



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:	Short Notice Announced
Date of inspection:	27 April 2021
Centre ID:	OSV-0002314
Fieldwork ID:	MON-0024079

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 comprised of three semi-detached houses and 10 apartments and supports residents with residential services 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, a clinical nurse manager, staff nurses and care attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 April 2021	10:00hrs to 14:00hrs	Thomas Hogan	Lead
Tuesday 27 April 2021	10:00hrs to 14:00hrs	Marie Byrne	Support

What residents told us and what inspectors observed

From speaking with residents and from what the inspectors observed, this was a well run centre which demonstrated significant improvements in the standards of care and support being provided to those who were availing of its services. The inspectors found that residents were much happier with the services they were in receipt of and there had been a significant shift in the model of service provision which now embraced a person-centred approach.

This inspection was completed as part of a regulatory plan for this centre following the issuing of a notice of decision to cancel the registration of the centre and the subsequent change of registered provider to the Health Service Executive (HSE). The HSE took over the management of the centre on 02 November 2020 and in the time since have strengthened the management and oversight arrangements. This, along with an increase in skill mix, staffing numbers and improved continuity of care for residents, has resulted in an improved quality of life and positive outcomes for the resident group.

The inspectors met with seven residents during the course of the inspection. They told the inspectors about how the services they were receiving had improved significantly and how they were much happier as a result. The residents shared their daily routines with the inspectors and explained how the COVID-19 public health related restrictions were impacting on their lives. The residents understood the need for these restrictions but were looking forward to a post pandemic life and the opportunity to reengage with family and friends. Some residents told the inspectors that they continued to worry about their future in the centre following the withdrawal of the previous registered provider and the lack of certainty about the long term use of the facilities by the group in the future. They added, however, that the new management team were very supportive in assisting with planning and exploration of various other options available to them.

The residents all told the inspectors that they felt safe living in the centre and knew how to report a concern or complaint if they needed to. There was a relaxed atmosphere in the centre at the time of the inspection and it was clear that the management and staff teams had developed supportive relationships with the resident group. One resident told the inspectors that the new staff and management teams were "so kind" and that this was "the first time [they had] good things to say about the managers here". Another resident described the managers as being "...so kind, compassionate and understanding". They added that "there are still a lot of worries about the plans in place and our future". Another resident described how there was an overall "dramatic improvement" in the standard of services being delivered and provided an example of being supported with the promotion of their rights. The views of another resident supported these findings who added that while they were "apprehensive about the future", they were also "looking forward to the possibilities".

In addition to speaking with residents, the inspectors received nine completed residents' questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback received overall with the majority of residents indicating that they were satisfied with the service they were in receipt of. One resident stated "I was unhappy with some teething problems at the beginning of the new HSE management but everything is sorted out so quickly I am so very impressed with the new managers and staff team". Another resident stated that "I am happy with the choice and control over my own daily life".

The premises of the centre were found to be clean and warm throughout and decorated in line with the preferences of the residents and provided for a homely living environment. Each resident had their own bedroom and there were sufficient numbers of toilets and shower facilities. Some residents were living in their own apartments while others were sharing group homes. There were opportunities for residents to have guide dogs and the accommodation provided space for these assistance animals. The inspectors visited a number of areas during the course of the inspection and found that there was an enjoyable atmosphere at the time. Some residents were finishing a meal and the inspectors observed this to be a relaxed and sociable experience.

There was clear evidence to demonstrate that residents were enjoying an improved quality of life living in this centre when compared to previous inspections completed. It was clear that there was a new focus on the human rights of the resident group and the creation of a culture of person-centredness. Residents were being engaged with in a respectful and dignified manner about their future plans and their long-term preferences. In some cases, there were formalised plans in place for residents which they had contributed towards and were fully agreeable to and in other cases plans were partially formed with ongoing exploration of various models of independent or supportive living. In the cases of a small number of residents, the planning process had not yet commenced and this was as a result of their own preference not to engage in that process to date. The registered provider demonstrated that a respectful approach was being utilized which was individualised and resident led. There were regular meetings with the resident group and those who wished to have an independent advocate were supported through a referral and inputs from such services. Some agenda items of the resident meetings included complaints, safeguarding and personal rights. Residents who wish to were supported to attending counselling services on a regular basis.

