



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

Issued by the Chief Inspector

Name of designated centre:	Castlefield Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	24 July 2024
Centre ID:	OSV-0005237
Fieldwork ID:	MON-0035364

About the designated centre

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

Castlefield group is a community residential service providing adult residential accommodation for up to nine ladies and gentlemen with intellectual disabilities across two residential locations in West Co. Dublin. The houses are close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. The first location currently provides accommodation for five ladies, and the second for four gentlemen. The first house is a six bedroom semi-detached house in a cul-de-sac. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The second location is a semi-detached house on a small cul-de-sac. It comprises of five single occupancy bedrooms one of which is used as a staff office and sleepover room. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. Residents are supported by a person in charge, social care workers and healthcare assistants, and staff support is available 24 hours a day, seven days a week. The staff team provides a variety of supports for residents who in some cases are of an aging profile.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 24 July 2024	08:30hrs to 16:45hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, residents were supported to enjoy a good quality of care and support in this centre. This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The findings were positive, with the majority of regulations reviewed found to be compliant during the inspection. Improvements were required in relation to the systems to ensure the Chief Inspector of Social Services was notified of adverse incidents occurring in the centre in line with the timeframe identified in the regulations.

Castlefield Group is a community based residential service comprising of two houses close to each other in West County Dublin. Care and supported is provided for up to nine residents over the age of 18 with an intellectual disability. At the time of the inspection, there were seven residents living in the centre, and 2 people were being supported to transition to the centre.

The first house has five bedrooms, one of which is a office/sleepover room for staff. There is a living room, kitchen come dining room, downstairs toilet, a main bathroom and a mall well-maintained garden at the back of the house. The second house contains five resident bedrooms, a staff office, 2 living rooms, a utility/laundry room, and a large kitchen come dining room leading to a small well-maintained back garden. Three residents' bedrooms have ensuite facilities and there is also a main bathroom and downstairs toilet.

Residents bedrooms were nicely decorated and reflective of their hobbies and interests. They had their favourite possessions and photos on display. Communal areas had photos, art work and soft furnishings all of which contributed to how homely and comfortable these rooms appeared.

The inspector of social services had an opportunity to meet six residents over the course of the inspection and to spend time in the two houses. When the inspector visited their home, one resident was at work and after work they were going to visit a family member. They inspector also had an opportunity to meet and speak with the person in charge, and three staff members. The person participating in the management of the designated centre (PPIM) and service manager attended feedback at the end of the inspection.

Residents had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions, sign language and body language to communicate. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents. Staff were observed by the inspector to be very familiar with residents' communication preferences and warm, kind, and caring interactions were observed between

residents and staff throughout the inspection.

On arrival and throughout the day, the inspector observed that there was a warm, friendly and welcoming atmosphere in each of the houses. The inspector had an opportunity to sit and spend time with some residents and to observe them engaging in activities they enjoyed in their home such as, spending time chatting to staff, listening to music, and using their laptops and tablet computers.

In the first house, the inspector had the opportunity to sit with two residents, the person in charge and two staff to watch a video of a recent trip one resident from this house and two residents from the other house had gone on. They had travelled abroad and visited the capital city by train and taken a bus tour of the city. They had also stayed in a hotel in a theme park and spent time in the park watching shows and parades, including a light and drone show. The resident spoke about how much they enjoyed the trip and how much fun they had with the residents from the other house and the two staff members.

During the inspection two residents spoke about a recent overnight trip to a hotel, one resident spoke about their plans to go abroad with a staff member, one resident spoke about going abroad to visit their sister, and one resident spoke about planning their birthday party in a hotel later in the year.

Resident meetings were occurring regularly and there were pictures on display in the houses in relation to complaints, the confidential recipient and the availability of independent advocacy services. Three residents communicated with the inspector about how important their independence was to them. They spoke about walking to day services, getting the bus independently, and administering their own medicines. The inspector reviewed three residents' personal plans and found that they had completed rights assessment with their keyworkers to explore if they were subject to any rights restrictions and to consider any restrictive practices in the house which may impact them. They also had a "how i make my choices" document which outlined their wishes and preferences in relation to who enters their room, their belongings, choosing clothes, spending money, preferred meals, shopping, and activities.

Each of the seven residents completed, or were assisted to complete questionnaires on "what it is like to live in your home", which had been sent to them in advance of the inspection. Overall, these questionnaires indicated residents were happy with the house, access to activities, staff supports, and their opportunities to have their say. One resident indicated that they would like to explore their options in relation to future accommodation and the person in charge and PPIM were due to meet the resident and to schedule a multidisciplinary team meeting in the days after the inspection. In recent months this resident had been supported to complete a needs and preference assessment and had met with the human rights officer and discussed their wishes in relation to their accommodation. At this time they had decided that they did not want to leave the house, their local area, or the staff team.

