



Office of the Chief Inspector

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

Name of designated centre:	Charnwood Park - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	26 August 2019
Centre ID:	OSV-0003073
Fieldwork ID:	MON-0022506

About the designated centre

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

Charnwood Park – Community Residential Services is a community-based home providing full-time support for four adult females with mild to moderate intellectual disabilities. The centre is located in a residential area of Co. Dublin within walking distance of shops, cafés, restaurants, churches, parks and a shopping centre. The centre comprises a two-storey house with a front driveway and a private rear garden. There are four single-occupancy bedrooms, three of which are located upstairs and one bedroom downstairs. A staff office/sleepover room is also located upstairs. There is a main bathroom and one bathroom en suite upstairs, and one downstairs toilet. There is also a kitchen and dining area, utility, and sitting room. The staff team is comprised of a person in charge (social care leader) and social care workers. Residents are supported by one sleepover staff, and additional staffing is put in place in line with residents' needs. A nurse manager on call is available to provide nursing support, if required. A service vehicle is available to facilitate residents' participation in community activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
26 August 2019	09:30hrs to 17:15hrs	Marie Byrne	Lead
26 August 2019	09:30hrs to 17:15hrs	Valerie Power	Support

What residents told us and what inspectors observed

The inspectors of social services had the opportunity to meet and spend some time with the the four ladies living in the centre at the time of the inspection. Each of the ladies described to the inspectors what it was like to live in the centre, and how they were supported by staff to spend their time engaging in activities of their choosing. They were all very complimentary towards the care and support in the centre and the entire staffing team. The ladies described how each individual member of the staff team supported them with different aspects of their care and support and how important each member of the team was in their lives. One of the ladies discussed how important it was to her to have staff on duty who were familiar to her. Each of the ladies described their involvement in the day-to-day running of the centre and the inspectors observed them preparing meals and taking part in the upkeep of their home.

Each of the ladies were attending day services and they described the importance of this to them. In addition, some of the ladies discussed the importance of their planned day off from day services every week, where they got to choose to stay at home or to engage in activities in their local community in line with their wishes and preferences. They described some of their goals and how they were supported to achieve them. The ladies described how volunteers supported them to engage in some activities in line with their goals.

Inspectors reviewed questionnaires completed by four residents and two family members. Overall, residents and family members were highly satisfied with the centre, and the care and support provided. All residents noted increasing the size of the kitchen as a potential area for improvement in the centre. Also, one comment noted that the use of relief/agency staff may affect the quality of care at times, if the staff member is unfamiliar with residents' needs.

Capacity and capability

Overall, the inspectors found that the registered provider and person in charge were monitoring the quality of care and support for residents. Overall, residents were being supported to stay safe and to enjoy a good quality of life. The provider was completing regular audits including the annual review and six monthly visits. There was evidence of the follow up and completion of the majority of actions following these reviews. However, there were a number of these actions which had not been completed including works to the main bathroom, the installation of fire doors and ensuring continuity in relation to staffing. The inspectors acknowledge that plans were in place to complete the works to the bathroom and that a date had been

identified for the installation of fire doors.

There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. Staff meetings were being completed regularly and the agenda items were resident focused. The facilities and services in the centre were reflective of the centre's statement of purpose. As previously outlined, there were a number of actions which had not been completed following reviews by the provider and following the last inspection. These included a proposed extension to the house to increase the amount of communal and private space available for residents in their home, works to a bathroom to ensure it was meeting the needs of residents and the installation of fire doors in the centre.

The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre (PPIM). Where nursing support was required, it was provided by an on call system. There were planned and actual rosters in place which were well maintained. Planned and unplanned leave in the centre was covered by relief and agency staff. From reviewing a sample of rosters in the centre, the inspectors found that there was a lack of continuity of care for the ladies during the period reviewed due to the fact that eight different staff who were either relief or agency, worked in the centre over a four week period. The inspectors reviewed incident reports in the centre and found that a number of medication related incidents had occurred in the centre during shifts where unfamiliar staff were working in the area. The provider had recognised this in their latest annual review and additional control measures were in place in the centre including a shift plan to direct relief/agency staff in relation to key duties.

The inspectors reviewed a sample of staff files and they contained all of the information required by the regulations. The inspectors spoke with a number of staff and they were found to be knowledgeable in relation to residents' care and support needs and motivated to support residents to maintain and where necessary develop skills to become more independent. Residents who spoke with the inspector spoke fondly of the staff team.

