

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

## Issued by the Chief Inspector

Name of designated centre:	31 Ormond Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	05 June 2024
Centre ID:	OSV-0002095
Fieldwork ID:	MON-0040116

## About the designated centre

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

31 Ormond Road provides a residential service for vision impaired young adults, both male and female, including young adults with additional intellectual and physical disabilities. The primary aim of the service is to facilitate access to appropriate education provision and to prepare for and transition to a later life lived as independently as possible within each young person's capacity. 31 Ormond Road provides social care and support consistent with maximising the young person's educational attainment and holistic development. It also provides meaningful opportunities to exercise choice and contribute to community living. The centre comprises a large two-storey house, with sufficient communal space and individual bedrooms for residents. It is located close to many amenities and services. The centre is managed by a person in charge, and the staff team comprises social care workers.

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

Number of residents on the date of inspection:

4

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 5 June 2024	10:00hrs to 16:45hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a high level of compliance which met and under some regulations exceeded, the requirements of most of the regulations inspected. Residents told the inspector that they were happy and safe living in the centre, and it was clear that they were in receipt of person-centred care and support which was upholding their dignity and autonomy. However, improvements were required to the upkeep of the premises, and the provider's implementation of fire safety recommendations.

There were four residents living in the centre. The residents had busy lives and attended various educational programmes during the day. The programmes were primarily delivered on the provider's main campus, and included orientation and mobility training, life skills, and enterprise work. Some residents also attended community-based education courses. On the day of the inspection, one resident was at home with their family for a medical appointment. Two residents were attending educational programmes, and one resident was studying in the centre. These three residents were happy to speak with the inspector at different times during the inspection that suited them.

The first resident described the centre as being "great", and said that they would not change anything about it. They knew all the staff working in the centre, and said that they were "fun". They told the inspector that there were enough staff on duty, and they helped residents with their education and personal life through having "good conversations and giving advice". They got on with their housemates, and was looking forward to going on a hotel break with them later in the month. In the evenings, they liked to go swimming, go to the cinema, eat out, and meet friends. They told the inspector that staff encouraged them to invite their friends to visit the centre. They were also a member of an athletics club, and on the evening of the inspection was competing in a race.

They said that they liked the food in the centre, and had participated in fire drills. They had also received education on COVID-19 and infection prevention and control (IPC) measures, and knew about the importance of good hand hygiene, and recognising the signs and symptoms of infection. They told the inspector about how they were involved in decisions about their care and support, and in the running of the centre. For example, they attended their multidisciplinary team review meetings, and had regular meetings with their 'link' staff to review their goals. They also attended house meetings, and was satisfied with the frequency of the meetings.

Another resident told the inspector that they liked living in the centre and had made new friends there. They said that their bedroom was comfortable and provided enough space for them. They liked the staff, and said that they helped them with chores such as cooking. They told the inspector that they had their favourite meals often. They had participated in fire drills and knew where the evacuation assembly point was. They said that they sometimes missed their family during the week, but could ring them whenever they wanted to. On the evening of the inspection, they were going to watch another resident compete in a race.

Another resident told the inspector that they knew all the staff working in the centre, and said that they "all listen" to residents. They were satisfied with the support they received, and had a very good relationship with their 'link' staff. They liked to meet with their 'link' staff to review their personal goals, such as going on holidays. They enjoyed their educational programmes, and in the evenings liked to "chill" and catch up on household chores. They were satisfied with the food provided in the centre, and sometimes liked to grocery shop and cook as well as eat out. They had received information on IPC measures, and knew how to practice good hand hygiene. They said that they did not like fire drills, but understood their purpose. They told the inspector that they liked the house. However, they found the steps leading down to the kitchen and dining room difficult to use without staff assistance. They had no other concerns, and told the inspector that they had enough choice and control in their lives. For example, they decided how they spent their own money.

In advance of the inspection, residents completed surveys on what it was like to live in the centre. Their feedback was very positive and similar to the verbal feedback they gave to the inspector. For example, the surveys indicated that residents felt safe, had choice and control in their lives, got on with their housemates, could receive visitors, and were happy with the services available to them. The comments included "I enjoy the food and spending time with my friends and staff". The comments also gave examples of how residents were involved in the running of the centre. For example, one resident wrote "I had the room repainted to green because I did not like the pink colour". The surveys noted one area for consideration in relation to the premises with the comment: "I do not like the steps in the kitchen".