The staff team were observed to be respectful in their interactions with residents and treated them in a kind and patient manner. The manner in which staff members spoke about residents was sensitive, respectful and appropriate. It was clear that the increased numbers of staff along with the enhanced skill mix of the staff team and the improved continuity of care and support was having a positive impact. For example, residents were now being made aware of the staff duty rosters in advance and knew who to expect on duty each day and in addition, staff members were

more familiar with the individual needs and preferences of residents.

While overall, the inspectors found significant improvements in the standards of care and support being provided in the centre, there were a number of areas which required further development and improvement to ensure regulatory compliance. These included the notification of incidents to the Office of the Chief Inspector as required by the regulations, fire safety and safeguarding. The inspectors found, however, that the registered provider was generally aware of the need for improvement in these areas and had plans in place to address these identified failings.

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

Overall, the inspectors found that this centre was well managed and residents were in receipt of improving and high standards of services. The findings of the inspection were very positive overall, and demonstrated that the registered provider had made significant efforts across many of the regulations inspected against. There was clear evidence available to demonstrate that residents had improved outcomes and felt safe. While there were improvements noted across a significant number of regulations, there were some areas which required further input and development.

The inspectors found that there was effective leadership in the centre through the person in charge and clinical nurse manager who were clear on their roles and their responsibilities. The management structures were clear and there were developed management systems in place which allowed for oversight of the care and support being delivered. The centre was adequately resourced to meet the collective needs of the resident group and to provide services as outlined in the centre's statement of purpose. The registered provider had completed an annual review for 2020 and had completed six monthly unannounced visits to the centre as required by the regulations.

The number and skill mix of the staff team deployed in the centre was appropriate to meet the number and needs of resident who were availing of its services. There were significant improvements in the continuity of care being provided to residents which had a positive impact on the wellbeing of the group who had developed meaningful relationships with the staff team. There were appropriate arrangements in place for the supervision of staff members and regular one-to-one supervision meetings were taking place with all members of the team.

Regulation 15: Staffing

There were sufficient numbers of staff members deployed in the centre to meet the assessed needs of the resident group. Nursing care was provided in line with the centre's statement of purpose and the residents' needs. 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 16: Training and staff development

Staff members had access to training and refresher training in line with the organisation's policy. In addition, they had completed a number of trainings in line with residents' assessed needs. Staff members were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had developed effective systems to ensure that the centre was well managed and that there was appropriate oversight of the care and support being delivered to residents. The local management team were aware of the areas of non-compliance and areas that required further improvement prior to the completion of the inspection and in most cases had commenced an action plan to address these matters. This demonstrated the ability of the registered provider to self-identify areas for improvement and initiate improvement plans where required.

Judgment: Compliant

Regulation 31: Notification of incidents

A number of incidents which had occurred in the centre which met the criteria for notifying the Office of the Chief Inspector had not been notified as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspectors found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. A complaints register was maintained and there was clear evidence available to demonstrate that complaints had been investigated and responded to in a timely manner and complainants were satisfied with the outcomes of these actions.

Judgment: Compliant

Quality and safety

The inspectors found that the residents availing of the services of this centre were in receipt of care and support which was of a high standard and which had significantly improved in recent months.

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. Residents told the inspectors that they felt listened to and heard and, in most cases, were actively contributing to the formation of long-term plans for their future. There was increased choice in the form of menu planning and there was increased involvement of residents in the operation of the centre. Resident reported feeling happier and less apprehensive overall and described the changes in the staff and management teams as being very positive for them.

There was evidence available to demonstrate that residents were supported to live active, meaningful and rewarding lives in the centre. This was led by residents who had developed a natural network of supports including friends, family members, independent advocates and relationships with the wider community. The inspectors found that the staff team knew the residents well and had formed supportive relationships with them. It was also clear that residents felt supported and safe while living in the centre.