Staff had completed training and refreshers in line with residents' assessed needs. In addition, they had completed additional area specific training in line with residents' needs. Plans were also in place for more staff to complete additional training in line with residents' changing needs. Staff who spoke with the inspectors stated that they were well supported to carry out their roles and responsibilities to the best of their ability. They were not in receipt of regular formal supervision, but the person in charge was booked onto supervision training and had plans in place to complete regular formal supervision once this was completed. Annual performance developments reviews were being completed with each staff member.

The provider had submitted an application to renew the registration of the designated centre and all of the information required by the regulations was submitted with this application.

Inspectors received written confirmation that the registered provider had valid insurance cover for the centre, in line with the requirements of the regulations.

Specifically, cover was in place to insure against personal injury to residents and third-party property damage.

The inspectors reviewed the statement of purpose for the centre and found that it reflected accurately the facilities and services provided in the designated centre. The statement of purpose contained all information required by Schedule 1 of the regulations and was reviewed at regular intervals.

Residents were protected by the complaints policy and procedures in the centre. They were available and on display and a complaints log was in place. There was a section in the complaints form to show actions taken and required follow ups. In addition, the satisfaction level of the complainant was recorded on the complaints form. Residents and staff who spoke with the inspector were aware of the complaints procedure.

Volunteers supported a number of residents to participate in meaningful activities, in line with each of their personal preferences. Residents spoke warmly about the positive relationships they had with the volunteers. Inspectors saw documents indicating that volunteers had their roles and responsibilities set out in writing, and received supervision and support from staff. Vetting disclosures were obtained by the registered provider for all volunteers, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No 47 of 2012). The registered provider employs a Volunteer Coordinator to oversee volunteer participation across its designated centres.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre and they had submitted all of the information required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were provided in line with the centre's statement of purpose. There were no staffing vacancies in the centre. Planned and unplanned leave was covered by relief and agency staff. The provider was attempting to provide continuity of care for residents. However, this was not always proving possible due to the volume of shifts being covered by relief and agency staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' assessed needs. They were supported in their role and plans were in place for regular formal supervision.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the centre was well managed and systems were in place to monitor the quality of care and support for residents in the centre. Audits and reviews were being completed regularly in the centre and there was evidence of follow up on the majority of actions. However, as outlined in the body of the report, there were a number of actions which had not been completed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose accurately described the services provided in the designated centre. It contained all information required by Schedule 1 of the regulations and was reviewed at regular intervals.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had their roles and responsibilities clearly set out in writing, and received supervision and support. Vetting disclosures were obtained for all volunteers, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No 47 of 2012).

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible and on display in the centre. Residents and staff who spoke with the inspector were aware of the complaints process. Complaints were logged, followed up and closed to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the provider and person in charge were striving to ensure that residents were safe and in receipt of a good quality service. In line with the findings of this and previous inspections, the provider had identified that works were required to ensure the design and layout were fully meeting residents' needs and in relation to fire containment measures in the centre.

The residents' home was found to be warm, comfortable and homely. Each of the ladies had their own room which was decorated in line with their wishes and preferences. The provider outlined in their reviews of the quality and safety of care in the centre, that they were monitoring the design and layout of the centre in relation to the availability of private and communal space and in line with residents' changing needs. Works were planned to renovate the bathroom in line with residents' wishes and changing needs.

Residents' personal plans were found to be person-centred. Each resident had an assessment of needs and care plans developed in line with their assessed needs. A number of residents described their goals and how they were supported to achieve them such as travelling independently and accessing their local community. There was evidence of regular review and update of residents' personal plans to ensure they were effective. Residents who spoke with the inspector stated that they liked their home and were happy with the support they received from staff. They described opportunities for meaningful activities and told the inspector that they had things to look forward to. They lived in a caring environment where they had opportunities to make their own choices and decisions. Their potential

and independence were being supported and encouraged.

Residents were supported to enjoy best possible health. Their healthcare needs were appropriately assessed and they had access to allied health professionals in line with their assessed needs. Residents had support plans in place which were reflective of their current healthcare needs and which were clearly guiding staff to support them. In addition, they had health communication books in place with key information in relation to their care and support needs. They were supported to access health information as required. Staff who spoke to the inspector were knowledgeable in relation to residents' healthcare needs. From the sample of residents' plans reviewed by the inspector, there was evidence that they were accessing the national screening programmes in line with their wishes and preferences.