The inspector found that effective arrangements were in place to support residents to communicate their wishes, and to make decisions about the centre and the care and support they received there. For example, in addition to daily consultations, residents had regular 'link' meetings, and attended house meetings. The inspector viewed a sample of the minutes of these meetings, which are discussed further in the quality and safety section of the report. The provider's annual review and six-monthly unannounced visit reports of the centre had also given residents and their representatives the opportunity to express their views on the service provided in the centre. The feedback received from the most recent unannounced visit was positive, and indicated that residents and their representatives were happy with the service provided in the centre.

The inspection was facilitated by the person in charge. They told the inspector that

residents were happy and that there was a nice atmosphere in the centre. They said that residents received a good quality, safe and person-centred service that promoted their independence through development of life skills and work experiences. They had no concerns about the quality or safety of the service, but could easily raise any potential concerns with the Director of Social Care, who they described as being supportive.

The person in charge demonstrated an excellent understanding of the individual residents' personalities and needs. For example, they told the inspector about the residents' interests and hobbies, and the health and social care interventions they required while in the centre, such as administration of medicine.

The inspector also had the opportunity to meet three social care workers during the inspection, and spoke with one in depth. The social care worker spoke warmly about the residents. They described the quality and safety of the service provided to them as being "excellent", as it was individualised, delivered by an experienced and skilled team, and supported residents to be independent and reach their full potential. They told the inspector that the location of the centre was ideal, as it was close to many amenities and services for residents to use. They spoke about how residents' wishes were facilitated. For example, they had supported their 'link' resident to take singing lessons in the city centre and to self-advocate on a healthcare matter. They said that there were no restrictions on residents, and they had no safeguarding concerns. However, they were aware of the procedures for reporting any potential safeguarding concerns.

In addition to what the inspector was told, the inspector observed a relaxed and restraint-free environment in the centre. The inspector observed staff engaging with residents in a kind, respectful and personal manner, and they appeared to know each other well. For example, the inspector heard staff joking with residents, and saw staff helping a resident to prepare a food supplement for themselves.

The inspector was shown around the premises by the person in charge. The premises comprised a large two-storey house with gardens. The house was observed to be homely, clean, comfortable, and nicely decorated. Residents' bedrooms were decorated to their tastes, and there was sufficient communal space for them to receive visitors. The kitchen was well-equipped, and the inspector observed a good selection and variety of food and drinks for residents to choose from. The house was well-maintained, however the rear garden required upkeep.

The inspector observed good infection prevention and control (IPC) measures, such as access to hand hygiene facilities and availability of personal protective equipment (PPE).

The inspector observed some good fire safety precautions, such as provision of fire-fighting equipment. However, some of the precautions and fire containment measures required improvement to ensure that they were effective. The premises, IPC, and fire safety are discussed further in the quality and safety section of the report.

Overall, the inspector found that residents were very happy in the centre, and were

in receipt of a very high quality and person-centred service that promoted their rights. However, some aspects of the service required improvement.

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

## Capacity and capability

This announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and to help inform a decision following the provider's application to renew the registration of the centre.

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents in the centre was well-resourced and appropriate to their needs. There were good oversight systems to ensure that the centre was monitored, such as audits by the person in charge and provider. However, the frequency of the most recent provider-led six-monthly unannounced visit report and annual review was not in line with the requirements of Regulation 23: Governance and Management.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. The person in charge was based in the centre to support their oversight of the care and support provided to residents, and it was clear that they knew the residents well. The person in charge also ensured that adverse events in the centre were reported to the Chief Inspector of Social Services in accordance with the regulations.

The person in charge reported to a Director of Social Care, and there were effective arrangements for them to communicate with each other.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from these audits and reports were monitored to ensure that they were progressed. However, the most recent provider-led six-monthly unannounced visit report and annual review had been overdue by approximately six months, which posed a risk to the effective monitoring of the centre.

The staff skill-mix consisted of social care workers. The person in charge was satisfied that it was appropriate to the assessed needs of the current residents. The inspector viewed the recent staff rotas, and found that they clearly showed the staff working in the centre and the hours they worked.

