



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

Issued by the Chief Inspector

Name of designated centre:	Helen's Road - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	28 September 2021
Centre ID:	OSV-0003078
Fieldwork ID:	MON-0028747

About the designated centre

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

Helen's Road is a residential service for five adults with mild to moderate levels of intellectual disability. The aim of the centre is to provide a safe, caring and welcoming residential setting where residents who avail of the service are nurtured and facilitated in achieving their fullest potential and empowered to access the local community. The centre is located in a suburb of South Dublin and is within walking distance of good public transport links including bus and rail links. Residents have an active social schedule through interaction with work friends, social clubs, independent activities, and family events. The centre is comprised of a two storey building which contains a kitchen/dining room, a lounge, a living room, five bedrooms and three bathrooms, two of which have shower facilities. There are three single bedrooms in the house and one double bedroom, downstairs there is an office/staff sleep over room. Two residents currently share one double bedroom. The centre is staffed by social care workers and care staff. Residents are supported on a sleep-over basis seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 September 2021	10:30hrs to 17:30hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From what the residents told us and from what the inspector observed, residents were living happy, active and meaningful lives in this centre and felt safe. There was, however, clear evidence that the centre was not appropriately managed and there was limited oversight of the care and support being delivered.

The inspector met and spent time speaking with and listening to the experiences of all five residents who were availing of the services of the centre. The residents told the inspector how they were very happy and felt safe living in the centre. Some led very independent lives and held part-time jobs before the COVID-19 pandemic. One resident explained how they recently decided to retire from their job and was now adjusting to a slower pace of life. Another resident had recommenced their job in a local supermarket on the day of the inspection and told the inspector about how they had helped customers and about other duties they were assigned. They expressed great satisfaction about going back to work and meeting their colleagues again.

During the course of the inspection, some residents were observed to prepare breakfast for each other, maintain the household, attend to laundry, prepare a shopping list, cook dinner for the group and support their peers. The residents told the inspector that they enjoyed these roles and enjoyed living with each other. They told the inspector that they had lived together for over 30 years and knew each other very well. When asked about the impacts of the COVID-19 impact on their day-to-day lives, one resident explained that "...the first lockdown wasn't too bad but the second one was very tough". Another resident told the inspector how they "watched the news on TV every night to get the latest updates and kept a sense of fun by having our own fashion shows in the house". One resident was "responsible for doing our hair while [another resident] painted our nails" they added. "It was an opportunity to show off our new purchases we made online" another resident told the inspector. There was an atmosphere of fun and enjoyment throughout the period of the inspection with residents and staff laughing and joking and reminiscing on old times and events which they shared in the past. One resident showed the inspector an account of their life story which they had prepared during the pandemic lockdown. The account catalogued their journey through residential services from an early period in their life and captured the experiences for the resident.

In addition to speaking with residents, the inspector spoke by telephone with two family members of the residents living in the centre. In both cases the family members were very satisfied with the care and support being delivered to the resident group. One family member stated that they were "delighted with the service" and described their relative as being "very happy" with the care and support which they were in receipt of. Another family member explained that the centre had been a "life changer" for their relative who had "huge opportunities" offered to them in terms of "independence, freedom and personal growth". They complimented the staff team who had provided "great supports over the years".

When asked about staffing resources, one family member explained that there had been significant changes in the staff team recently and noted that there was a need for an overall increase to allow for the provision of supports such as engaging in one-to-one activities and support with public transport.

The inspector completed a full walk through of the centre in the company of the person in charge and some residents. The centre was clean and bright throughout. It was warm, well decorated, homely and provided for a comfortable living environment for the resident group. There were sufficient numbers of toilets and showers available for residents and good arrangements for the storage of personal belongings. There were a small number of areas such as the ceiling of one bedroom and the entrance hallway which required painting and decorating. The inspector found that two residents were required to share one bedroom and while they expressed that they were satisfied with this arrangement, they did specify that if the option was available to them, they would prefer their own bedrooms.

The inspector met with a member of staff who had been on a sleepover shift on the night preceding the inspection and later met with the person in charge when they came on duty to replace the staff member. The inspector found that the staff member and person in charge knew the residents very well and interacted with them in a very person-centred, kind and warm manner. The staff members spoke about the residents in a respectful and appropriate way and knew their individual communication methods, preferences and dislikes very well. All interactions between the staff members and the resident group were timely, patient and respectful. The inspector found, however, that the staffing ratio of one staff member per five residents was at times not sufficient and observed both the staff member and person in charge being very busy and attending to multiple requests at the same time. While the inspector found that there were times when this staffing allocation was more appropriate, one resident expressed a concern to the inspector about how they recently had to attend the emergency department of a local hospital alone as the staff member could not leave the remaining residents without staff supports. The resident explained how they had made a complaint about this matter through the local complaints procedures.