There were suitable arrangements in place to detect and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirements of the regulations. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills which were held regularly. Staff were in receipt of appropriate training and staff and residents were knowledgeable in relation to supporting residents in the event of a fire. There were not sufficient measures in place in relation to fire containment. However, the provider had identified a planned date to install fire doors in the centre and in the interim additional control measures were in place such as risk assessments and regular fire drills.

Residents were protected by appropriate risk management policies, procedures and practices. There was a risk register and risk assessments which was reviewed and updated regularly. Incident review and tracking was evident as was learning following incidents. The vehicles in the centre were regularly serviced, insured, suitably equipped and roadworthy. There was a system for keeping residents safe while responding to emergencies.

Residents were protected by the policies, procedures and practices in relation to safeguarding and protection in the centre. Safeguarding was discussed regularly at residents' meetings and staff had completed training to support them. Staff who spoke with the inspectors were knowledgeable on their roles and responsibilities in relation to the organisation's and national policy. Residents informed the inspectors that they felt safe in their home and described steps they would take if they had any concerns.

There were appropriate systems in place to keep residents safe in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines. There were systems in place to keep medication keys safe and secure. Following appropriate assessments residents were supported to self-administer their medicines in line with their wishes and preferences. Medication audits were being completed regularly.

Inspectors observed a culture of dignity and respect in practice in the centre.

Interactions between staff and residents were consistently kind and respectful. Residents were free to choose how to spend their day, and were supported by staff to exercise their choices, as required. Residents participated in decisions about their care and support, and staff respected their decisions. Residents took active roles in the day-to-day running of the centre; for example, taking turns choosing and helping to prepare evening meals. Information about rights and advocacy services was also provided to residents.

Inspectors reviewed the most recent version of the residents' guide (dated 27 May 2019) and found that it was clear, accurate, and contained all information required by the regulation. A copy of the current version of the residents' guide was available for residents in the centre.

Regulation 17: Premises

The centre was clean, warm, comfortable and well maintained. In line with the provider's audits and the findings of the previous inspection, the design and layout of the premises was not fully meeting residents' needs. The provider had plans in place to complete works to ensure the main bathroom was suitable and accessible for all residents.

Judgment: Substantially compliant

Regulation 20: Information for residents

A clear and concise residents' guide was provided, which contained all information required by the regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by appropriate risk management policies, procedures and practices in the centre. There was a risk register in place and general and individual risk assessments were developed and reviewed as required and in line with learning following incidents.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training, fire drills were held regularly and residents had personal emergency evacuation plans. However, suitable arrangements were not in place in relation to fire containment due to the quality of some of the doors. The provider had put additional control measures in place while awaiting the completion of works to upgrade the doors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the systems in place for the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were person-centred and they had access to the support to develop and meet their goals. They had an assessment of need in place and care plans were developed as required. Personal plans were reviewed regularly to ensure they were effective and reflective of residents' care and support needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy best possible health. They had assessments and care plans in place and they had access to the support of relevant allied health professionals in line with their needs. Staff were knowledgeable in relation to their care and support needs.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by safeguarding policies, procedures and practices. Staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding. Allegations were reported and followed up on in line with national and the organisation's policy and safeguarding plans were developed and implemented as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected by staff and other residents in the centre. Residents had freedom to exercise choice and autonomy in their daily lives, and participated in the running of the centre.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Charnwood Park - Community Residential Service OSV-0003073

Inspection ID: MON-0022506

Date of inspection: 26/08/2019

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ol style="list-style-type: none"> 1) The Centre is fully staffed. 2) Annual leave and sick leave will be covered by regular relief and agency staff familiar to the Centre. 3) There is a shift plan in place to guide Staff. 4) PIC in Centre will monitor the continuity of relief and agency Staff through a quarterly Audit. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ol style="list-style-type: none"> 1) Works will be completed to renovate the main bathroom. 2) Fire doors will be installed in the designated Centre. 3) The Centre will be staffed by regular relief and agency Staff familiar to the Centre. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The Provider has tendered for renovations to the bathroom and the job has been awarded to a builder. Renovations will commence shortly.

Regulation 28: Fire precautions	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Provider has tendered for Fire containment measures for the Centre and Fire doors will be installed.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2019
Regulation 23(1)(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	31/12/2019

	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.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2019