



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

Name of designated centre:	Gentili House
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	05 November 2018
Centre ID:	OSV-0002093
Fieldwork ID:	MON-0022059

About the designated centre

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

This designated centre offers a residential service for vision impaired young people, aged 18-23 both male and female, including young people who are vision impaired with additional disabilities. The primary and main aim of a residential placement in this centre is to facilitate access to appropriate education provision. This centre provides a residential service from Sunday to Friday afternoons during school term time, September to May/ June. The offer of a placement in the centre is made in accordance with the admissions policy and procedures, with a maximum number of 6 residential students being catered for. The designated centre is not intended to serve the needs of vision impaired young people whose needs are deemed to be best met in a home or hospital setting, or in a residential treatment facility. The premises consist of a two storey house that is located on the grounds of Child Vision campus in a mature residential area, close to amenities and public transport. Each resident has their own separate bedroom. There are a number of communal areas including a kitchen, dining room, sitting room and sensory / relaxation room. The centre is staffed with four social care staff members (3.5 whole time equivalent), and one team leader. Support is provided over the 24 hour period by the staff team. This includes the availability of two staff each night on a sleepover shift.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

To prepare for this inspection the inspector or 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
05 November 2018	12:30hrs to 18:00hrs	Louise Renwick	Lead

Views of people who use the service

The inspector met the four residents who were staying in the centre of the day of inspection, spoke with two residents specifically about their experience of staying in the centre and observed interactions between staff and residents. The inspector was present for a music session that residents enjoy with staff each week. Four questionnaires were also given to the inspector, one which was filled in by a resident and three which were completed by relatives of residents.

Through these engagements with residents, the inspector found that residents enjoyed staying in the centre, had fun with the staff and their peers and thought of the centre as a nice place to stay while attending their education and vocational programmes. Questionnaires showed that residents felt they had choice and control over their day to day lives, that they were happy with their private accommodation and overall they were satisfied with the care and support being offered by the staff team.

Capacity and capability

The inspector found that the registered provider and the person in charge were ensuring a good quality and safe service was provided to residents staying in the designated centre. There were clear lines of responsibility and accountability in the organisation, and effective governance and management systems to ensure the service was monitored. The registered provider had put in place an effective system of self evaluation to strive for quality improvement, with a focus on identifying what was done well, and what could be done better. The annual review and six monthly unannounced visits to the centre were used as a tool to strive for further improvement.

The provider had ensured the centre was adequately resourced, both financially and through the provision of a competent and skilled workforce. Residents could avail of timely access to multidisciplinary team members employed by the provider. There was a system of communication between the provider, staff, the wider multidisciplinary team, people involved in education and vocational training of residents, residents themselves and their families. For example, regular meetings occurred with the staff team working in the centre, and people in charge of designated centres across the service met regularly. Residents from the different designated centres met regularly with the Director of Care for the service users forum, to voice their opinions and bring up anything they wanted to discuss.

Systems were in place for the collection of information such as feedback,

complaints, adverse events and incidents and this information was evaluated and used by the provider to positively inform and improve the quality of the service. Any learning or areas in need of change or address were looked at and welcomed as an opportunity to further improve.

The provider had ensured appropriate management was in place with a person in charge who meets the requirements of the regulations and a consistent and familiar staffing team who were trained to meet the needs of residents. Residents had known some of the staff for a number of years, and there was continuity of their care and support. Gaps in staff training were quickly identified and attendance at refresher training was planned for in advance. Staff were supervised on a day to day basis while working alongside the person in charge, and also received more formal supervision on a one to one basis. Yearly appraisals were completed with the staff team to review performance. Staff felt they could raise any issues with the provider or members of management. Overall, the inspector found that the provider demonstrated that they were competent and capable of delivery a good quality service through a clear governance structure, and management systems that monitored the provider's effectiveness and pushed for continuous improvements.

Regulation 14: Persons in charge

The provider had appointed a new person in charge in September 2018 to manage the designated centre. The inspector found the person in charge was knowledgeable on the individual and collective needs of residents, and was suitably skilled, experienced and qualified to carry out their role. The person in charge worked full-time, had worked in the organisation for a number of years, and was well known to both residents and staff.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that adequate staffing had been allocated to the designated centre in order to meet residents' needs. On the day of inspection there were two staff vacancies which the provider was currently recruiting. Until these posts were filled the person in charge was availing of relief staff along with managing the roster to ensure the centre was effectively resourced.

There was a planned and actual roster maintained in the centre to show who was on duty, and this was reflective of who was working on the day of inspection.

Nursing care, if required was available to residents through a nursing team based on site. The nursing team supported the staff to ensure medicines were appropriately

managed and any particular healthcare needs were well supported.

The inspector reviewed a sample of records outlined in Schedule 2 for all the designated centres previously, and found there to be complete records for staff working in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had ensured staff had access to training and refresher training in key areas, in order to support the needs of residents in the centre. On review of records, and through speaking with staff the inspector found that mandatory training was delivered and kept up to date, with a system of oversight in place.

The person in charge had a written agreement in place with staff members outlining how often they would complete supervision. Records of these meetings were kept by the person in charge. The person in charge worked in the designated centre alongside the staff team and there were clear allocation of duties each day.

Information on the Health Act 2007 (as amended), Regulations and National Standards, as well as other guidance documents for best practice were kept in the designated centre and available for staff to read.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust and effective governance structure in place with clear lines of accountability and responsibility.

The provider had ensured effective systems were in place in the designated centre to demonstrate that the service provided was safe, good quality and effectively monitored.