There were arrangements for the support and supervision of staff working in the



centre, such as management presence and formal supervision meetings. Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed staff team meeting minutes from April and May 2024. The minutes recorded discussions on incidents, fire safety, safeguarding, medicine practices, premises issues, and residents' updates. Members of the provider's multidisciplinary team also attended the meetings as required. For example, the clinical lead attended a meeting in May to talk to the staff about medicine practices.

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably skilled and experienced for their role, and possessed relevant qualifications in social care and management.

The person in charge demonstrated a clear understanding of the service to be provided to residents, and was promoting the delivery of person-centred care and support in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents in the centre. There were no vacancies in the complement. However, regular relief staff were used to cover staff leave, which ensured that residents received continuity of care and support. The person in charge told the inspector that they were satisfied with the staffing arrangements.

Residents told the inspector that they knew all the staff working in the centre, and they were very satisfied with the care and support provided to them. For example, residents said that staff helped them with their goals and daily living tasks, and were easy to talk to if they had any problems.

The person in charge maintained planned and actual staff rotas. The inspector viewed the rotas for March, April, May, and June 2024, and found that they clearly showed the names of the staff working in the centre during the day and night, and the hours they worked.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, human rights, manual handling, first aid, infection prevention and control, management of challenging behaviour, and fire safety. The training records viewed by the inspector showed that staff were up to date with their training requirements.

The person in charge provided informal support and formal supervision to staff. The person in charge was based in the centre, and formal supervision was carried out in line with the provider's policy. The inspector reviewed the supervision records of two staff, and found that they were up-to-date and well maintained. Staff spoken with, told the inspector that they were satisfied with the support and supervision they received from the person in charge.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

## Regulation 23: Governance and management

Overall, the provider had ensured that the centre was well resourced in line with the statement of purpose. For example, the staffing arrangements were appropriate to the residents' needs. There was also a clearly defined management structure in the centre. However, the oversight systems required improvement to ensure that the frequency of provider-led reviews and reports were in line with the requirements of the regulation.

The person in charge was based in the centre. They reported to a Director of Social Care, who in turn reported to a Chief Executive Officer (CEO). The CEO had commenced in their role in March 2024, and had visited the centre in April to introduce themselves and have dinner with residents. There were good arrangements for the local management team to communicate and escalate any concerns. For example, the person in charge attended weekly meetings with the

Director, and the Director visited the centre often.

The provider had implemented systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports (which consulted with residents and their representatives) were carried out, along with a suite of audits by the person in charge and members of the provider's multidisciplinary team on areas, such as care plans, health and safety matters, fire safety, incidents, restrictive practices, safeguarding of residents, medicine administration, and infection prevention and control (IPC). The audit findings were overseen by the Director. The inspector found that quality improvement actions identified from the audits were being monitored to ensure progression. For example, care plans were updated following the findings of a 'care supports' audit in April 2024.

However, the most recent annual review and six-monthly unannounced visit report had been overdue by approximately six months due to an oversight from the provider.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could easily raise any concerns with the management team. In addition to the support and supervision arrangements, staff attended weekly team meetings which provided a forum for them to raise any concerns.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It had been recently updated in April 2024, and was readily available in the centre to residents and their representatives. However, an update was required to the floor plans in the document.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that adverse events and incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre in the previous 18 months, such as injuries to residents from falls, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

## Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support in the centre. Residents told the inspector that they were happy in the centre and with the service provided to them, and had no concerns for their safety. The provider, person in charge and staff team were promoting and supporting residents to exercise their rights and achieve their personal and individual goals. However, the inspector found that the fire safety precautions in the centre required improvement to better mitigate the risk of fire. The upkeep of the premises also required some improvement to ensure that it was more accessible to residents.

Residents had active lives, and were supported to make decisions about their care and support, and on the running of the centre. The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support. For example, residents attended meetings concerning them and were supported to plan personal goals. They also attended house meetings to discuss topics concerning the centre. Information provided to residents was prepared in an accessible format. Residents told the inspector that they felt that their rights were respected in the centre, and that there were no restrictive practices in the centre.

Residents attended different educational programmes and courses while they lived in the centre. Within the centre, they were encouraged and supported to maintain and gain life skills to live more independently in accordance with their abilities. Residents determined how they spent their leisure time; they enjoyed different recreation activities, such as socialising with friends, attending sports clubs, shopping, eating out, and relaxing in the centre.