Overall, while the residents in this centre were living active and meaningful lives, the findings of the inspection were mixed and it was clear that there were improvements required across a number of key areas to ensure compliance with the regulations. For example, there were improvements required in the governance and management of the centre along with staffing and training and development of the staff team. Additionally, in some cases there was no contract of care in place and the provider was found to have not taken appropriate action to address a number of ongoing non-compliances including the use of a shared bedroom.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall, while there the care and support being provided to residents was of a good standard, there was a clear need for the strengthening of the governance and management arrangements of this centre. The inspector found that the registered provider had not ensured that the centre was appropriately resourced and actions required by a condition of registration had not been completed.

The inspector found that the centre was under resourced. There was a need for an increase in the number of staff employed in the centre to meet the evolving needs of the resident group. In addition, the inspector found that number of supernumerary hours allocated for the person in charge was disproportionate to the requirements of their role and required review by the registered provider.

While there was a clearly defined management structure in place in the centre, the inspector was not assured that the persons participating in the management of the centre, to whom the person in charge reported to, had an appropriate presence in the centre or provided an appropriate level of support to the person in charge. There was a clear need for the development and implementation of effective management systems to ensure improved oversight of the care and support being delivered to the resident group.

The registered provider had ensured that an annual review for the previous calendar year was completed. This included consultation with both the residents and their representatives. There were also six-monthly visits completed which did self-identify some of the concerns found during the course of the inspection.

The centre had an additional restrictive condition placed on its registration at the time of its last renewal of registration relating to the requirement of the registered provider to come into compliance with the regulations as outlined in their response to the previous inspection by the end of December 2021. The inspector found, however, that the provider had not taken sufficient action to ensure that this condition of registration would be met. For example, a number of key actions outlined in their compliance plan response at the time of the last inspection had not been completed and had not brought about the required changes in the centre.

Regulation 15: Staffing

The inspector found that there were insufficient numbers of staff employed in the centre to meet the evolving needs of the resident group. Staff members, residents and family members highlighted the need for additional staffing resources in the centre. A review of the rostered hours for August 2021 found that seven different agency and relief staff had worked over 30 per cent of all rostered hours which

demonstrated poor continuity of care and support for the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of training records for all staff deployed in the centre in August 2021 found deficits across all 11 training areas described by the provider as being mandatory. In some cases there were significant deficits, for example, only five of the 12 staff who worked in the centre in August 2021 had up to date training in the administration of medication. The arrangements for the supervision of the staff team were also found not to be satisfactory. Due to the allocation of staffing in the centre, the person in charge had limited opportunity to supervise the team informally. While there were team meetings taking place and formal one-to-one supervision meeting with the core staff team, the inspector found that this did not include agency and relief staff members.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had failed to ensure that this centre was adequately resourced. There was a clear need for the development and implementation of effective management systems to allow for appropriate oversight of the care and support being delivered. In addition, the inspector found that the registered provider had not taken appropriate action to address the requirements of an additional restrictive condition of the registration of the centre as required.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that there had been no admissions to the centre in the time since the previous inspection. A review of the written contracts for the provision of services which were in place found that in one case it was not signed by a resident or their representative. A number of the contracts were not signed by a representative of the registered provider. In all cases, the inspector found that the contracts did not clearly include the support, care, welfare and services to be provided.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place. There was a local complaints officer and the complaints process was on display and outlined in the centre's statement of purpose and residents' guide. Complaint records were reviewed and demonstrated that appropriate follow up action had taken place to resolve complaints made in the time since the last inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents were enjoying a good quality of life while living in this centre. The services were provided through a person-centred approach and it was clear that there was a culture present in the centre which promoted and valued the contribution of the residents to the operation of the centre and within the wider local community. In addition, the residents told the inspector that they were happy with the services which they were in receipt of. Despite these findings, there were a number of improvements required which included the premises of the centre, fire safety and the manner in which the personal rights of the resident group were respected.

The residents told the inspector that they felt safe living in the centre and knew how to express any concerns that they may ever have. They had been assisted and supported to develop the knowledge, self-awareness, understanding and skills required for self-care and protection. The person in charge and staff team were knowledgeable of the different types of abuse and the actions that are required to be taken in response to witnessing or suspecting incidents of a safeguarding nature.

A review was completed of the arrangements to support residents with their rights. The inspector found that there was evidence of the promotion of the individual and collective rights of residents who were empowered to make informed decisions and to live as autonomously as possible. Some positive examples of how the rights of residents were promoted included a charter of rights being displayed in the centre, the holding of regular house meetings, promotion of independent advocacy services, participation of residents in local self-advocacy groups and the development of intimate care plans for those who required them. There was, however, a potential obstruction in the upholding of personal rights in the case of two residents who were required to share a bedroom in the centre. The inspector found that the registered provider did not have a formulated plan in place to address this ongoing

matter.

