



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

Issued by the Chief Inspector

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:	Short Notice Announced
Date of inspection:	15 July 2021
Centre ID:	OSV-0004040
Fieldwork ID:	MON-0028718

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 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:	6
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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 July 2021	09:40hrs to 16:20hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspectors observed, residents were happy living in this centre and felt safe, however, there was evidence available to demonstrate that this centre was not effectively managed and there was limited oversight of the care and support being delivered. This inspection identified mixed levels of compliance with the regulations across a number of areas inspected against and these findings are outlined in the body of this report in detail.

The inspector met and spent time speaking with three residents who were availing of the services. Overall, the residents told the inspector that they were happy and were enjoying life. One resident was relaxing in the garden and enjoying the sunshine when the inspector met them. They were watching videos on a tablet computer and appeared to be very happy and content. Another resident told the inspector about their daily routines and how they helped staff with chores and explained how they had washed the service vehicle earlier in the morning. This was a job that the resident really enjoyed and took pride in helping with. They told the inspector how they had recently recommenced attending day services as the public health restrictions had eased and how they really enjoyed meeting their friends there again. The resident showed the inspector around the garden space where a recent project had been commenced. The residents and the staff team had begun to create a sensory garden and had painted fences, installed flower beds, planted a herb garden amongst other initiatives. All who were involved in the project were very proud of their achievements to date.

The inspector received one completed resident questionnaire which had been circulated to the person in charge in advance of the inspection. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was mixed feedback provided in the completed questionnaire. The resident expressed that they were satisfied with many aspects of the care and support they were in receipt of but was dissatisfied with the choices of food, their bedroom and with other persons whom they shared the accommodation with. Despite this the resident stated that they enjoyed going "to the cinema, playing golf on the driving range and bowling". The inspector found that a resident survey had been completed in the centre in May 2021 by the registered provider. Three residents partook in the survey and it's findings demonstrated that the majority of persons were happy with where they were living, felt listened to, felt involved in decisions about the running of the centre and felt safe.

The inspector also spoke with two family members of residents who were availing of the services of the centre by telephone. In both cases, the family members told the inspector that they were very satisfied with the services their loved ones were in receipt of and were very complimentary of both the staff team and person in charge. One family member said "the residents are very well looked after" and

"...they have very happy lives there". Another family member added that they "couldn't be happier with the service being provided" and described the centre as a "home away from home". They also described the staff team as being "absolutely wonderful".

There were three houses in this centre and in one of those settings there was an additional separate apartment. The inspector visited two houses and the apartment during the course of the inspection. The premises, in the case of both houses visited, were found to require painting and decoration throughout. In addition, the inspector found that there was a need for improvement in the upkeep of the premises of the centre particularly in relation to bathrooms where tiles were cracked, grout and sealant were stained. In addition, carpets on stairs needed replacement along with kitchen chairs which were observed to be very worn.

Overall, the inspector found that the resident group were enjoying a good quality of life while living in this centre. Some residents presented with complex behaviours and it was clear that bespoke and person-centred responses had been put in place to meet their needs. As a result, residents were living engaging and meaningful lives. For example, one resident with complex needs had previously participated in the Special Olympics and had recently been supported by the staff team to engage in the virtual events being run over the summer period. This involved practicing and training and logging times and exercise sessions. The resident was very proud to have achieved a medal in one category and finished in a very good position in another. The medal had arrived in the post on the day of the inspection and the resident was excited to share their news with the inspector and person in charge. While there were many such examples of person-centred supports for residents and local quality improvement initiatives, the inspector found that these were being driven by the person in charge and staff team. However, the inspector found that there was an overall absence of appropriate supports for the person in charge who had the responsibility of managing a large staff team. This concern was brought to the attention of the registered provider during the course of the inspection.

Throughout the inspection staff members were observed to be supporting residents with a variety of tasks and activities. Residents were supported to go for walks in their local communities, to play pool, to care for a pet animal and planning for other activities. Some residents were planning on going to visit an amusement park the week after the inspection and staff members were engaging with them about those plans. The residents involved were excited and told the inspector they were looking forward to it. The staff team were observed to be attentive, kind and respectful towards the resident group during all interactions observed by the inspector.

