



Office of the Chief Inspector

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

Name of designated centre:	Hansfield Group - 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:	28 August 2019
Centre ID:	OSV-0004040
Fieldwork ID:	MON-0022561

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 in North West County Dublin and provides services through three units and an apartment adjacent to one of the units all of which are community based. Services are provided to persons with intellectual disabilities through 24 hour residential supports in the three units and supported living services in the apartment. The registered provider states that its central objective is to ensure that a safe, secure, supportive and caring environment is created which promotes the well-being of all residents. A person in charge and a team of social care workers and carers are employed in the centre to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
28 August 2019	09:30hrs to 16:30hrs	Thomas Hogan	Lead
28 August 2019	09:30hrs to 16:30hrs	Agnella Craig	Support

What residents told us and what inspectors observed

The inspectors met and spoke with a number of residents who were availing of the services of the centre. Residents communicated satisfaction with the services they were in receipt of and informed the inspectors that they felt safe living in the centre. The inspectors received a number of completed questionnaires from residents and their families which explored areas such as general satisfaction with the services provided, accommodation, food and mealtime experience, arrangements for visiting, residents' rights, activities, care and support, staffing arrangements, and complaints. Overall, the inspectors found that there were high levels of satisfaction communicated through the completed questionnaires.

Capacity and capability

Overall, the inspectors found that this was a very good centre where residents were supported to live and experience good quality lives. There was clear evidence available which demonstrated that a person-centred approach formed a core value of service provision in this centre and there was a culture present amongst the staff and management team which promoted high standards. There were, however, a number of areas which required improvement and development to ensure regulatory compliance.

The inspectors reviewed the centre's staffing arrangements and found that there were appropriate numbers of staff with the right skills, qualifications and experience deployed to the centre. Actual and planned staff duty rosters were maintained in the centre and were reflective of staff present in the centre on the day of the inspection. The inspectors observed that residents' needs were met in a timely manner and all interactions between staff members and residents were found to be caring and respectful.

A review of staff training records found that there were a number of areas of mandatory training with identified deficits. The inspectors found significant deficits in seven of eight mandatory training areas, for example there were 15 staff members who had not completed training or refresher training in the area of medication management and six staff members had not completed training or refresher training in the area of safeguarding vulnerable adults.

The inspectors reviewed the arrangements in place for the supervision of staff in the centre and found that while there were appropriate systems in place for the informal supervision of staff, formal mechanisms had not been introduced to the centre. The person in charge outlined a plan for the introduction of formal one-to-one supervision meetings for all staff in the coming months; however, at the time of the

inspection these arrangements had not been initiated.

A review of the governance and management of the centre found that there were effective arrangements in place to ensure that high-quality, person-centred care was delivered to people availing of its services. There were governance systems in place which monitored and audited performance and allowed for continual improvement and development to meet the evolving needs of residents. There was clear evidence available to demonstrate that the registered provider was continuously striving to develop and improve the quality of services being provided in the centre.

A statement of purpose in place in the centre (dated June 2019) was reviewed by the inspectors and found not to contain a number of areas outlined as being required by the regulations. An opportunity was provided to the person in charge to revise and update the statement of purpose and submit this to the inspectors following the inspection. This revised version of the statement of purpose (dated August 2019) was found to contain all required information.

The inspectors reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as required by the regulations.

Regulation 15: Staffing

The inspectors found that residents received assistance, interventions and support in a timely and safe manner and there was continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors found that a number of mandatory training areas had identified deficits at the time of the inspection. These were:

- eight staff members who had not completed training or refresher training in the area of manual handling
- 14 staff members who had not completed training or refresher training in the area of behaviours which challenge
- nine staff members who had not completed training or refresher training in the area of food safety
- eight staff members who had not completed training or refresher training in the area of fire safety
- five staff members who had not completed training or refresher training in the area of hand hygiene
- 15 staff members who had not completed training or refresher training in the

- area of medication management and
- six staff members who had not completed training or refresher training in the area of safeguarding vulnerable persons

In addition, the inspectors found that arrangements were not in place for the formal supervision of staff members employed in the centre.

Judgment: Not compliant

Regulation 22: Insurance

The centre was found to have been insured against accidents and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate arrangements in place for the governance and management of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A revised statement of purpose (dated August 2019) submitted to the inspectors following the inspection was found to contain all required information as outlined in schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors found that notifications had been made to the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

A review of the general welfare and development of residents found that the registered provider was ensuring that appropriate supports were in place to enable individuals to experience a full range of relationships, connect with family and friends and develop a range of natural support networks in their local communities. Residents were found to live active and meaningful lives and experienced an overall good quality of life through the supports provided to them. The inspectors found that there was a focus on providing person-centred care and supports to residents and observed how the services were flexible in nature to meet the evolving needs of those being supported. For example, residents were supported to have a 'day off' from day services on a regular basis during which time one-to-one supports were provided. In addition, a range of initiatives and strategies had been developed to promote skills building and independence including banking skills, cooking and baking, and laundry.

