



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Telford Houses & Apartments
Name of provider:	Health Service Executive
Address of centre:	Dublin 4
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0002314
Fieldwork ID:	MON-0034184

About the designated centre

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

Telford Houses and Apartments is a designated centre which is located on a campus setting in South Dublin. This centre is in the process of closing and originally comprised of three semi-detached houses and 10 apartments, however, is now operating from four resident apartments and two other apartments for staff offices and administration accommodation. The centre provides residential services to residents with a wide range of needs. Primarily residents have a diagnosis of visual impairments, however, support needs include communication difficulties, mild intellectual disabilities, and psychological and mental health needs. The staff team is comprised of a person in charge, staff nurses and carers.

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

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
Tuesday 5 October 2021	10:30hrs to 15:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From speaking with residents and from what the inspector observed, it was clear that the registered provider and person in charge had sustained the recent significant improvements which were made in the standards of care and support provided to those availing of its services. Overall, residents told the inspector that they were happy living in the centre and felt safe. They explained how their quality of life had improved over the past year and while they remained anxious about the prospect of moving from the centre, they explained that they were appropriately supported to form long-term plans.

This inspection was completed as part of the regulatory plan for this centre following a recently completed inspection in April 2021 which demonstrated significant improvements overall. Prior to this, a notice of decision to cancel the registration of the centre was issued to the registered provider which later changed to the Health Service Executive (HSE) in November 2020. In the time since this change, there has been an enhancement of the governance and management arrangements which have resulted in a person-centred and rights based model of care.

In the time since the last inspection of the centre 10 residents were discharged from the centre and moved to a variety of settings including residential placements, nursing homes and independent living arrangements. This group were supported with these moves through comprehensive assessments and transition plans and the person in charge reported that all 10 former residents were "doing well" and "were very happy" with their new placements or accommodation. The inspector found that the views, preferences and wishes of the former residents were central to the plans that were put in place and the discharges which occurred.

At the time of this inspection there were four residents living in the centre. The inspector met with two of these residents who were present in the centre at the time of the inspection. In both cases the residents recognised that the standard of the services being provided had improved significantly over the previous year. The residents told the inspector that they felt safe living in the centre and knew how to express any concerns that they may have. While it was clear that in some cases the preferences of the remaining residents was to continue living in this centre, they recognised the need to consider their long term futures and plan for moves from the centre in due course. This, in some cases, was a cause for upset and frustration for residents, however, the inspector found that appropriate supports were in place to assist the residents with this process including access to independent advocacy supports and from the disability team in the HSE. One resident told the inspector "I feel that I don't want to move from here" while another resident explained "I have moved [around a lot] in my life and I want this move to be my last".

The areas of the centre being actively used by residents and the staff team had reduced considerably in the time since the last inspection. The residents were all living in their own apartments and staff members were using two other apartments

for administrative purposes and for the preparation of meals. The centre was found to be clean and warm throughout and provided for a comfortable and homely living environment for residents. There were appropriate numbers of toilets and showers and there were good arrangements in place for the storage of personal belongings. Residents had access to telephones, internet connections and assistive technology where required. There were opportunities for residents to have guide dogs and the accommodation provided space for these assistance animals. The inspector found that there was a calm and peaceful atmosphere in the centre at the time of the inspection.

The inspector met with the person in charge and a number of staff members during the course of the inspection. They acknowledged that it was a stressful time for residents and explained that the supports they provided included active listening, advocacy supports, reminders about personal rights and regular engagement where possible. The staff members told the inspector that they had seen a positive improvement in the standard of the services being provided in the centre and were complimentary of the person in charge and management team. They were observed to be respectful in their interactions with residents and treat them in a kind manner. In addition, the manner in which staff members spoke about residents was sensitive, respectful and appropriate.

Overall, the inspector found that the improvements which had been identified at the time of the last inspection of the centre had been sustained and had resulted in a more person-centred and human rights based approach to the provision of care and support to residents. The inspector found that there was a supportive and considerate approach taken to the long-term planning process for residents and former residents and those who remained in the centre were experiencing improved standards of service provision and good quality of lives.

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 on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall, this was a well managed centre where residents were experiencing a good quality of life. The findings of the inspection were very positive and demonstrated that the improvements observed at the time of the last inspection had been sustained and embed in the day-to-day practices of the centre.

The centre was found to be appropriately resourced and there were clear management structures in place. The person in charge was found to be providing effective leadership and was clear on their role and responsibilities as outlined in the relevant legislation, regulations and national and local policy. There were effective management systems in place and there were a suite of audits completed in areas

such as infection prevention and control, staffing, security of the centre, health and safety, complaints and safeguarding. While there was an annual review of the centre completed for 2020, the inspector found that a six-monthly visit by the registered provider was overdue. A representative of the registered provider explained to the inspector that this was planned for the weeks subsequent to the inspection.