The inspector found that the registered provider was capturing the opinions of

residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and the annual reviews. In the most recent annual review for 2023 residents discussed their goals and skills development, their job, the importance of their family and friends, their involvement in the day-to-day running and decoration of their home. Family feedback was also sought and captured in the annual review with positive feedback such as "totally satisfied with the service provided", "always made feel welcome", and "I couldn't do any better myself".

The inspector also had an opportunity to review three residents annual service user satisfaction survey for 2024. The feedback in these surveys was mostly positive in relation to their home and their care and support. One resident indicated they were not fully satisfied with their relationship with one of their peers. A meeting was scheduled with the resident and their social worker was scheduled just after the inspection to discuss this further.

In summary, residents were busy and had things to look forward to. They were supported by a staff team who were familiar with their care and support needs. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required and were implementing the actions to bring about the required improvements.

The next two sections of this report will 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 provided.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. Overall, the findings of this inspection were that residents were supported and encouraged to take part in the day-to-day running of their home and in activities they find meaningful both at home and in their local community.

The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. A number of improvements had been brought about since the last inspection which were found to be having a positive impact on the lived experience of residents in the centre. For example, two residents had been supported to transition to a specialist service in line with their changing needs. In addition, improvements were noted in relation to staffing numbers and continuity of care and support for residents, oversight and monitoring in the centre, risk and medicines management.

There were clearly defined management structures and the three staff who spoke with the inspector were aware of the lines of authority and accountability. The person in charge was providing supervision and support to the staff team and the

PPIM was providing support and supervision to the person in charge. There was an on-call manager available to residents and staff out-of-hours.

The provider system's to monitor the quality and safety of service provided for the resident included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff the inspector found that provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection. The provider's policies, procedures and guidelines were readily available in the centre to guide staff practice.

The three staff and the person in charge who spoke with the inspector were found to be motivated to ensure that each resident was happy, safe and regularly engaging in activities they enjoyed. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision with their managers, training, and opportunities to discuss issues and share learning at team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider with the application to renew the registration of the designated centre and found that they had submitted the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. During the inspection the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required. They were counted in the staff quota 19.5 hours per week and had 19.5 hours fortnightly to complete administration duties associated with the person in charge role.

The residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Residents laughed and smiled as they spoke to, and about the person in charge. They spoke about how much fun the person in charge was and how they looked forward to seeing and spending time with them. Staff members who spoke with the inspector was also complimentary towards the support they provided to them, and discussed the positive relationships they have developed with residents and the staff team.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role.

The centre was fully staffed in line with the statement of purpose at the time of the inspection. The inspector reviewed planned and actual rosters for June and July 2024 and found that significant improvements had been made to continuity of care and support since the last inspection. The rosters showed that a small number of shifts were covered by regular staff completing additional hours or regular relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and certificates of training for four staff. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, manual handling, IPC, and safe administration of medicines. Staff had also completed additional trainings in line with residents' assessed needs such as dementia training, basic life support, positive behaviour support, and epilepsy and rescue medication training.

The majority of staff had completed four modules on applying a human rights based approach in health and social care. Seven staff had also completed training on the Assisted Decision Making (Capacity) Act 2015, and two staff had completed training on the fundamentals of advocacy.

The inspector reviewed supervision records for two staff. The agenda for each was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as roles and responsibilities, current workload, team dynamics, emotional and physical well-being, and training and development.

Three staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support. They spoke about the provider's on-call system and the availability of the person in charge by phone.

Through a review of staff meeting minutes they had been held monthly in 2024. The minutes of these meetings showed that agenda items were resident focused and varied. Examples of agenda items included, incident review and learning, residents'

support needs and goals, complaints, risk, maintenance, safety alerts, and fire safety.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents. This was available in the centre and reviewed by the inspector. It was found to contain the information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the management structure was in line with that defined in the statement of purpose. From a review of the statement of purpose, the minutes of management and staff meetings for 2024, and through discussions with staff, there were clearly identified lines of authority and accountability amongst the team.

The person in charge was meeting with the PPIM monthly and the inspector reviewed a sample of the minutes from these meetings. Discussions were held in relation to the regulations, staffing, training, residents support needs and goals, actions plans from audits and reviews, incidents and learning, IPC, and fire safety.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing the lived experience of residents in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. The person in charge had an action log which captured the action plans for the six monthly and annual review, and area specific audits in the centre. This log showed that the required actions had been

completed in line with the identified timeframes.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider's admissions policy was available and reviewed by the inspector. It clearly described the admissions policies and procedures.

Two people were in the process of transitioning to the centre and the inspector reviewed their transition plans. These were detailed in nature and the two people and their representatives were involved in the transition process. Transition goals were developed with them and there were pictures of them visiting the centre on a number of occasions. From a review of these plans, it was evident that admissions were being completed at a pace that suited them, and that consideration was being given to the impact of their transition for residents living in the centre.