Overall the findings of this inspection were mixed, however, the inspector found that the levels of non-compliance identified were generally not having a negative impact on the lived experience of residents who were availing of the services of the centre. There were numerous examples of how residents were being supported to live active and meaningful lives and enjoyed a good quality of life as a result of these care and support interventions.

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

Given the level of non-compliances identified during the course of this inspection, it was clear that significant improvements were required in the development and implementation of robust and effective management arrangements to ensure improved governance and oversight of services being provided in this centre. The inspector found that the registered provider had not ensured that the centre was appropriately resourced and a number of actions identified as being required had not been followed up on and resolved.

There was a strong person in charge in place who was found to be very knowledgeable of the regulations, legislation and national policy. They had a clear understanding and vision for the service to be provided in the centre and had fostered a positive and person-centred culture. It was clear to the inspector that the person in charge was competent, had the appropriate qualifications, skills and experience to manage the centre.

The inspector found that the centre was under resourced. Staff reported that maintenance issues that had been reported were ongoing for a prolonged period of time. In addition, they reported that there was an absence of information technology equipment such as computers and colour printers to allow them to carry out their duties. The inspector also 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 the provider had demonstrated improvement in its ability to self-identify non-compliances and areas that required improvement through the completion of annual reports, six monthly unannounced visits to the centre and a suite of audits, the inspector observed that a number of actions arising from these processes had not been resolved and had not brought about the required changes. There were clear management structures in place, however, the inspector found that there was a need for increased supports for the person in charge by the local senior management team. For example, the person in charge was not in receipt of regular one-to-one supervision as required by the organisation's policies. In addition, there was a clear need for the development and implementation of effective management systems which would allow for improved governance and oversight of the services being provided.

Regulation 14: Persons in charge

There was person in charge employed in a full-time capacity in the centre and the inspector found that they were suitably skilled and qualified to manage this centre. They had good knowledge of the individual and collective needs of residents and was ensuring that these needs were being met by the care and support interventions provided in the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there were sufficient numbers of staff employed in the centre with the right skills and qualifications to meet the assessed needs of the resident group. There was, however, a reliance on relief and agency staff to supplement the staff team where there were a number of long term vacancies and sick leaves. In addition, the inspector found that staff duty rosters maintained did not meet the required standard. In some cases, the full names of staff members were not included and other required information such as start and finish times of shifts and staff grades were also not recorded on these documents on occasions.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff members were found to have completed all training described by the registered provider as being mandatory. The inspector found, however, that there was a clear need for the registered provider to appropriately supervise some members of the staff team who were not in receipt of formal supervision since 2019. In addition, only approximately one quarter of the staff team had a performance review completed in 2020 despite the organisation's policies requiring this be completed annually for all team 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. The person in charge was not in receipt of the required

supports to allow for effective governance and quality improvement within the centre. While there were a suite of audits completed and evidence of improvement in the registered provider's ability to self-identify areas of non-compliance, there was an overall lack of follow up actions to bring about the required improvements or change to ensure these matters were addressed or resolved.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported and encouraged to have a good quality of life while residing in this centre. There was evidence to demonstrate that residents were consulted with and had been informed and supported to exercise their rights where possible. There were opportunities for social engagement and residents were supported, where possible, to develop the self-awareness, understanding and skills required for self-care and protection. However, the inspector identified a number of concerns and areas of non-compliance with the regulations including the physical environment and state of repair of the centre, the management of risk and fire safety concerns. These areas required improvements to ensure that the safety of residents, staff and visitors was appropriately managed.

The inspector found that the systems employed to manage risk in the centre were not appropriate and were not effective. The registered provider had introduced a number of systems to manage risk, however, the inspector found that these were not aligned or reflective of each other. For example, some risk ratings relating to risks identified and listed on the centre's risk register varied considerably from those listed on the centre's risk log document. In one instance, a risk described as "infection control" was rated 6/25 on the risk log and the same risk was rated 20/25 on the risk register document. Variation in risk ratings were also observed in the cases of other risks identified. In addition to this concern, the inspector found that a number of control measures listed were not in place in practice. For example, in the case a challenging behaviour risk assessment, the inspector found that "review of positive behaviour support plans on a quarterly basis" was not taking place. Similarly, in the case of a work related stress risk assessment, a control measure of "performance and development reviews to be completed annually" was not taking

place in practice for the staff team. In the case of a risk assessment about violence and aggression the inspector found that a control measure listed was "first aid and reassurance" was to be provided post an incident occurring, however, no staff members had been trained in first aid.