There had been an annual review and six monthly unannounced visits arranged by the provider.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

the inspector found that admission to the designated centre was transparent, and based on clear criteria as outlined in the provider's policies and procedures and the Statement of purpose. Residents were aware of what was available to them while in the designated centre, as each resident had a student handbook given to them at the start of the term, and signed a written agreement based on its content. Residents were not charged any fees or rent for their stay.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured that there was a written Statement of Purpose in place that adequately described the service and facilities on offer in the designated centre.

Judgment: Compliant

Quality and safety

The registered provider had demonstrated capacity and capability to govern, manage and monitor the designated centre, and this was resulting in a safe, person-centred delivery of care and support to residents.

The inspector found there to be adequate risk management and fire safety systems in place to keep residents, staff and visitors safe. Risk was appropriately identified, assessed and managed in the centre. Risk was seen as a part of every day life and the control measures in place to alleviate or reduce known risks was not having a negative impact on residents' quality of life or their right to take a risk. There was a recording system in place for any adverse event with appropriate action taken to learn from accidents, incidents or near misses

Residents' needs, wishes and aspirations were identified through an effective assessment and planning process in consultation with the resident and their families. Residents had access to a wide range of allied health care professionals and if required, were supported by staff team to attend appointments and were encouraged to be healthy. Information reviewed in residents' files was person centred and aimed at assisting the resident with their educational programme as well as life skills and personal development. Residents spoke with the inspector about the different activities they loved to do while staying in the centre, and it was clear that residents and staff enjoyed singing and making music together on the

evening of the inspection.

Residents felt safe staying in the centre and there were mechanisms in place to ensure residents were protected from harm or abuse. The provider had a written policy on the prevention and detection of abuse which was in line with the National Policy on safeguarding. Staff had received training in safeguarding and in Children First legislation. Residents felt they could raise any issue or concern with staff or their families.

The inspector found that the systems in place to manage medicine in the designated centre were safe. There was a nursing team available to assist with aspects of medicine management, staff had been training in the safe administration of medicine and storage was secure. Residents were encouraged to take as much control over their medicine as possible. The inspector saw some residents receive their medicine from staff during the inspection, and found that staff had created person-centred ways to interact with each individual to ensure they understood their medicine, what it was for and why they needed to take it. Residents were active participants in the process of checking and signing for medicine and staff had made up songs for residents to sing to help them remember what each medicine was for and how it helps them. Overall it was an inclusive and fun way for residents to take control of their health and any medicine that assisted them to be well.

The provider had ensured a pleasant and safe environment for residents which was suitable to their collective and individual needs. Each resident had their own room that they could choose themselves at the start of term. One of the bedrooms was downstairs and had been adapted with a walk in shower room en-suite to facilitate residents who use a wheelchair. The building had extra rooms for residents to use to practice their music, relax or spend time alone in. The building was old, in need of upgrading and located on the site of the provider's head office. In order to provide a more modern and accessible community based centre, plans were in place for the relocation of this designated centre to a new premises within the next three year cycle of registration. Residents, families and staff had been informed of this, and as things were progressing they were being kept informed.

Overall, the inspector found that the provider and person in charge were ensuring a safe and good quality service was offered to residents in line with the written statement of purpose and residents' individual needs and goals. The inspector found a high level of compliance with the Regulations looked at on this inspection, and was assured that the provider had mechanisms in place to self assess and continue to improve areas of care and support going forward.

Regulation 10: Communication

The inspector found that residents had timely access to Speech and language therapy (SALT) for assistance with communication. Information and guidance from

SALT was incorporated into residents' plans and staff were familiar with any supports residents needed for their communication. The inspector found that there alternative communication methods were supported and encouraged, and staff took time getting to know residents' individual way of expressing and understanding information.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured there was a risk management policy in place and risk management systems to adequately and proportionately identify, assess and manage risk. There was a system in place to record and learn from adverse events.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured the centre had fire safety systems in place, with a fire detection and alarm system in place along with fire fighting equipment and emergency lighting. Due to residents' needs to independently mobilise safely around the house, some fire doors were kept open during the day time. However, they were not fitted with mechanisms to close automatically in the event of a fire. Staff were aware of their requirement to close doors themselves as part of the response to the alarm sounding.

Residents had been supported to complete fire drills and to understand the evacuation plan in the event of the alarm sounding.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the systems in place for the administration and storage of medicine and found that medicine was securely stored, and two staff administered medicine together in line with the local procedure. Medication errors were low in the designated centre, and the social care team were supported by the nurses employed by the provider who worked centrally. Residents were encouraged to take as much control of their medicine as they could, and were supported by the team to learn about any medicine, why they were taking it and what it does.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was an adequate system in place for the assessing and planning of residents' health, social, personal and education needs and wishes.

Documentation was accessible for residents and contained clear and up-to-date information. Goals and plans were reviewed regularly.

Judgment: Compliant

Regulation 6: Health care

Residents were encouraged and supported to have good physical and mental health through access to allied health care professionals and clear health care plans. Advice from the multidisciplinary team was incorporated into plans and residents were supported to attend appointments and gain understanding about any health issues.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the systems in place for the safeguarding of residents and found them to be robust. There was a policy in place to guide staff on how to prevent, detect and respond to any allegations, suspicions or concerns of abuse or harm. Residents told the inspector that they felt safe living in the centre, and would talk to one of the staff if they felt concerned. The provider had a named designated officer to screen and investigate any allegations, suspicions or concerns, and staff were aware of who this person was and their role. The person in charge was aware of their role in the safeguarding mechanisms and staff had been trained in both Children First and the safeguarding of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Gentili House OSV-0002093

Inspection ID: MON-0022059

Date of inspection: 05/11/2018

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The service being offered currently in Gentili House is due to be transferred to a new build, no later than September 2019. As part of this new build automatic door closers will be included. The current building occupied as Gentili House is scheduled to be demolished.	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/09/2019