas were progressed in a timely manner.

The provider had resourced the centre with an appropriate number of staff , with the required skills to best meet residents' assessed needs. While there were vacancies on the day of the inspection, the provider was actively recruiting for these roles. It was evident that the provider was endeavouring to use a small bank of agency staff where they were required. The risk of disruption to residents' continuity of care was mitigated by a regular staff being present with agency staff on all shifts for the previous month in addition to using the same agency staff over the previous months. Additionally, there were good systems in place to induct and supervise agency staff.

Staff training was found to be up to date in mandatory areas. A training needs analysis was carried out and staff had completed additional training in areas relating to infection prevention control and in more specific courses related to residents such as feeding, eating, drinking and swallowing difficulties and first aid. Staff had also completed training in person-centred planning, human rights and the team was in the process of doing training on advocacy.

The provider had a complaints policy in place which was clear and easy to understand. There was evidence of staff making complaints on behalf of residents and of ensuring that a suitable outcome was in progress for the complainant. The provider kept the complainant informed about the progress of their complaint.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the necessary documentation required to apply to renew the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector viewed the planned and actual rosters and found that they were well maintained. There were a number of vacancies in the team on the day of the inspection a nurse and care staff. In the weeks prior to the inspection, there was evidence of the provider endeavouring to use the same agency staff to fill vacant shifts as required. For example, over the previous month, there were 48 vacant shifts which were covered by 7 staff. Some staff on the team had worked with the residents for over twenty years and there were no occasions over the past month where agency were not working alongside a regular member of staff. Therefore, the inspector was suitably assured that there were appropriate staffing arrangements in place to best meet residents' assessed needs and to provide continuity of care. Schedule Two files were reviewed prior to the inspection and found to be appropriately maintained.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and found that a training needs analysis had been completed by management to ensure that all training needs of staff were identified. Staff had completed training in a number of mandatory areas such as fire safety, safeguarding, food safety, manual handling and managing behaviours of concern. Staff had also completed training in areas related to infection prevention and control and areas specific to residents needs such as feeding, eating, drinking and swallowing difficulties and person centred planning. As mentioned in the opening section of the report, staff had done training on human rights and on the assisted decision making act (2013). They were in the process of doing further training on advocacy. Staff supervision took place every six months and supervision notes indicated that clear actions were recorded in supervision sessions to ensure ongoing development of staff.

Judgment: Compliant

Regulation 22: Insurance

The provider effected a contract of insurance against injury to residents and other risks in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear management structure in place which outlined lines of responsibility. The provider had carried out six-monthly unannounced visits in addition to an annual review. These were carried out by a senior member of management and included input from both residents and family members. Meetings between persons in charge and senior management took place every two weeks and these meetings included sharing learning across centres in the organisation.

At centre level, the person in charge and delegated members of staff carried out audits in a number of areas such as finances, infection prevention and control, health and safety and residents' care plans. The person in charge had a central action log in place to ensure that all required actions from inspections, provider visits and regular audits were tracked and progressed in a timely manner. Staff meetings had a set agenda in place which included incidents and accidents, quality of life, audits, safeguarding and other resident-related issues. There was evidence of reflecting on learning within these meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which contained all information set out in Schedule 1 of the regulations. The inspector found that the statement of purpose was regularly reviewed, and that a copy was made available to residents and families.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given the chief inspector notice of notifiable events within specified time frames laid out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents which was in an easy-to-read format. The complaints log indicated that two complaints had been made on behalf of a resident. These were investigated promptly and the complainant was supported to learn about the outcome of their complaint. This was in progress on the day of the inspection. It was evident that staff were actively pursuing a suitable outcome for the resident to improve their quality of life in the service.

Judgment: Compliant

Quality and safety

Residents in the centre were found to be receiving safe, good quality care which was suited to their needs and expressed preferences. Residents in the centre communicated in a variety of ways which included speech, body language, vocalisations, facial expressions and pointing. Staff on duty had a long-established knowledge of supporting residents communication and there was documentation on file in relation to supporting residents' communication.

Behaviour support plans were in place where they were required and these had clear information from staff on how best to support residents in a proactive and positive way. Residents had regular input from the clinical nurse specialist in behaviour where this was required. The inspector found that the provider had suitable arrangements in place to protect residents in the centre from abuse. Residents personal care plans gave clear guidance to staff on providing appropriate support and in a way that upheld residents' rights to privacy and dignity.

The inspector found a notable increase in the activities residents were enjoying in the community since the last inspection. Residents enjoyed a range of different activities and staff continued to sample different activities with residents to build upon their experiences and ascertain their likes and dislikes.

The premises was found to be in a good state of repair and well suited to residents' needs. There was a system in place to record any maintenance issues and demonstrated actions in progress for minor issues such as flooring in one room.

