



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

## Issued by the Chief Inspector

Name of designated centre:	Community Houses Tallaght
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	20 October 2021
Centre ID:	OSV-0004364
Fieldwork ID:	MON-0026682

## About the designated centre

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

Community Houses Tallaght comprises of three houses which are two storey and located in community residential locations in a large suburb of Co. Dublin. They provide residential care to people with mild to moderate intellectual disabilities, seven days a week, 365 days a year. The three houses accommodate 10 residents in total, both male and female. All three houses have single occupancy bedrooms with a communal kitchen, sitting room and dining area. The care and support provided to each resident is based on their individual needs and assessments. Care and support is provided by a staff team of nurses, social care workers and healthcare assistants. Access to other allied healthcare professionals is also available through the service. This includes access to psychiatry, psychology, dieticians, behavioural support professionals, nurse specialists, occupational therapy and speech and language therapy.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

9

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
Wednesday 20 October 2021	12:00 pm to 7:30 pm	Marie Byrne	Lead

## What residents told us and what inspectors observed

Overall the inspector of social services found that residents were being supported to enjoy a good quality of life. For the most part the provider was ensuring they were in receipt of a good quality and safe service. The inspector found that there a person-centred approach to the delivery of services in this centre. Residents were consulted with in relation to the day-to-day running of the centre and playing an active role in their home. They were being supported to make choices and their independence was promoted and encouraged. Improvements were required to each of the premises and these were having an affect on infection prevention and control in the centre, these will be discussed in more detail later in the report.

There were nine residents living in the three houses in the designated centre on the day of the inspection. The inspector had the opportunity to visit them in their homes and briefly engage with each of them. The inspector used observations, discussions with residents, discussions with staff and a review of documentation to get a picture of what life is like for residents in the centre. In addition, eight questionnaires relating to care and support in the centre were completed by residents in advance, and given to the inspector during the inspection.

Considerable effort had been made by the team during the pandemic to identify more home-based activities for residents to sample and engage in should they so wish. Now that restrictions relating to the pandemic were lifting residents were again engaging in activities they had previously enjoyed in their local community, and a number of residents told the inspector they were now back to day services and college.

As residents were busy taking part in activities they enjoyed or in day services, the inspector visited them in their homes in the late afternoon and early evening. In each of the houses residents showed the inspector around their homes and showed them their art work, family photos and some of their most prized possessions. A number of residents talked about how comfortable and happy they were in their homes. Some talked about improvements they would like to see, but knew that these were going to happen in the coming months.

In the first house the three residents were at home. They welcomed the inspector into their home and chatted about their home and things they liked to do. One resident had just moved in from another designated centre as works were being completed there. They told the inspector they were happy and settling in well. The other two residents had lived together for a number of years and both showed the inspector around their home. One resident excitedly talked about moving to a bigger bedroom in the house once it was painted in the colour that they wanted. Each of them appeared content and comfortable during the visit.

In the second house the inspector had the opportunity to meet the four residents living there. Each of them told the inspector about how happy and safe they felt in

their home and about how well they got on with everyone living there. One resident had just moved in this year and talked about the fun and laughs they were having with everyone since they moved in. One resident told the inspector that they loved living there and would not like to live anywhere else. They talked about how supportive staff were and what a good relationship they had with their keyworker. Each of the residents told the inspector that the food was good, with one saying "its good 99% of the time". They talked about taking pride in their home and each described different ways in which they liked to take part in the upkeep of their home. They talked about the impact of the pandemic and how tough it was not being able to do the things they enjoyed in their community. They then went on to talk about how things getting back to normal resulting in them having more opportunities to do things they enjoy.

In the third house the two residents who live there were home. On arrival they greeted the inspector and continued to relax and watch television. A few minutes later they both showed the inspector around their home. One resident talked about being happy in their home and said it was a nice place to live, but then went on to show the inspector a number of areas that needed work in their home. They talked with the person in charge about the planned dates for the work to start to fix these things in their home.