There were no safeguarding concerns. However, the provider had adequate arrangements to ensure that any potential concerns were reported and responded to.

The premises comprised a large two-storey house located in a busy Dublin suburb close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces, including a sitting room, a utility room, an open-plan kitchen and dining room, and bathrooms. There was sufficient space for residents to receive visitors. There was also a large rear garden, and a staff office. The house was found to be homely, comfortable, clean, and nicely decorated. However, the garden required attention, and some residents expressed dissatisfaction with the accessibility of the kitchen and dining space.

The kitchen was well-equipped for residents to store and prepare food, and there was a good selection of food and drinks for them to choose from. Residents told the

inspector that they liked the food in the centre, and were supported to purchase, prepare, and cook food as they wished.

There were effective infection prevention and control (IPC) measures to minimise the risk of residents acquiring infections in the centre. For example, the provider had prepared a written IPC policy to guide staff practices, and there was a good supply of cleaning chemicals and equipment to maintain the centre in a hygienic state. Staff had completed IPC training, and residents spoken with were aware of the IPC precautions.

The inspector observed good fire safety precautions. For example, there was fire-fighting equipment throughout the house, and staff had received fire safety training. Residents had also received fire safety education, and were aware of the evacuation procedures. The inspector also observed that the fire doors closed fully when released. Staff completed daily fire safety checks, and external contractors serviced the fire detection and fighting equipment, and emergency lights. The person in charge had prepared individual evacuation plans which outlined the supports residents required to evacuate the centre. The inspector found that the plans were up to date.

However, some improvements were required to the fire precautions. A fire safety report by an external party, in 2022, identified deficits in the fire safety measures, and some of these matters remained unresolved. The inspector also found that areas for improvement identified from fire drills had not been fully addressed. Furthermore, the fire and smoke containment measures relating to the downstairs bedroom required more consideration from the provider.

## Regulation 11: Visits

Residents could freely receive visitors, such as friends and family, in the centre and in accordance with their wishes.

The premises provided suitable communal facilities and private space for residents to spend time with their visitors.

Judgment: Compliant

## Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities for recreation, and opportunities to participate in activities in line with their interests, capacities, and wishes.

Residents were supported to engage in social, leisure, and educational activities in

line with their assessed needs and personal preferences. The centre was close to many services and amenities, which residents could walk to (residents received training on navigating the community). There was also a vehicle for residents to use, and public transport links were nearby.

Residents attended educational programmes and courses during the day, and had full control on how they spent their free time in the evenings. For example, they liked to "chill" in the centre, meet friends, eat out, shop, attend social clubs, and play sports. Residents also enjoyed excursion trips. For example, they were planning a two-night holiday together later in the month with staff support. They were also encouraged to maintain and develop daily living skills in the centre, such as cooking and managing their laundry.

Residents were supported to maintain personal relationships. For example, residents' families and friends were welcome to visit the centre, and residents had mobile phones to keep in touch with them.

Judgment: Compliant

## Regulation 17: Premises

The centre comprised a large two-story house in a busy suburb close to local amenities and services, such as shops, public transport links, and eateries. Generally, the premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection. However, some upkeep was required.

The premises were found to be bright, homely, comfortable, and nicely furnished. Since the previous inspection of the centre in 2022, parts of the centre had been renovated. For example, the veneer on kitchen cupboards and the blind in the main bathroom had been replaced. The communal space included a large sitting room, and an open-plan kitchen and dining room. There was also a large rear garden. There were sufficient bathroom and utility facilities, and the kitchen was well-equipped. Residents' bedrooms were personalised to their tastes.

The inspector also observed that the premises reflected residents' personalities and interests. For example, the inspector saw exercise equipment used by residents in the dining area, and some residents had decorated their bedrooms with posters and had chosen the paint colour.

Residents spoken with told the inspector that they were very happy with the premises and its facilities. However, one resident expressed concern regarding the steps down into the kitchen and dining room. The resident used a mobility aid and could not maneuver the aid up and down the steps without staff assistance. This was impacting on them easily and freely using those rooms.

The rear garden also required attention as it was overgrown and not fully accessible

to residents. This matter had been raised in recent provider-led audits, including the May 2023 unannounced visit report.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from. The kitchen was also well-equipped with cooking appliances and equipment. Residents told the inspector that they chose their menu on a weekly basis, but could change their minds if they wished. Some residents liked to cook as part of their independent living goals, and staff provided guidance as required. Residents were also supported to shop for groceries if they wished to.

