



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

Issued by the Chief Inspector

Name of designated centre:	Cabra Road - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	15 October 2020
Centre ID:	OSV-0003059
Fieldwork ID:	MON-0021120

About the designated centre

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

Cabra road is a community based residential home in Co. Dublin providing care and support for up to five ladies, over 18, with an intellectual disability. The centre is located in a quiet residential area and the house consists of five bedrooms, two bathrooms, a staff sleepover/office, a utility room and a kitchen come living room. There is a large front and back garden and there is a storage shed/laundry room in the back garden. The house is close to a variety of local amenities such as a pharmacy, shops, pubs, churches and parks. There are good local transport links close to the centre. Residents are supported on a 24 hour basis by a staff team consisting of a clinical nurse manager, staff nurses, social care workers and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 15 October 2020	09:30hrs to 15:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with the four residents living in the centre, at the time of the inspection. In addition, residents completed a questionnaire in relation to care and support in the centre, prior to the inspection.

Throughout the inspection, the inspector could hear residents chatting to each other and to staff members. On numerous occasions the inspector could hear laughter coming from the kitchen and living room. A number of residents told the inspector what it was like to live in centre including how they were supported by staff. They talked about the importance of friendships they had with other residents in the centre, and how they had supported each other when a number of their friends and family had passed away.

During the inspection, residents described the impact of visiting restrictions in line with government and public health advice. They spoke about friends and family members who were important to them and told the inspector how they were keeping in touch with them by telephone or video call. Prior to the current level of restrictions, they had been meeting their family members and other visitors in the garden.

A number of residents talked about how much they were missing meeting their friends and staff members in day services. They told the inspector that they understood why they were limiting their movements and not engaging in the usual levels of activity in their local community, but talked about how much they were looking forward to getting back to their usual levels of activities.

They gave examples of activities they were missing such as, going to exercise classes, going for coffee with their friends, going to a local shopping centre and going to their favourite hairdressers. They then went on to describe activities that they were enjoying at home such as cooking and baking, art and crafts, reading, spending time with staff and watching their favourite programmes on television. They also talked about going for walks and about how important it was to them to get fresh air.

Each of the residents spoke fondly of the staff team and the support they offered them. They were particularly complimentary towards how supportive staff were during some difficult times which they had encountered over the last number of months. Each of the residents told the inspector that they felt safe and were aware of the complaints procedure. They all said they would go to the person in charge or a member of the staff team if they had a complaint or a concern.

A number of residents talked about the extension which was planned in the centre. They said they were looking forward to the extension as they would like more space. They told the inspector that the kitchen and living space were too small and talked about how the centre needed painting, decorating and a number of repairs.

The feedback in the questionnaire completed by residents prior to the inspection was predominately positive. Overall, residents were happy with the comfort levels in the centre, the food, their choices, the complaints procedures and the availability of activities. Residents also described areas for improvement in these questionnaires. For example, one resident would like new blinds in their bedroom and a number of residents gave examples of improvements they would like in relation to food and mealtimes in the centre. These improvements related to the time they would like their meals, what they would like to eat more often, and how they would like their food served.

In these questionnaires, residents described activities they enjoyed such as, swimming, Zumba, drama, shopping, arts and crafts, baking, and using computers. They described how important it was to them to have someone to talk to, and to have staff who they could trust working with them. They described how staff in the centre listened to them and helped them when they had a complaint. One resident described staff in the questionnaire as good and kind and stated that they were well supported to make their choices by the staff team. All residents stated in the questionnaire that they were well supported and happy with the staff team.

Capacity and capability

Overall, the inspector found that the registered provider was monitoring the quality of care and support for residents. They were completing regular audits and reviews and identifying areas for improvement in line with this and other inspections in the centre. However, a number of actions from these reviews and the compliance plan following the last inspection, had not been progressed or fully completed in line with the timeframes identified. The majority of these action related to plans the provider had to completed works in the centre, including building an extension. These works had now been delayed a number of times. The inspector was informed during the inspection that the provider had secured planning permission and funding to complete these works. However, works had been delayed in line with the pandemic, and there had been difficulties securing suitable accommodation for residents to move to while the works were to be completed.