Regulation 10: Communication

The registered provider had established the communication support needs of residents and had responded through ensuring that there were accessible, tailored and inclusive methods of communication available to the resident group. For example, internet access was now available for all residents who requested it and

contracts of care were printed in braille to ensure that residents knew the terms of service provision in the centre. The licence for software to allow residents convert documents to suitable text had been sourced and the telephone systems in the houses and apartments had recently been upgraded.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that the centre was well maintained, was accessible for residents, and allowed for a safe and comfortable environment in which to reside.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors found that the resident group were supported to eat a varied and nutritious diet and were communicated with about their meals and preferences. Staff members had recently commenced the preparation of some main meals within the centre which reduced the provider's reliance on an external catering company. Residents reported an improved quality of meals being provided and noted that there was good levels of choice available. The registered provider explained that they were sourcing dietetics input for those who required it and in addition had completed a food survey amongst the residents in March 2021. The inspectors observed part of a mealtime experience and found it was an unrushed and enjoyable experience.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The registered provider was found to have sensitively engaged with residents to begin the process of planning for their long-term future. In some cases, residents had been discharged from the centre to other residential placements at their request. In other cases, transition plans had been developed with the input of residents and were awaiting further information before moving. In a few cases, in line with the requests of residents the planning process had not yet begun and the registered provider was exploring all options for residents. The inspectors found that this process was resident led and was progressing at a pace set by the individuals

concerned.

Judgment: Compliant

Regulation 27: Protection against infection

The inspectors found that the resident group were protected by the infection and control policies and procedures in place in the centre. The provider had a contingency plan in place and this was reviewed and updated on a regular basis. The staff team were observed to be wearing personal protective equipment (PPE) in line with public health guidelines. There were good stock levels of PPE available in the centre at the time of the inspection and there were increased levels of cleaning taking place. There were hand sanitizing stations throughout the centre and residents and staff had been informed about the importance of hand hygiene. Residents were being kept up-to-date on the COVID-19 pandemic and were supported to understand the benefits of the vaccination programme.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the inspectors found that the provider had taken significant action in addressing previous non-compliances in the area of fire precaution. Fire containment measures had been installed in all areas that required them and additional fire extinguishers had been installed. Approval had recently been given for the upgrade of the fire alarm and detection systems and works on this area were due to commence shortly. There were some requirements for additional emergency lighting which had been identified by the registered provider and this was currently being costed and awaited approval. There were personal emergency evacuation plans in place for each resident and the provider was completing fire drills on a regular basis.

Judgment: Substantially compliant

Regulation 8: Protection

Residents told the inspectors they felt safe living in the centre and knew how to report concerns if they ever experienced abuse of any kind. While the inspectors found that the staff and management teams knew the various forms of abuse and the actions required if they ever witnessed abuse or had an incident of a safeguarding nature reported to them, there were two minor incidents identified

which had occurred and were not followed up on in line with local or national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence available to demonstrate that the centre was operated in a respectful manner and residents were supported to exercise their personal rights. The resident group were encouraged to actively contribute to the operation of the centre and to decisions being made. There was independent advocacy service inputs available to those who requested them and residents were afforded choice where possible. There were a number of examples of residents exercising control over their own lives and long-term planning processes which resulted in positive outcomes for the group.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Telford Houses & Apartments OSV-0002314

Inspection ID: MON-0024079

Date of inspection: 27/04/2021

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge shall ensure that the Chief Inspector will be notified in writing within three working days of all incidents that occur in the Centre in relation to; any allegation suspected, or confirmed, of abuse of any resident. Regular review of all incidents, complaints or concerns shall be reviewed by senior staff, which includes the PIC and Designated Officer to determine that all incidents are reported in line with the Regulations and Safeguarding Policy</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Contract is in place to upgrade the fire panel detection system for the apartments, with works to be completed in June 2021. An audit to scope and cost additional emergency lighting requirements across the houses and Fitzwilliam has been completed for the service and upgrading work has commenced. Recent fire drills have been overseen by the Fire Officer and Fire Training Officer who were satisfied with the response time taken to evacuate the Apartments and Houses.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Person in Charge shall ensure that the Chief Inspector will be notified in writing within three working days of all incidents that occur in the Centre in relation to; any allegation suspected, or confirmed, of abuse of any resident. Regular review of all incidents, complaints or concerns shall be reviewed by senior staff, which includes the PIC and Designated Officer to determine that all incidents are reported in line with the Regulations and Safeguarding Policy. Two minor incidents noted on the day of Inspection have been notified to the Chief Inspector in line with the regulations.</p>	

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(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	25/06/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	25/06/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	04/05/2021
Regulation 08(3)	The person in charge shall initiate and put in	Substantially Compliant	Yellow	04/05/2021

	place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
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