Some of the kitchen appliances had been modified to make them easier to use. For example, raised stickers were stuck to the air fryer to help residents cook at the appropriate temperature, and a 'talking' microwave assisted residents to heat food. Residents also like to eat out and have occasional takeaways, and the inspector observed takeaway menus on the kitchen notice board for residents to use.

Residents did not require any particular modified or specialised diets. However, some residents had 'nutrition' care plans that outlined their likes and dislikes, and the interventions to be provided by staff, such as encouraging healthy eating.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The previous inspection of the centre in April 2022 had found this regulation to be not compliant. However, the inspector found the provider had implemented significant improvements to the infection prevention and control (IPC) measures in the centre which were meeting the requirements of the associated standards.

The provider had prepared a written IPC policy, that included information on standard precautions, transmission-based precautions, and the relevant persons' responsibilities. The policy had been discussed with staff during a September 2023 meeting to ensure that they were familiar with it. The inspector also observed public health information on cleaning bodily fluid spills for staff to refer to. In addition to these documents, there was a written infection outbreak plan that included the arrangements for residents to isolate and for staffing contingencies.

The premises and centre's vehicle were observed to be clean. Staff completed daily cleaning duties which they recorded in checklists. There was a good supply of cleaning chemicals (with associated safety data sheets), and colour-coded cleaning equipment to reduce the risk of infection cross contamination.

The inspector also observed that there was a good stock of personal protective equipment (PPE) and soluble bags for soiled laundry in the event that they were required. There were also good hand-washing facilities. For example, hand sanitiser was available at the front door, and there was soap, hand towels, and hot water at sinks.

Staff had completed IPC training to inform their practices, and the inspector also found from speaking with residents that they had an understanding of IPC measures.

There were good arrangements to oversee the implementation of the IPC measures. The provider's nursing department completed a comprehensive IPC audit in April 2024. The audit results had been shared with the management team, and actions for improvement, such as replacement of a toilet seat, had been completed. The provider also had arrangements to test the water system as a measure to reduce the risk of legionella.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. However, some improvements were required to ensure that the precautions were sufficient, and that audit findings were responded to in a timely manner.

The inspector read a fire assessment of the premises, carried out in 2022 by an external expert which also been reviewed again in December 2023.



It outlined the following areas for improvement:

- Six fire doors required certification.
- The gap between two bedroom doors and their frames was too wide.
- The chimneys required sealing.
- The smoke detector in the kitchen was to be moved.
- The timber cladding in the kitchen and dining area required fire treatment.
- Emergency signage was required upstairs.

The inspector was told by the provider that they had received quotes for the required works, and were committed to undertaking them. However, they had not yet secured the required funding.

In addition to the matters raised in the report, fire drills in May and October 2023 had identified that outdoor lights in the back garden required upgrade (and that plants around the light needed to be cut back (to illuminate the exit route)). However, the inspector observed during the inspection that the light was partially covered by plants and did not work when turned on. This posed a risk to the residents safely evacuating the centre.

There was a small bathroom interconnecting a bedroom and the utility room. The two doors on either side of the bathroom (leading to the bedroom and utility room respectively) did not appear to be fire doors. The provider was required to assess this arrangement and verify if it was appropriate in preventing potential smoke or fire from the utility room (which is a high risk area) entering the bedroom.

Regular fire drills were carried out to test the effectiveness of the fire plans. The fire drill records did not clearly show if a drill reflective of a night-time scenario had not been carried out in the previous 12 months. However, staff and residents spoken with were familiar with the evacuation procedures.

Judgment: Not compliant

## Regulation 7: Positive behavioural support

None of the current residents living in the centre required behaviour support. However, the inspector found that arrangements were in place to support residents if they did present with behaviours of concern. For example, staff had completed relevant training in this area, and the provider had prepared a written policy on positive behaviour support.

There were no restrictive practices implemented in the centre. However, the provider had prepared a written policy on the matter, and had systems to review the use of potential restrictions. For example, the person in charge carried out audits in the centre to identify and monitor the use of any potential restrictive practices.

Judgment: Compliant

## Regulation 8: Protection

The inspector found that residents were safe in the centre, and that the registered provider and person in charge had implemented systems to safeguard them from abuse. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance in the centre for them to easily refer to. Staff spoken with were aware of who to report any concerns to.