While there was a fire alarm and detection system in place in the centre along with emergency lighting, the inspector found that some parts of the centre did not have appropriate fire containment measures in place. In some areas there was a need for the installation of fire doors and in some other areas there was a need for the installation of self closing devices to existing fire doors. There was also the need for installation of break glass units at emergency fire exits to allow for the ease of access to keys for a number of external doors.

Regulation 17: Premises

The inspector found that two units of the centre required painting and decoration, replacement of carpets and upgrade of bathroom facilities. In addition, some furniture in the centre required replacement. Despite this, the inspector found that the design and layout of the centre was appropriate to meet the needs of the residents who were availing of its services. All residents had their own bedrooms and could easily access the centre. There were appropriate arrangements for storage of personal belongings and there were sufficient numbers of toilets, showers and bathrooms to meet the needs of the resident group.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector found that there was a risk management policy in place (dated 08 October 2019) which contained the information required by the regulations. There were several risk management systems employed in the centre and the inspector found inconsistencies in the management of individual risks when these systems were compared. In addition, risk control measures outlined in risk assessments were found not to be in place in practice. As a result, the inspector found that there was limited oversight of the management of risk in the centre by the management teams.

Judgment: Not compliant

Regulation 27: Protection against infection

The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitizing stations in the centre. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place. There were local policies and guidance documents in place also, however, significant numbers of the staff team had not completed training in areas such as donning and doffing of PPE, general infection prevention and control, and breaking the chain of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency. The inspector found, however, that there was an absence of appropriate fire containment measures in some parts of the centre including fire doors and/or self closing devices. Also, the inspector found that there was a need for the installation of break glass units on three external doors which formed part of the egress routes in one unit of centre to make available keys for these doors in the event of an emergency.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe in the centre and their families reported observations which supported these statements. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise their rights; were included in decision making processes about their care and support; and were supported to exercise choice and control over their daily lives while availing of the services 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0028718

Date of inspection: 15/07/2021

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider will ensure that regular relief staff cover sick leave and that long term absences are covered by specified purpose contracts. The provider is recruiting for current vacancy. The PIC will ensure rosters have full names of staff, grade and start and finish time of all shifts.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC has a schedule for supervision for all staff for 2021. PIC has a schedule for completion of PDRS with all staff in 2021.	
Regulation 23: Governance and management	Not Compliant

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

The Director of HR and Director of Nursing are reviewing current supernumerary hours and will issue a recommendation for PICS.

The Provider is addressing maintenance issues in the centre.

The PIC has been provided with a laptop for her use.

The PIC has arranged a review of the technology supports to the centre with IT Dept.

The PIC and the PPIM will review all recent action plans and ensure that all actions are complete.

The PIC and PPIM meet quarterly to review incidents and house issues.

The PIC and PPIM will schedule supervision meetings for the year.

The PPIM will schedule a PDR with the PIC.

The PPIM and the Service Manager will schedule visits to the centre in line with current covid restrictions.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

Provider had arranged painting of the required areas of the designated centre in September.

The PIC has received the furniture that was on order for the designated centre.

Carpets will be replaced where required.

The provider will arrange for upgrade of 2 bathrooms to meet the assessed needs of the residents.

Regulation 26: Risk management procedures	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PPIM and PIC will review all risks and update the risk register.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PIC has assured herself that all staff have completed Donning and Doffing training. The PIC will ensure that all staff have completed breaking the chain of infection.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider will arrange for break glass units to be installed at all fire exit doors in one house in the centre. The Provider will arrange an assessment of the fire containment measures and have these addressed in the designated centre.</p>	

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	01/11/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	16/08/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	01/03/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	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 accordance with the statement of purpose.	Not Compliant	Orange	31/12/2021
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 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the	Not Compliant	Orange	31/12/2021

	workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Not Compliant	Orange	31/12/2021

	means of escape, building fabric and building services.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2021