There were clear defined management structures in place and staff had clearly defined roles and responsibilities. There were effective systems in place to support staff to carry out their duties to the best of their abilities. Regular audits were being completed and staff meetings were being held. The audit schedule included regular audits in relation to areas such as, care planning, medications, fire, maintenance, incidents, residents' finances and complaints.

The person in charge had the qualifications, skills and experience to fulfill the role. They were supported by a number of persons participating in the management of the designated centre (PPIM) and the service manager. They were identifying areas for improvement in line with the findings of the inspection, and tracking and

completing actions from audits and reviews in the centre. They were found to be knowledgeable in relation to each residents' care and support needs and motivated to ensure they were well cared for, well supported and encouraged to develop and maintain their independence skills, and to experience a variety of different experiences in order to ensure they were engaging in meaningful activities.

The annual reviews by the provider were not completed for the centre on an annual basis. In addition, the latest one had not been fully completed and did not include the views of residents or their representatives. The provider was aware of this and had plans in place to complete an annual review for 2020. The provider was completing unannounced visits to the centre and developing action plans following these visits. There was evidence that the majority of the actions following these reviews were being completed and that these actions were leading to positive outcomes for residents in relation to their care and support and their environment.

Residents were supported by a staff team who were familiar to them and who were aware of their care and support needs. Each of the staff who spoke with the inspector was found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy and safe. There was a 0.5 whole time equivalent vacancy for a social care worker in the centre. This was not found to be impacting on continuity of care in the centre as all the required shifts were being covered by the staff team or regular relief staff. Throughout the inspection, residents were observed to receive assistance in a kind, caring, respectful and safe manner. Each of the residents were complimentary towards the staff team. A number of residents discussed how important it was to them to be supported by someone familiar with their needs who listened to them. Residents had contacted the service manager to request a staff member who had previously been on placement in the centre, to come work with them. This staff member had been recruited and was now working in the centre.

Staff had access to training and refreshers in line with residents' needs. However, the staff team required training in managing behaviour that is challenging and a number of staff required refresher training in food safety. It was evident that efforts were being made to ensure that staff were completing a number of online trainings during the pandemic. There was no formal supervision in place in the centre. While waiting for supervision training, the person in charge had just commenced informal supervision with the staff team. Staff who spoke with the inspector stated they were well supported in their roles and were aware of their roles and responsibilities in relation to residents' care and support and the day-to-day management of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The required information was submitted with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full time person in charge in post who had the qualifications, skills and experience to carry out the role.

They had systems in place to ensure they were monitoring the quality and safety of care for residents and were found to be knowledgeable in relation to residents' assessed needs and motivated to support residents to happy, safe, making choices in relation to their day-to-day care and support, and engaging in meaningful activities.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a staff team who were familiar with their needs. When speaking with residents, they were all complimentary towards the staff team.

There were planned and actual rosters in place and they were well maintained.

There was 0.5 vacancy for a social care worker and while recruiting to fill the position, the required shifts were being covered by the staff team or regular relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed some training and refreshers in line with residents' assessed needs. However, the staff team required training in the management of challenging behaviour and two staff required food safety training.

In the absence of supervision training and the roll out of formal staff supervision, the person in charge was meeting regularly with staff and had recently commenced recording these meetings. Staff who spoke with the inspector all stated that they were well supported and could raise concerns to the person in charge, if required.

Judgment: Substantially compliant

Regulation 22: Insurance

There was appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member.

The provider had systems in place to monitor the quality of care and support for residents. However, they were not proving effective due to lack of progress on actions in the annual review, six monthly reviews by the provider and the compliance plan following the last inspection in the centre.

The latest annual review of quality of care and support had not been fully completed and did not include actions in some sections, or the input of residents or their representatives.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre which contained the required information and been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was given notice in writing of incidents occurring in the centre in line with the requirements of the Regulations.