As previously mentioned eight residents completed a questionnaire in relation to care and support in the centre. Residents indicated in their questionnaires that they had been living in the service for between nine and forty years. The majority of the feedback in these questionnaires was very positive with residents indicating they were happy with, their home, food and mealtimes, and visiting arrangements. They were very complimentary towards the staff team with residents including comments like, "staff are lovely", "I am getting the support I need here", and "staff are always here to support me". They also included comments like "sometimes when the regular staff are on leave I have a problem with agency staff, they don't understand me", and "I would like support staff for Saturday and Sundays". From a review of rosters this additional staffing was now in place for Sundays and the majority of Saturdays.

Other examples of comments included by residents on their questionnaires were, "I like everything here, most especially my room, I like "having my space", "I like to eat what I like and make decisions", "I am very happy with choice and control I have in my daily life, and I like "going to town on public transport by myself". Residents included lists of activities they enjoyed such as, walking, shopping, listening to music, going for a drive, going to the stables, going to day services, watering the back garden, going out for a meal, doing art, going bowling and swimming.

A number of residents indicated that they had used the complaints process and were happy with the results. Some residents included areas where they would like to see improvements in relation to activities such as, "I want to attend mass every week", "I want to play bingo like i did before", and "I want to go out for coffee and cake every week". Others included improvements they would like to see in their home, "I want the leak in the bathroom fixed", "I would like to move to a bigger

room", "I want a new tumble dryer", and "I would like my shower to be changed to walk in shower". The inspector viewed plans by the provider to address these areas for improvement during the inspection and observed a number of residents reminding the person in charge what needed to be done when they visited their homes.

Residents and their representatives views were being captured as part of the provider's annual and six monthly reviews. In the latest relative and friends questionnaires feedback was very positive overall. The quality of care for residents was described as excellent, residents' homes were described as comfortable, communication with the staff team was described as excellent, and staff were described as "brilliant" and "very professional". One residents' representative commented that socialisation can be limited at times due to staffing and transport issues.

Residents' meetings were occurring regularly in each of the houses and from the sample reviewed residents were discussing things that were going well for them, things they had to look forward to, and areas where they would like to see improvements in relation to activities and their homes. Agenda items included complaints, safeguarding, the availability of advocacy services, activities and upcoming events, health and safety and maintenance. The local management team were regularly reviewing minutes of the meetings and following up on any outstanding actions. One resident was a member of an advocacy group and talked to the person in charge and the inspector about what came up at the latest meeting.

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 the service's quality and safety.

## Capacity and capability

The inspector found that the designated centre was well run and that overall there were good levels of compliance with the regulations. For some regulations reviewed the centre met and exceed the requirements of the regulations. The provider was found to be seeking out ways to continuously improve the quality of their service and outcomes for residents. The local management team were identifying areas for improvement and had escalated their concerns in relation to required works in a number of the premises to the provider and had secured funding for some of these works at the time of the inspection.

The inspector found that the person in charge and local management team were highly motivated to achieve positive outcomes for residents. Residents were supported by a staff team who were familiar with their care and support needs. There were no staff vacancies at the time of the inspection but the provider had recognised the need for additional staffing in the houses during the day and was in the process of applying to fund and recruit to fill these posts. In the interim they

were using regular agency staff to fill the required shifts. It was evident through discussions and a review of documentation that the focus of the staff team was on ensuring residents were happy, safe, and busy taking part in activities they enjoyed.

There were arrangements in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of care and the service they were delivering. Staff had completed training programmes identified as mandatory by the organisation's policy. The inspector reviewed documentation in the centre to demonstrate that staff were in receipt of regular formal supervision. There were opportunities within these meetings for staff members to raise any concerns they may have in relation to residents' care and support or the day-to-day running of the centre. During these meetings staff strengths were highlighted, areas for further development were discussed, and actions to support them were identified. Staff meetings were occurring regularly and discussions at these meetings mostly related to residents' care and support needs, including their lived experience and anything that may impact this.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider had employed a full time person in charge who had the qualifications, skills and experience to fulfill the role. They were identified as the person in charge for this and two other designated centre and were found to have systems in place to ensure the effective governance, operational management and administration of this designated centre.