The inspector reviewed a sample of three resident's contacts of care and they contained the required information.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available and reviewed in the centre. It contained the required information and had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the notifications submitted to the Chief Inspector of Social Services since the last inspection and found that three allegations of abuse in 2024 had not been notified in line with the timeframe identified in the regulations.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities they enjoy and to be part of their local community. They were making decisions about how they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their family.

The inspector reviewed a sample of three residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. They had their healthcare needs assessed and care plans were developed and reviewed as required. They were also supported to manage their finances in line with their wishes and preferences.

The residents, staff and visitors were protected by the medicines management, risk management and fire safety policies, procedures and practices in the centre. They were also protected by the safeguarding and protection policies, procedures and practices. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Staff were working to promote and develop residents' relationships and to ensure they continued to develop their roles in the community. Their daily routines were led by them and they had access to staffing supports and transport to support this.

Regulation 11: Visits

Visiting arrangements were detailed in the provider's visiting policy, the statement of purpose and the residents' guide which were all available and reviewed in the designated centre during the inspection. These documents detailed how visits were facilitated unless it posed a risk or if a resident did not wish to receive visitors.

Through a review of documentation and discussions with residents and staff it was clear that they were being supported to visit and be visited by the important people in their lives. Four residents spoke with the inspector about the important people in their lives. They spoke about visiting their family, staying overnight with them, visiting their family abroad, and regularly ringing their family members who live abroad.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had developed a policy relating to residents' personal property, personal finances and possessions. The inspector reviewed financial records and audits for three residents for 2024 and found that they were being supported to manage their finances in line with their money management assessments.

Residents had accounts in financial institutions. Receipts were maintained, account statements were available and audited, and a log of residents' income and expenditure was maintained. A log of residents' property and personal effects were maintained in their care plans.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was ensuring that residents were supported to take part in activities they enjoyed. Through discussions with residents and staff and a review of documentation it was evident that they regularly had opportunities to take part in activities they enjoyed both at home and in their local community.

Two residents were retired and had retirement plans in place. The inspector spoke to both of them during the inspection. One resident was just back from having a massage and they were planning to go out for dinner in a local restaurant later in the day. The other resident had a lie on and breakfast in bed. After this they went clothes shopping in the local shopping centre.

Residents were attending day services and one resident was employed in a local shop. Another resident was getting ready to start volunteering in a local charity shop a few weeks after the inspection.

Through a review of residents' goals and plans, and discussions with residents and staff the inspector found that residents were constantly exploring their local community and trying different activities to find out which ones they found most meaningful.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available and reviewed in the centre. It was found to contain the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. The risk register and risk log reviewed were found to be reflective of the presenting risks and incidents occurring in the centre. The inspector reviewed the risk assessments in three residents' plans and a sample of the general and organisational risks and found that they were up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses and learning as a result of reviewing these was used to update the required risk assessments and shared with the staff team. There were systems to respond to emergencies and to ensure the vehicles in the centre was roadworthy and suitably equipped

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the medicines management policies, procedures and practices in the centre. Since the last inspection the provider had moved the storage press for medicinal products from the kitchen in one of the houses which had reduced a risk relating to safe storage and administration.

The local pharmacist had recently met with residents to ensure they were satisfied with the service provided to them. The inspector spoke with a staff member in one of the houses who showed them the systems and documentation relating to medicines management in the centre. They were found to be very familiar with the provider's policies and systems and with the medicines prescribed to residents.

Residents had self-administration assessments in place which clearly identified the level of support they required, if any. These assessments were regularly reviewed and amended as required. For example, a resident who had been self-administering for a number of years had a recent change in medication which meant they were now taking a medicine at a different time daily. While the resident adjusted to this change and additional control measure was being implemented where staff reminded them to take this medication. This additional control measure was being kept under review with a view to removing it.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed a sample of three residents' assessment of need and personal plans and found that their healthcare needs were assessed. They had health communication books in place and healthcare plans were developed and reviewed as required.

They were accessing health and social care professionals in line with their assessed needs. A record of their appointments were recorded and residents were being supported to choose to access the relevant national screening programmes in line with their wishes and preferences.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix 100% of staff had completed safeguarding and protection training. The inspector spoke with the person in charge and three staff members and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

The provider had a safeguarding policy which was available and reviewed in the centre. Residents had intimate care plans which detailed their support needs and preferences.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Castlefield Group - Community Residential Service OSV-0005237

Inspection ID: MON-0035364

Date of inspection: 24/07/2024

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge / PPIM has improved the processes in place to ensure the chief inspector is notified in writing within 3 working days of adverse incidents occurring in the designated centre.	

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 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/09/2024