Where required, intimate care plans had been prepared (with agreement from the respective residents) and outlined the individual supports residents required to ensure that staff delivered care in a manner that respected residents' dignity and bodily integrity.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider and person in charge had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. Residents told the inspector that they could fully exercise their rights without restriction, and the inspector saw that they had control in their lives and were being supported to be active participants in making decisions about their lives and in the running of the centre. For example:

- Residents had input in the development of their care plans; they could attend their multidisciplinary team review meetings if they wished to, and signed their care plans to indicate that they were in agreement with the content.
- Residents were supported to choose, plan and achieve individualised personal goals, such as using completing education programmes, personal development, using assistive technology and learning skills, such as cooking and travel training, to live more independently.
- Residents reviewed their goal progress at regular meetings with their 'link' staff. The location of the meetings was determined by the residents. For example, some residents liked to have their meetings in restaurants and coffee shops. The inspector read a sample of two residents' link meeting minutes from September 2023 to May 2024. The minutes were written using person-centred language, and demonstrated the individualised support provided to residents.
- Residents attended house meetings to discuss the running of the centre and other relevant topics. The inspector reviewed the meeting minutes from September and October 2023, and May 2024, and found that a wide range of

topics were discussed, including fire safety, holidays, IPC, and the complaints procedure to support residents' understanding of it.

- There was a 'student representative' forum that residents could attend if they wished to escalate any issues from the centre. The forum was attended by the Director of Social Care, and the Chief Executive Officer had also attended the March 2024 meeting. The minutes from that meeting demonstrated efforts from the provider to engage residents in the organisation of the service. For example, the minutes noted that students could be involved in the recruitment of staff.
- Key information had been prepared in accessible formats for residents. For example, the complaints procedure was in an easy-to-read and large print format, and information on advocacy had been prepared in Braille. Some residents preferred information, such as their goal plans, to be emailed to them so that they could listen to the content on their smart devices.

The provider had recently established a human rights committee with staff and resident representatives, as well as external members, to strengthen and oversee their systems for promoting residents' rights.

Staff had also completed human rights training to inform their practices. Staff told the inspector about how the training had reinforced the importance of promoting residents' autonomy. For example, supporting residents to make decisions on their finances.

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
<b>Capacity and capability</b>	
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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for 31 Ormond Road OSV-0002095

Inspection ID: MON-0040116

Date of inspection: 05/06/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider error in respect of the Governance requirements has been addressed by ensuring that appropriate dates are now inputted into the relevant person’s electronic diary.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Premises: in respect of a resident accessing the kitchen area, it is noted that the resident has an alternative mobility aid which provides – and has been providing – independent access to the kitchen/dining area; the resident uses this alternative mobility aid successfully and consistent with an existing risk assessment. This risk assessment will be completed again as of the resident’s return to the service to ensure that the resident’s safety and independence is prioritised.</p> <p>The garden will be assessed by a competent gardening professional and the issue of access will be addressed as a priority. Necessary garden works will be carried out and a plan will be put in place.</p>	

Regulation 28: Fire precautions	Not Compliant
<p data-bbox="172 241 1437 477">Outline how you are going to come into compliance with Regulation 28: Fire precautions: The six identified doors will be certified by a competent professional and the gaps between two bedroom doors and their frames will be remediated. The chimneys will be sealed by capping and the smoke detector in the kitchen will be moved. The required emergency signage will be installed and the timber cladding in the kitchen will be treated and certification of this treatment will be provided.</p> <p data-bbox="172 517 1437 589">Outdoor lighting will be repaired or replaced and those plants obscuring the lighting will be cut back.</p> <p data-bbox="172 629 1437 745">A competent fire professional will be engaged to assess the appropriateness of the doors on either side of the downstairs bathroom and if this assessment requires these doors to be upgraded this work will be undertaken.</p> <p data-bbox="172 786 1437 857">The fire drill records will be revised to ensure that nighttime simulations are clearly recorded.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	30/08/2024



	accessible to all.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	06/06/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	06/06/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/08/2024
Regulation 28(2)(a)	The registered provider shall take adequate precautions	Substantially Compliant	Yellow	30/08/2024

	against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/08/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/08/2024
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/08/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/08/2024