Judgment: Compliant

Quality and safety

Overall, the provider and person in charge were striving to ensure that residents were in receipt of a good quality and safe service. Residents were being supported to make choices and engage in meaningful activities. They were supported by a staff team who were familiar to them and motivated to ensure they were happy and safe in their home. However, in line with findings of previous inspections, areas of the centre were found to require maintenance, painting and decorating.

The provider had plans in place to complete an extension in the centre, and had secured planning permission and funding to complete these works. There were four residents living in the centre at the time of the inspection and the provider did not have any plans to admit anymore residents until the extension was completed. They were planning to convert one of the bedrooms in the centre to a living room to ensure residents had additional communal space, and a private space available for visitors, should it be required. There was evidence of regular management meetings to discuss the planned extension and evidence that the person in charge was updating residents and their representatives regularly in relation to the delays. A number of residents who spoke with the inspector said they were happy in their home, but were looking forward to the extension being completed.

The centre was found to be clean and comfortable. Residents' bedrooms were decorated in line with their wishes and preferences. Halloween decorations were up including a pumpkin which had been carved by residents and staff. One resident told the inspector that the central heating was not working in their room and they would like it fixed. Another resident put in their questionnaire, that they would like their room to be warmer. The provider was aware that the heating system needed work and had plans to complete these works as part of the extension works. In the interim, they had provided electric heaters in the centre, including some for residents' bedrooms. Residents also told the inspector that the bath needed repair and that the house needed painting inside. The bath had been reported and the repairs were due to be completed following the inspection. There appeared to be black mould in a number of areas in one residents' bedroom. This had been reported and some remedial works completed. However, it had then reappeared and spread to another area of the room. This had now been reported and they were now waiting for it to be reviewed again.

Each resident had an assessment of need and personal plan in place. There was evidence that these were reviewed regularly to ensure they were effective and reflective of residents' current care and support needs. Care plans were developed as required and those reviewed were clearly guiding staff to support residents with their assessed needs. Residents preferred activities were highlighted in their personal plans and they had had goals in place in relation to things they wanted to do, or things they wanted to achieve. Residents were meeting with their keyworkers

regularly and discussing their goals and achievements. There was evidence that the staff team were looking at different ways to be creative and imaginative in relation to supporting residents to take part in activities during the pandemic. This was discussed at staff meetings and during staff handover. Staff who spoke with the inspector were knowledgeable in relation to residents likes, dislikes and preferences.

Residents were being supported to enjoy best possible health. There were systems in place to ensure residents could be supported to access a general practitioner and other allied health professionals during the pandemic. They had assessments in place and care plans were developed as required. Residents were being supported to access National Screening Programmes in line with their age profile and wishes.

Residents were protected by the risk management policies, procedures and practices in the centre. There was a risk register and general and individual risk assessments were developed as required. There were systems in place for recording, investigating and learning from serious incidents and adverse events. There were systems in place to ensure the vehicle was roadworthy.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. Staff's responsibilities were clearly outlined and regularly discussed. Accessible information was available for residents in relation to COVID-19 and infection prevention and control. The provider had developed policies, procedures, guidelines and contingency plans for use during the pandemic. They had also updated existing policies, procedures and guidelines. There had systems for ensuring adequate supplies of PPE were available at all times.

There were suitable arrangements in place to detect, extinguish and service and maintain fire safety equipment. The evacuation procedure was on display and reviewed regularly. Each resident had a personal emergency evacuation plan which outlined their mobility and understanding of the evacuation procedures. There were monthly fire drills held and residents and staff who spoke with the inspection were aware of the procedures to follow in the event of an emergency. However, in line with the findings of previous inspections in the centre, there were not adequate fire containment measures in the centre due to the quality of the doors.