Residents were familiar with them and a number of residents told the inspector they would feel comfortable raising and concerns they may have to them. During the inspection, the inspector observed a number of residents pointing out areas where they would like to see improvements in their home and the person in charge was observed to listen to them, acknowledge what they were saying and to tell them they would follow up with them after the inspection.

Judgment: Compliant



## Regulation 15: Staffing

It was evident that every effort had been made by the provider to ensure that residents were in receipt of continuity of care and support. At times during the pandemic when staff were on planned or unplanned leave, regular agency staff were covering the required shifts and the on-call managers provided on-site support.

The provider had recognised the need for additional staff in the houses during the day and was in the process of applying for funding to recruit and fill these positions. In the interim they were using regular relief staff to cover the required shifts.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. Staff were in receipt of regular formal supervision in line with the organisation's policy.

Judgment: Compliant

## Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The quality of care and experience of residents was being monitored and developed on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with inspectors were aware of their roles and responsibilities and how to escalate any concerns they may have.

The provider was completing annual and six monthly reviews of care and support in

the centre and the local management team were completing regular audits in key areas of service provision. They were identifying areas for improvement and escalating these to the relevant parties.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

### Regulation 31: Notification of incidents

The Chief Inspector of Social Services was notified of all the required information in line with the timeframe identified in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents were protected by the complaints policies, procedures and practices in the centre. There was a nominated complaints officer and a number of residents told that inspector they were familiar with the complaints procedures. These procedures were were available in the centre and discussed regularly at resident meetings.

There was a complaints log which contained the status of complaints, and the actions taken. Consideration was given to the satisfaction level of the complainant and this was recorded. There was an easy-to-read complaints form and reply letter available, and a number of residents told the inspector they had used the complaints process and were happy with the outcome.

Judgment: Compliant

## Quality and safety

The inspector found that the governance and management arrangements in the centre were ensuring that residents were in receipt of a good quality, person-centred and safe service. The person in charge and local management team were aware of residents' interests, wishes and capacities. Overall, the provider was identify and responding to areas that required improvement.

Residents lived in warm and comfortable homes. A number of works had been completed in the premises since the last inspection including works to the front and back garden of one of the premises which a resident proudly showed to the inspector when they visited their home. As previously mentioned more works were planned in each of the premises. In two of the premises, funding was approved and the works were due to start in November 2021. New curtains and net curtains were on order for a number of the houses and painting was planned in each of the houses in 2022. These works were included on the 2022 minor capital list. However, in addition to the upcoming planned works, a number of other works were required for which funding had not been secured at the time of the inspection. This included works to the ceiling in the kitchen of one of the houses, the replacement of counter tops and doors on the kitchen units in the same house. The PPIM showed the inspector plans for painting and decorating on the minor capital list for 2022, and evidence that the required works to the kitchen in one of the houses had been escalated to the relevant parties.

For the most part residents were protected by the polices, procedures and practices relating to infection prevention and control in the centre. A number of residents spoke with the inspector about measures they were taking during the pandemic to stay safe. They talked about keeping their distance, washing their hands, wearing their masks, and getting their vaccine. There were contingency plans in place and staff had completed a number of additional infection prevention and control courses. There were cleaning schedules in each house and there were adequate stocks of personal protective equipment (PPE). However, in one of the houses the kitchen was damaged in a number of areas which meant that these areas could not be effectively cleaned. For example, there were chipped doors on the kitchen units and there was chipped paint on the ceiling over the counter tops from where there had been a previous leak from the bathroom upstairs. There were also a number of bathrooms where there was rust, broken tiles and areas where effective cleaning of surfaces could not be completed. The inspector acknowledges that these bathrooms were due to be refurbished.

There was suitable fire equipment which was being regularly serviced. There were adequate means of escape and emergency lighting in place. Residents had personal emergency evacuation plans in place which detailed any supports they may require to safely evacuate the centre in the event of an emergency. Regular fire drills were occurring by day and night to ensure that residents and staff could safely evacuate the centre in the event of an emergency.