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing. There were a range of opportunities for participation in activities in accordance with their interests. Residents were supported to develop natural support networks in their local community and knew their neighbours well and had developed good friendships locally. Some residents were employed in a part-time capacity and were reengaging with their employers as the COVID-19 pandemic related restrictions eased. The residents involved told the inspector that they enjoyed these roles and looked forward to going back to them after the restrictions had lifted.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was found not to meet the needs of the resident group. There was an ongoing requirement for two residents to share a bedroom. A small number of areas within the centre required painting and decoration. The centre was found to be clean throughout, homely in nature and provided for a comfortable environment.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. Staff members had access to stocks of personal protective equipment and there were systems in place for stock control and ordering. There was a COVID-19 information folder available which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre, however, there was no emergency lighting present on one of the three emergency egress routes. There were personal emergency evacuations plans in place for each resident which clearly outlined the supports required in the event of a fire. Fire drills had been completed on a regular basis and included the participation of both residents and staff members. There was a fire safety policy in place (dated 19 July 2021) and a fire evacuation plan for the centre. The inspector found, however, that the fire evacuation plan made reference to the presence of two staff members in centre despite it being a single-staffed unit. While there were fire containment measures in place, the inspector found that these did not include a door between the kitchen and a potential egress route and also a door on a room containing a boiler. There were risk assessments completed relating to some residents staying in the centre on their own without staff supports, however, appropriate control measures such as the completion of fire drills to test the ability of the residents involved to evacuate independently had not been completed or considered.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that residents were appropriately protected and safeguarded from experiencing abuse in the centre. While there had been a small number of incidents of a safeguarding nature reported in the centre in the time since the last inspection, these were found to have been appropriately managed and followed up on in line with local and national policy requirements.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that, in the case of some residents, personal rights were potentially compromised as a result of the design and layout of the premises of the centre and the ongoing requirement to share a bedroom. This practice, while acceptable to the residents involved, did not reflect the individual preferences and impacted on their privacy and dignity.

Judgment: Substantially 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Helen's Road - Community Residential Service OSV-0003078

Inspection ID: MON-0028747

Date of inspection: 28/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Service Manager has met with the Director of HR in relation to recruitment of staff. Adverts have been posted for social care workers and health care assistants. Interviews will be held in early November to fill the current day support vacancy in this center.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The Provider has requested the updated training records of all agency staff. • The PIC will share the link for the Service on line training on dementia with all regular relief and agency staff. All staff have to complete module - an introduction to dementia if working in this center. • The Provider will ensure that all staff- relief and permanent training is up to date. • The PIC/ shift leader will ensure that all relief / agency staff have an induction to the center. • Regular relief staff will be part of the supervision programme for the center. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Provider has approved 10 hours supernumerary for the PIC each week. • The provider has developed a suite of logs for PICs including action logs, safeguarding log, complaints log, training log to ensure oversight of the center. • The PPIM and PIC meet quarterly in the designated center to carry out the quarterly review of the Centre. • The PPIM and PIC have supervision meeting twice a year. • PPIM and PIC have PDR meeting annually • PPIM and PIC have an additional quarterly meeting to review actions from provider visits, annual review of quality and HIQA action plans. • CNM3/CNM2 support on call 24/7 of the center. • Regular communication by phone and e mail. • The Provider is currently recruiting for vacant post in this center. • The Provider will ensure that all residents have their own bedroom by December 2021. 	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The PIC will arrange an MDT to discuss the concerns of one resident in relation to signing her contract of care. • The Provider will review the contracts of care. • The Provider or their representative has signed the contracts of care. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The provider will ensure that all residents have their own bedroom. • The provider will arrange painting of the designated center. 	

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"> • The PIC has reviewed the evacuation plan for the center to ensure that it is clear to all staff. • The Provider had installed emergency lighting in one room with a fire exit. • The provider has sought advice from a competent person in relation to fire containment in the center and will take recommended actions. • The PIC is arranging individual fire drills for persons who remain at home on their own. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The provider will ensure that all residents have their own bedroom. 	

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	Orange	31/12/2021
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.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Not Compliant	Orange	01/11/2021

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/11/2021
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.	Not Compliant	Orange	31/12/2021
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.	Substantially Compliant	Yellow	01/03/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
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	Not Compliant	Orange	31/12/2021

	accordance with the statement of purpose.			
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	31/12/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	01/03/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	01/03/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	15/11/2021

	reviewing fire precautions.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	11/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/11/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means 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.	Not Compliant	Orange	28/09/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and	Substantially Compliant	Yellow	31/12/2021

	personal information.			
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