There were systems in place to ensure residents were protected from abuse. Residents were being supported to develop their knowledge, understanding and skills in relation to self-care and protection during keyworker and resident meetings. Allegations and suspicions of abuse were being reported and followed up on in line with the organisation's and national policy. One resident described some concerns about their safety at times when interacting with another resident, but then told the inspector that they knew staff were there if they needed support, and described what they would do if they did not feel safe. There was a safeguarding plan in place and staff described measures to keep resident's safe in line with the safeguarding plan. Staff were in receipt of training to ensure they were aware of their roles and responsibilities in relation to safeguarding

Residents were being supported to make decisions in relation to their care and

support and the day-to-day running of the centre. They were meeting with their keyworkers regularly and there were weekly residents' meetings. During these meetings they were discussing goals, what was good and bad about the week, menu planning, dignity and respect, complaints, safeguarding, activities, advocacy, choice and rights. There was a section at the end of residents' meetings for issues for follow up at the next meeting. Information relating to the complaints procedure, advocacy services, residents' rights and in COVID-19 were available in the centre. The organisations COVID-19 response plan and business continuity plans were detailed in relation to the importance of keeping residents informed and educated about COVID-19.

Regulation 17: Premises

The providers' plans to build an extension to the property had not progressed in line with the identified timeframes.

Areas of the centre required maintenance, decoration and repair.

Some works had been completed in relation to the heating, drains, and damp issues in the centre. However, more works were required to ensure these issues were resolved.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents guide available in the centre which contained the required information.

It outlined the services and facilities available for residents, the terms and conditions of residency, the arrangements for resident's involvement in the running of the centre, how to access inspection reports, the complaints procedure and arrangements for visits to the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy which contained the information required by the regulations.

Residents were protected by the risk management practices in the centre. There was a risk register and general and individual risk assessments developed and reviewed as required. Work was ongoing in relation to ensuring that there was learning following incidents and that this learning was leading to review and update of the risk register and risk assessments.

There were systems in place to ensure that vehicles were roadworthy, insured, serviced and equipped with the necessary equipment.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies and procedures in place in relation to infection prevention and control. They had developed and adapted existing policies and procedures to guide staff practice during the COVID-19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires.

There was evidence of servicing of equipment in line with the requirements of the regulations.

Residents' evacuation plans were in place and regularly review. Fire drills were occurring regularly and staff had completed fire safety awareness training.

However, suitable arrangements were not in place in relation to fire containment in the centre due to the quality of some of the doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. Residents' assessments clearly recognised and identified their health, personal and social care needs. There was evidence that they were regularly reviewed and updated to ensure they were reflective of residents' needs.

Residents' personal plans were found to be person-centred and there was evidence that residents were involved in the the development and review of their plans. Care plans were developed and reviewed as required and clearly guiding staff to support residents.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required.

They had access to allied health professionals in line with their assessed needs and were being supported to access National Screening Programmes in line with their age profile.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre.

Allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed as required.

Residents were being supported to develop their knowledge and skills in relation to self care and protection during residents' meetings.

Staff were in receipt of training and refresher training and those who spoke with the inspector were knowledgeable in relation to their role and responsibilities if there was a suspicion or allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings and keyworker sessions were occurring regularly in the centre. There was evidence that residents were participating in the day-to-day

management of the centre and making choices in relation to how they wished to spend their time.

Residents were kept up to date in relation to the pandemic in a format accessible to them.

Information was available in relation to advocacy services should residents wish to access them.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cabra Road - Community Residential Service OSV-0003059

Inspection ID: MON-0021120

Date of inspection: 15/10/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • All staff will complete training in Managing Behaviours of Concern and food safety. • The PIC will complete supervision training. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <p>The Provider will tender for and appoint a builder to complete extension to the designated centre.</p> <p>The Quality and Risk Officer will complete an Annual review for the designated centre for 2019 and 2020.</p>	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <p>The Provider will tender for and appoint a builder to complete extension to the</p>	

designated centre. This will include general maintenance works to the body of the house.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Provider will ensure there is fire containment measures in place in the designated centre.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/10/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/10/2021
Regulation 17(6)	The registered provider shall	Not Compliant	Orange	30/10/2021

	ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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	Orange	31/12/2020
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	31/12/2020
Regulation 28(3)(a)	The registered provider shall make adequate	Not Compliant	Red	30/11/2020

	arrangements for detecting, containing and extinguishing fires.			
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