The provider was found to be adequately safeguarding residents, promoting their welfare, promoting their good health and supporting them with their personal development. There was a safeguarding policy and staff had the required training to ensure they could recognise, report and appropriately follow up on safeguarding

concerns, should they arise. A number of residents told the inspector that they felt safe in their home, got on well with other residents in the centre, and that they would feel comfortable talking to any member of the staff team if they had any concerns.

### Regulation 17: Premises

Overall, residents lived in warm and comfortable homes which were designed and laid out to meet their needs. The provider was recognising that improvements were required. They had secured funding for some of these works and had plans to commence these works in November 2021. However, there were a number of works where funding had not yet been secured and areas in each of the houses required painting and decorating. The inspector was shown documentary evidence that the required works had been escalated to the provider and other relevant parties.

Judgment: Not compliant

### Regulation 20: Information for residents

The residents' guide contained the required information and was available for residents and their representatives in the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

For the most part residents were protected by the infection prevention and control policies, procedures as practices in the centre. Contingency plans had been developed during the pandemic and the staff team had completed a number of infection prevention and control trainings. There were stocks of PPE available and systems in place for stock control.

There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned. However, due to damaged surfaces in one of the kitchen and in a number of bathrooms, the ability to clean these surfaces was compromised.

Judgment: Not compliant

## Regulation 28: Fire precautions

There was suitable fire equipment provided and it was serviced as required. There were adequate means of escape and emergency lighting in place. The procedure for the safe evacuation of the centre in the event of an emergency was available and on display. Residents had personal emergency evacuation plans which clearly guided staff in relation to any support they may require to safely evacuate the centre. Fire drills were occurring regularly to ensure residents and staff could safely evacuate the centre in the event of an emergency.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed training to ensure they were aware of their roles and responsibilities and safeguarding was regularly discussed at residents' meetings.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents could freely access information in relation to their rights and accessing advocacy services in each of the three house. These topics were also regularly discussed at residents' meetings.

Residents told the inspector about how they were supported to exercise choice and control over their day-to-day life. They talked about their involvements were in the running of the centre and about their opportunities to engage in activities in line with their interests.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Houses Tallaght OSV-0004364

Inspection ID: MON-0026682

Date of inspection: 20/10/2021

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Works required in this designated area have been highlight by the PIC to the PPIM and they have escalated this to the RPN. It is the intention of the RPN to include theses required works to be included on the agenda at the next HSE Estates department meeting and for inclusion to the minor capital list for 2022.</p> <p>One of the houses in this designated center is owned by South Dublin County Council. A formal request has been made on behalf of this house to request a replacement kitchen to be installed. The painting and decorating will be included in the service request. The Ceiling repairs required in the kitchen will be completed in the scheduled work at the beginning of December 2021 along with new bathrooms/toilets.</p> <p>The works scheduled to begin in December 2021 and for completed in January 2022. A pause of works between two of the house is being facilitated between December and January so the residents can remain in their own homes for Christmas. All bathrooms/toilets will be completed by the end of January 2022.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Works required in this designated area have been highlight by the PIC to the PPIM and they have escalated this to the RPN. It is the intention of the RPN to include theses required works on the agenda at the next HSE Estates department meeting and for inclusion to the minor capital list for 2022.</p>	



One of the houses in this designated center is owned by South Dublin County Council. A formal request has been made on behalf of this house to request a replacement kitchen to be installed. The painting and decorating will be included in the service minor capital. The Ceiling repairs required in the kitchen will be completed in the scheduled work at the beginning of December 2021 along with new bathrooms/toilets.

The works scheduled to begin in December 2021 and for completed in January 2022. A pause of works between two of the house is being facilitated between December and January so the residents can remain in their own homes for Christmas. All bathrooms/toilets will be completed by the end of January 2022.

Damaged surfaces will be replaced, on completion of this it I will ensure adequate cleaning can be conducted to ensure sufficient levels of cleaning in line with infection control guidelines and service policy.

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2022
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	Not Compliant	Orange	30/06/2022

	control of healthcare associated infections published by the Authority.			
--	---	--	--	--