The inspector found that the number and skill mix of the staff team employed in the centre was appropriate to meet the needs of the resident group who were availing of its services. The workforce were found to be competent and flexible and demonstrated a culture of providing for a supportive environment and acting as advocates for residents when required. It was clear to the inspector that there was good continuity of care and support which resulted in staff and residents developing good relationships.

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity in the centre and possessed suitable skills, qualifications and experience to manage the centre. They were involved in the governance, operational management and administration of the centre and were providing appropriate leadership to ensure that safe and quality services were being delivered to residents. The inspector found that they had a clear understanding of their role and vision for the service to be provided.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive assistance, care and support in a respectful, timely and safe manner. There was good continuity of care and support being provided. There were actual and planned staff duty rosters maintained which clearly communicated the start and finish times of shifts, the names of staff members on duty along with their job titles.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of good quality person-centred care and support. There was a need, however, for the registered provider to

complete a six-monthly unannounced visit to the centre as required by the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. There were no complaints made in the centre in the time since the last inspection. Residents told the inspector that they were aware of the complaints procedure if they ever felt it necessary to express dissatisfaction with the service being provided. Independent advocacy services were available to residents and some individuals were actively availing of these supports.

Judgment: Compliant

Quality and safety

The inspector found that the residents who were availing of the services of the centre appeared to receive care and support which was of a good standard, promoted a human rights and person-centred approach, and safeguarded them from experiencing abuse. In addition, there was evidence available to demonstrate that residents were supported to live active and meaningful lives. Residents were consulted with about how the centre was operated and their needs were being met through the provision of appropriate supports and services.

The registered provider was ensuring that residents were supported in a manner which promoted their rights, maximised participation and was directed by the residents' own choices, decisions and preferences where possible. Residents told the inspector how they had been supported to make informed decisions about their care and long-term future plans. They were empowered to ask questions and to make their own decisions and were supported by independent advocates where required.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. While there had been a small number of allegations recorded in the time since the last inspection in the centre, the inspector found that these had been appropriately managed in line with the requirements of local and national policies.

Regulation 25: Temporary absence, transition and discharge of residents

The registered provider, person in charge and staff team were found to have sensitively engaged with and supported residents to plan for their long-term futures. In some cases, residents had been discharged from the centre to other settings such as residential placements or nursing homes as per their transition plans. In other cases, transition plans had been developed with the input of residents and were awaiting housing approval before moving. The inspector found, however, that in a small number of cases that there was an absence of developed transition plans in place and an overall lack of evidence to demonstrate the engagement which had occurred with the residents on this matter.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. Staff members and residents had access to stocks of personal protective equipment and there were systems in place for stock control and ordering. There was a COVID-19 information folder available which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur. There were hand sanitising stations at a number of locations throughout the centre and staff members were observed to be wearing face masks in line with public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the person in charge and staff team demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe in the centre and knew how to report any concerns that they may ever have. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence available to demonstrate that the resident group was supported to exercise their rights, were included in decision making processes about their care and support, and were supported to exercise choice and control over their daily lives while availing of the services of the centre. There was a culture present in the centre which promoted the inclusion of residents in the running of their home and promoted a person-centred approach to the provision of care and support.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Telford Houses & Apartments OSV-0002314

Inspection ID: MON-0034184

Date of inspection: 05/10/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Six-Monthly unannounced visit to the Centre has been carried out on 07/11/2021 in compliance with Hiqa regulations .The register provider representative has also set a plan in place to carry out an annual review of the Centre in January 2022.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p> <p>The Provider/PIC engaged in a broad transition plan with all residents in earnest following transition of the service in November 2020. To date 14 residents have transitioned to appropriate placements and these transitions were enabled through individual engagements with each resident and/or their advocate/support persons where requested and or required. Appropriate consent was sought from all residents in this regard.</p> <p>Two of the remaining (4) residents were assisted to view independent/sheltered accommodation housing option on the 13/10/2021. The residents then had more detailed individual transition meetings on 29/10/2021 and 03/11/2021 with the Disability Manager, Person in charge and had the option of inviting their next of kin/ Advocates to discuss about different potential options. Further one to one transition meetings are scheduled on 12/11/2022 to continue assisting remaining residents to explore their options.</p>	

Plans are also in place with 2 local authorities for the remaining 2 residents to transition to independent living/supported accommodation in line with their individual preferences. Engagement is ongoing in this regard and residents are engaged with regularly with updates.

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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/01/2022
Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a resident from the designated centre is discussed,	Substantially Compliant	Yellow	31/12/2021

	planned for and agreed with the resident and, where appropriate, with the resident's representative.			
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