The provider had suitable risk management systems in place to ensure risks were identified, assessed and controlled within the centre. Incidents and accidents were documented and investigated and learning was shared with staff to mitigate the risk of recurrence of adverse events.

There were fire management systems in place in the house to protect residents from fire. Detection and containment equipment was in place and regularly checked. Each resident had a personal emergency evacuation plan (PEEP) and these were updated regularly. Fire drills were taking place on a regular basis and demonstrated reasonable evacuation times. Drills reflected on each residents' reactions and PEEPS were updated as required.

Regulation 10: Communication

As outlined earlier in the report, residents in the centre presented with a range of communication support needs. Staff were very knowledgeable about each resident and their communication support needs. They were noted to be very responsive and attuned to residents' communication signals. Residents had communication passports and communication support plans in place and these had detailed information on appropriate responses to questions a resident may ask and information on each residents' comprehension levels and decision making profiles. Easy-to-read information was available for residents and staff gave an example of how residents' enjoyed looking at this information. Information was collated on areas which were relevant for residents and available in their bedrooms for them to access. Photographs were also used to support residents' communication in the centre. Residents meetings were recorded clearly to show how each resident responded to parts of the agenda and these were reflective of their communication support plans.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were well supported to access facilities and activities of their choice in their local community. There had been a clear increase in the level of activities residents were doing in the past four months, with residents engaging in community initiatives such as the tidy towns committee, the park run and cycling without age. Community mapping and sampling of different activities continued for residents to build up the opportunities for residents. Activity planners were regularly audited to ensure that residents continued to access and enjoy activities of their choosing. Residents were well supported to maintain contact with their family and friends with whom they previously lived.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be in a good state of repair and well-suited to the residents' assessed needs. Storage was a significant issue on the last inspection. This had since been addressed, with the installation of a large shed to the side of the property and allocating a room in the house for storage of mobility aids including wheelchairs. A hand rail had been fitted on the corridor for residents' safety. Residents had their own bedrooms and en suite bathrooms which were personalised to them. They had ample space to store their belongings. The courtyard was accessible to all of the residents and they enjoyed a lovely view out to the courtyard from their bedrooms.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider prepared a guide for residents on the designated centre which met regulatory requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which met regulatory requirements. There were suitable arrangements in place in the centre to ensure that risks were assessed, managed and reviewed on a regular basis. This included a system for responding to emergencies. Each resident had risk assessments in place where required and the risk register was reviewed on a regular basis. Adverse incidents were reported and documented in line with the provider's policy. The person in charge had developed clear documentation to facilitate staff to reflect on adverse events to ascertain possible predisposing factors and learning arising from the incident. This information was shared with management and reviewed in staff teams. Safety pauses took place each day to ensure that any change to care plans or risk assessments were communicated immediately to staff.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had suitable measures in place in the centre to ensure that residents were protected from fire. There were detection and containment systems in place in

addition to emergency lighting and fire-fighting equipment. Regular checks and servicing of equipment was evident. Residents had individual risk assessments and personal emergency evacuation plans in place. Fire drills were well documented and there was a clear record of what each resident did and what recommendations were made to ensure ongoing safety. All drills demonstrated reasonable evacuation times.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had a positive behaviour support plan in place where it was required. One residents' plan indicated that it was regularly reviewed and contained proactive and reactive strategies to give clear guidance to staff on how best to manage any behaviours of concern. Restrictive practices in the centre were for health and safety reasons such as a sensor mat and bed rails. These had been assessed by relevant health and social care professionals and were regularly reviewed. For one restriction, there was a reduction plan in place and evidence of developing residents' skills in using a swipe card to access and exit their home. A full restrictive practice review was carried out with members of a multidisciplinary team on a quarterly basis, and it was evident that these reviews focussed on residents' rights to inform their decision making.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate systems in place to protect residents from abuse. Staff were trained in safeguarding and there was a safeguarding policy and procedures to guide staff practice. There were a very low number of safeguarding incidents in the centre. Where an incident occurred, the inspector found that these were recognised, reported and investigated in line with national policy. Safeguarding plans were reviewed where required. The inspector viewed a sample of residents' personal care plans and found that these were suitably detailed to guide staff to provide assistance in a manner which respected the residents' dignity and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

As outlined at the beginning of this report, residents were supported to exercise choice and control in their daily lives in the centre. Residents' communication support needs were recognised and consultation with residents took place in a meaningful and person-centred way. Residents had house meetings which was facilitated through using practical demonstrations, photographs and residents using their tablets to show others what activities they had done. Minutes were recorded using both words and photographs of residents engaging with the agenda. Individual rights assessments were carried out for each resident on various aspects of their lives to reflect on any restrictions or barriers to residents' rights and to put a plan in place to address these areas. For example, for one resident their access to finance had changed by them having a bank account and being supported to learn how to use their debit card. This supported both their right to autonomy and access to their personal belongings.

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	
Registration Regulation 5: Application for registration or renewal of registration	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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant