



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:	St Mary's Centre (Telford)
Address of centre:	Dublin 4
Type of inspection:	Short Notice Announced
Date of inspection:	28 July 2020
Centre ID:	OSV-0002314
Fieldwork ID:	MON-0030076

About the designated centre

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

The designated centre is located on a shared campus in South Dublin which provides services for persons with disabilities. Services to older persons are also provided through two nursing homes on the campus. 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 and care attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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 28 July 2020	10:05hrs to 17:00hrs	Marie Byrne	Lead
Tuesday 28 July 2020	10:05hrs to 17:00hrs	Andrew Mooney	Support

What residents told us and what inspectors observed

There were 19 residents, all of whom were women, living in the centre on the day of inspection and the inspectors had the opportunity to meet with nine residents and to speak with one resident on the phone during the inspection. The residents had a range of care and support needs and their ages ranged between those in their 30s to residents in their 80s. Some of the residents told inspectors that they had been living there for almost 60 years. Some residents told inspectors that this was the only home they could remember as they came to the service as children.

Overall, residents reported to inspectors that they were very upset, distressed and worried for their future. They said they had been informed four days previously by the person in charge that the provider had sought a high court order to liquidate the company and they did not know if they were going to lose their homes. They raised concerns about the provider and the board of directors who had sought voluntary liquidation without informing residents and since the court case, had not provided any information or consulted them on what was happening to their homes.

A number of residents voiced their concerns that this centre was one of a kind and designed to meet their specific care and support needs. Some residents described the centre as their haven and a place where they were safe. They explained that the unique configuration and layout of the centre enabled them to build relationships with other residents and this was very important to them. They said that they now felt insecure in their homes as they were told that the centre would be closing. Others explained the important role their pets had in their life and worried about the prospect of losing them as they might not be able to bring them to alternative residential services. The inspectors observed residents becoming visibly upset while considering the impact of the voluntary liquidation of the centre.

Residents were very complimentary towards the person in charge and the staff team and said that they were safe and happy in their homes up to this point.

Capacity and capability

Overall, inspectors had concerns about the fitness of the provider due to on-going failure to bring the centre into compliance with the basic requirements set out in the regulations but also because the provider had taken action to place the company in voluntary liquidation, placing the homes of residents at risk, with no information being provided to residents or consultation with residents.

This risk based inspection was scheduled following contact with the Chief Inspector of Social Services by the provider on Friday afternoon, the 24 July 2020 to inform

the Chief Inspector that the provider had sought an order from the High Court for the appointment of provisional liquidators to the company and that this had been granted on that date.

On that Friday afternoon, an inspector made contact with the person in charge to seek assurances about the welfare of residents and that adequate resources were in place to meet the needs of residents over the weekend. The person in charge confirmed that there were adequate staffing and other resources available over the weekend and she informed the inspector that she had not been made aware of the application by the provider to the courts for voluntary liquidation and that residents had not been informed.

This inspection took place four days after the application to the High Court and the inspectors found that neither the provider nor the liquidator had provided any information, explanation or support to residents during this distressing time. On completion of the inspection, the liquidators undertook to engage with the residents and to provide more information to them.

While inspectors' primary focus was on ensuring that there continued to be resources available to meet the support needs of residents, they also found that there continued to be non-compliances in the operation of the centre similar to the previous inspection. During this inspection, inspectors spoke with the liquidator who indicated that their instruction was to complete the liquidation, subject to further court hearings. Following the inspection, the liquidator indicated that the process would be completed within a number of months. They also confirmed that there were sufficient resources to continue to meet the costs of running the centre. They did not appear to be aware of the requirement in Section 66 of the Health Act 2007, as amended to provide written notice of not less than six months of their intention to cease operating the centre. At the time of the inspection, no such notice had been submitted to the Chief Inspector.

Inspectors required the liquidator to take immediate action relating to the safety of residents in two areas. Inspectors found that there was a high reliance on agency staff in the centre but there were no arrangements to ensure that the agency staff were suitable to work in the centre and the provider had not confirmed agency staff had the basic safeguarding requirement of Garda Vetting. Following the inspection, the person in charge confirmed to inspectors that such arrangements were now in place. In addition, following the previous inspection, the provider was unable to provide assurances in relation to the safe evacuation of residents at night time in the event of a fire. They had put revised fire evacuation arrangements in place which relied on staff from other centres on the site to assist if there was a fire. However, one of those centres had since closed and the other was in the process of closing, so those arrangements were no longer available. Following the inspection, the liquidator confirmed that they had the fire arrangements reviewed by a fire expert and were in the process of implementing the fire expert's recommendations to ensure the safety of residents.

Following the inspection, as a result of the concerns relating to care and support for residents and the day-to-day management of the centre, inspectors met with the

liquidator and required the liquidator to submit weekly reports to the Chief Inspector on key areas of concern such as the staffing, support for residents, occurrence of specific incidents in the centre and availability of resources for residents.

Regulation 14: Persons in charge

There was a full time person in charge in place, who was suitably qualified and experienced to fulfill the role.

The person in charge was assisting residents in their distress and, with the liquidator, and was ensuring continuity of care and support for residents.

Judgment: Compliant

Regulation 15: Staffing

There were not enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. Inspectors saw that there were reduced staffing levels in the evenings and at night, and the person in charge told inspectors that they sometimes had to wait days to be supported to do activities in the local community.

The provider had identified a requirement to recruit a further four full time staff including two nurses and two care staff but had not progressed with that recruitment.

There was no system in place to verify that agency staff were suitable to work in the centre and some information that is required by Schedule 2 of the Regulations to ensure the suitability of staff had not been obtained.

Judgment: Not compliant

Regulation 16: Training and staff development

The education and training available to staff had been improved since the previous inspection and enabled them to provide care that reflected up-to date, evidence based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

Prior to the appointment of the liquidator, the registered provider had not been adequately monitoring the quality of care and support for residents in the centre.

They had failed to complete annual or six monthly reviews in line with the requirements of the regulations or to complete any other audits of the safety and quality of service.

The provider had not implemented their improvement plan to provide support and supervision to the person in charge in fulfilling her role and the person in charge confirmed this on inspection.

The provider had failed to prioritise the needs of residents or keep them informed in relation to the provider's application to the courts for voluntary liquidation. They had also failed to communicate with the residents following the court order.

They had failed to inform the Chief Inspector within the required time frame of their intention to cease to carry on the business of a designated centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

From a review of accident, incident, near miss and complaints records in the centre it was evident that incidents were being notified to the Chief Inspector as required by the Regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the provider had not prioritised the welfare and security of residents. Residents were not informed of the providers decision to seek voluntary liquidation and at the time of the inspection, the provider had not communicated with residents to alleviate their anxieties, clarify their queries or provide information on what was planned for their homes. Inspectors found that residents were upset and distressed on the inspection and while the person in charge and staff were trying to provide comfort, the residents had known about the voluntary liquidation order for four days and were very worried about their homes. The liquidator undertook to meet with residents to discuss what was happening

after the inspection.

Inspectors reviewed arrangements around keeping residents safe and found that the fire arrangements at night time, as discussed in previous section of the report, had not been updated to ensure that residents could be safely evacuated in the event of a fire. As discussed earlier in the report, the provider was required to take immediate action to ensure the safety of residents. In addition, following the previous inspection, a fire expert had recommended the installation of self closing mechanisms on designated doors and the provider had failed to implement this.

Inspectors reviewed infection control arrangements, particularly in light of the COVID-19 pandemic and found that there were arrangements to minimise the risk of infection for residents and a plan to respond in the event of an outbreak of infection in the centre. The premises were found to be clean. There were cleaning schedules in place, which had been adapted in line with public health advice relating to COVID-19. There were policies, procedures and guidelines for use during the pandemic. The provider had good stocks of personal protective equipment (PPE) available and systems in place for stock control and ordering. Most of the staff team had completed additional training in relation to infection prevention and control including hand hygiene training and training relating to the use of PPE. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence.

Residents' healthcare needs were assessed and healthcare plans were developed as required. From the sample of healthcare plans reviewed, residents had care plans in place for all identified healthcare needs. Residents had access to allied healthcare professionals in line with their assessed needs. There was evidence that residents who were eligible, by means of age, gender or healthcare condition, were accessing the relevant National Screening Services.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Allegations or suspicions of abuse were reported and escalated by the person in charge in line with requirements of the organisation's and national policy. A review of arrangements within the centre by inspectors confirmed that the person in charge had implemented appropriate safeguarding plans. Residents had intimate care plans which clearly outlined their wishes and preferences.

Regulation 26: Risk management procedures

Actions identified in the centre's previous compliance plan had not been implemented. There was a lack of appropriate oversight of risk within the centre, for instance the centre's risk register had not been updated since 2017. Furthermore, the centre's risk management policy had not been reviewed and was found not to contain two areas of risk required by the Regulations.

Judgment: Not compliant

Regulation 27: Protection against infection

The prevention and control of health care related infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Some improvements in fire safety precautions since the previous inspection were evident. Each resident had an up to date personal emergency evacuation plan (PEEP). The provider had increased the availability of fire fighting equipment. The centre's fire alarm and emergency lighting had been serviced regularly.

However, high risk areas within the centre did not have appropriate self closing mechanisms installed on fire doors, as recommended by a fire expert. Furthermore, it was not evident that all residents could be safely evacuated in the event of a fire, as fire drills were not reflective of all possible fire scenarios and the staffing arrangements that were no longer available in the event of a fire.

Judgment: Not compliant

Regulation 6: Health care

Residents had their healthcare needs assessed and care plans developed as required. They were supported to access allied health professionals in line with their assessed needs and to access National Screening Services.

Judgment: Compliant

Regulation 8: Protection

The person in charge was implementing the arrangements to keep residents safe from the risk of abuse including investigations in relation to any incident, allegation or suspicion of abuse and took appropriate action to ensure the safety of residents

where there was a risk of abuse.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Telford Houses & Apartments OSV-0002314

Inspection ID: MON-0030076

Date of inspection: 28/07/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The Joint Provisional Liquidators have sought to redeploy staff from Loyola nursing home for the purposes of supplementing the current roster in the Disability Service. A number of staff members, both nurses and healthcare staff, have confirmed their interested in being redeployed to the Disability Service. Additional agency staff are also being engaged to assist with the roster. All candidates will be assessed for suitability in relation to their experience and qualification for fulfilling a role in the disability service • As agency staff are booked, their relevant paperwork for proof of Identity, Garda Clearance and Qualification is sought prior to being placed on the roster. A file of agency staff details is maintained in the administration office. If allowable, the intention of the provider moving forward is to decrease the reliance on agency staff by increasing availability of whole-time staff on the roster. • Appropriate assurances are sought from the agency staff provider to ensure that the agency staff being engaged have not been exposed to Covid-19 and are symptom free prior to commencing work at St. Mary’s. The PIC also carries out a risk management prior to any agency staff commencing with St. Mary’s. • Ongoing review of residents’ needs are been undertaken and changes to the staffing levels are made as those needs change. 	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Weekly meetings between the person-in-charge, person-participating-in-management and members of the liquidator's staff takes place to review the management of the Disability Service, updates on residents and any other issues or incidents that have arisen.
- Annual and sixth monthly reviews, if appropriate, will be carried out in conjunction with the management team.
- The joint liquidators have met individually and in groups all residents of the Disability Centre. Communication remains ongoing with all residents updating them on the liquidation. The Joint Liquidators intend to issue weekly updates to residents in respect of the progress of the liquidation in language that is suitable and understandable for all residents.
- Independent advocates have also been engaged on behalf of residents to represent their views and concerns during discussions with the liquidators.
- No decision has been made in respect of informing the Chief Inspector of the closure of the Disability Centre for the following reasons:
 - The official winding up Order for the Company has not yet been made;
 - Discussions remain ongoing with third parties regarding a long term solution for residents, which may include a third party taking over the Centre for a period of time to allow residents transition to a new facility.

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- It has been agreed that an updated risk register is required for the Disability Service. Quotes are being sought from relevant service providers in this area to prepare an up to date risk register.
- Fire safety inspections and reports have been undertaken to ensure the Centre is up to date with all relevant guidance. Recommendations and changes outlined in the report are being implemented, which include the installation of self-closing hinges on kitchen doors, fire training for all staff and simulated fire drills taking place.
- In specific response to night staff on duty, an additional member has been placed on night duty in the Disability Centre to assist with the evacuation plan.

- Overall staffing numbers to be increased to enhance and increase opportunities for residents to participate in social and recreational activities of their choosing and interest. Avoidance of disruption to planned events is to be adhered to at all times where possible and safe to do so in line with staffing numbers available and infection prevention control restrictions in relation to Covid-19

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Self-closing hinges have installed on kitchen doors. Further noise activate hinges are to be installed by end of September. We are arranging with the contractor to complete this work as soon as possible.
- As set out above, an additional night duty staff member has been placed on the roster to meet this requirement.
- Fire inspections and reports have been received from a fire safety expert and the actions points are being reviewed and implemented as appropriate.
- Fire Drills and fire training provided to staff on 20 August 2020.
- Simulated fire drills have also taken place to ensure staff and residents are aware what they need to do in the event of a fire.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Red	28/09/2020
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	28/09/2020
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and	Not Compliant	Red	28/07/2020

	documents specified in Schedule 2.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Red	28/09/2020
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Red	28/09/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Red	28/09/2020
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and	Not Compliant	Orange	31/01/2021

	safety of care and support in the designated centre and that such care and support is in accordance with standards.			
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.	Not Compliant	Red	28/09/2020
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Not Compliant	Orange	31/10/2020

Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Not Compliant	Orange	31/10/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Red	28/09/2020
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	07/09/2020
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre,	Not Compliant	Orange	31/10/2020

	and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	05/11/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	27/08/2020
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/09/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means	Not Compliant	Red	04/08/2020

	of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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