The inspectors completed a full walk-through of the premises of the designated centre in the company of the person in charge. The centre was clean throughout and residents were all found to have individual bedrooms. A number of areas of the centre were found to require painting and decoration; however, the person in charge had previously identified this and had completed a maintenance request for this matter.

A review of the centre's risk management policy was completed by the inspectors. It was found that a number of areas required in this document by the regulations had not been included. While the inspectors found that there were strong arrangements in place for managing risk in the centre, oversight of risks was somewhat limited due to the maintenance of three individual risk registers in each of the units and the absence of a centre specific register. Despite this, the inspectors found that risks were reviewed and updated on a quarterly basis and included a review of incidents and accidents which had occurred.

The inspectors reviewed the fire precaution arrangements in place in the centre. There was a fire alarm and detection system installed throughout and service records were appropriately maintained. While there was emergency lighting fitted in most of the required areas, in two areas which contained emergency exit routes there was an absence of this lighting. There were issues identified relating to the containment of fire in all three units of the centre. In one unit there were no fire doors fitted, while in a second unit there were some fire doors fitted; however, these were not in full working order in some instances. In the third unit of the centre, there were no fire doors in place on the first floor of the building and one fire door on the ground floor was observed not to be in a good state of repair. A sample of residents' personal emergency evacuation plans were reviewed by the inspectors and were found to clearly communicate the individual needs of residents

in the event of a fire or similar emergency. Records of completed fire drills were reviewed by the inspectors and it was found that staff and residents were aware of the procedures to follow in the event of a fire and had practiced staged evacuations on a regular basis.

Residents spoken with informed the inspectors that they felt safe while availing of the services of the centre. Staff members met with were knowledgeable of the types of abuse and the actions to take should they ever witness or suspect residents to be experiencing abuse. A review of incident and accident records for 2019 found that safeguarding incidents were appropriately managed and followed up on in the centre.

Regulation 13: General welfare and development

A culture of supporting residents to exercise their rights to independence, social integration and participation in the life of the community was observed to be in place in the centre.

Judgment: Compliant

Regulation 17: Premises

A number of areas of the centre required painting and decoration.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspectors found that there were a number of areas identified as being required by the regulations which were not outlined in the centre's risk management policy. In addition, oversight of risk in the centre was limited due to the absence of an overarching risk register.

Judgment: Not compliant

Regulation 28: Fire precautions

A review of fire safety management systems found that emergency lighting was not

in place in all required areas of the centre. In addition, considerable areas of the centre did not have fire doors fitted, and in some cases where there were fire doors these were found not to be operating correctly.

Judgment: Not compliant

Regulation 8: Protection

The inspectors found that staff members were vigilant and recognised the signs of abuse. The registered provider demonstrated a high level of understanding of the need to ensure the safety of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hansfield Group - Community Residential Service OSV-0004040

Inspection ID: MON-0022561

Date of inspection: 28/08/2019

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Excel spreadsheet completed documenting all outstanding mandatory training needs for Hansfield Group. • Since inspection, one staff has completed manual handling refresher training, two staff have completed fire safety refresher, one staff has completed medication training, three staff have attended safeguarding vulnerable persons training. • Dates are set for the following training, five staff for manual handling, three staff for management of challenging training, five staff for hand hygiene, two staff for medication management refresher training. • Further training dates to be set, spreadsheet forwarded to training co-ordinator in CRS (Community Residential Services). • Supervision Training: Attended by PIC on 16th Sept 2019, completed. Due to commence formal supervision in Jan 2020. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • These areas are on listings for maintenance, due to be completed 31/12/19. 	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Policy will be updated and finalized by 31/10/19 • Designated Centre risk registrar be developed and completed by 31/12/19. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Additional emergency lighting installed in areas identified in inspection 30/08/19 • Fire Doors to be installed in Location 1 and 3 by 31/12/19 • All existing fire doors checked by competent person and all operating correctly • Fire key break units installed at each fire exit across all three locations. 	

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.	Not Compliant	Orange	31/12/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/01/2020
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.	Substantially Compliant	Yellow	31/12/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	31/12/2019

	designated centre are clean and suitably decorated.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Not Compliant	Orange	31/10/2019
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Not Compliant	Orange	31/10/2019
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified	Not Compliant	Orange	31/10/2019

	risks: aggression and violence.			
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Not Compliant	Orange	31/10/2019
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	31/10/2019
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	Not Compliant	Orange	31/10/2019

	such measures might have on the resident's quality of life have been considered.			
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.	Substantially Compliant	Yellow	31/12/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/08/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2019