

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

Issued by the Chief Inspector

Name of designated centre:	Hansfield Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	16 July 2024
Centre ID:	OSV-0004040
Fieldwork ID:	MON-0043284

About the designated centre

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

This designated service is registered to provide full-time residential care and support for five residents across two locations. It currently provides support to four residents with intellectual disabilities between 40 and 50. One house is home to up to four people with intellectual disabilities and medium to high support needs. It is staffed by social care workers and care assistants, with staffing arrangements varied to suit residents' needs and schedules. The second location provides full-time residential support to one resident. This house is located approximately ten kilometres away from the first house and provides 1:1 support by day, with a sleepover staff at night. The provider's aim is to provide a community-based and person-centred setting wherein residents are cared for, supported and valued in an environment that actively supports and promotes their health, development and well-being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 16 July 2024	09:15hrs to 16:20hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was clear that residents living in this centre were well supported in their homes. This inspection found a significant improvement in compliance since the last inspection, with a high number of regulations found to be compliant. Some improvement was required under Regulation 17: Premises and this is discussed in the body of the report below.

The designated centre is made up of two houses based in west Dublin. The first house is home to up to four residents. It is a large detached four- bedroomed house in an estate in west Dublin. Downstairs comprises a staff sleepover room and office, a sitting room, a small bathroom and a large kitchen and dining area. Upstairs are four resident bedrooms, one of which has an en suite bathroom, and a shared bathroom. On the day of the inspection, there were three residents living in the house, with one vacancy. The second house is home to one resident who had moved to their new home in September 2023. The house is a two-storey house which is based approximately ten kilometers away from the first location. It comprises a sitting room, dining room, kitchen and bathroom downstairs. Upstairs are three bedrooms and a bathroom.

Residents in one of the houses had complex communication needs and used a variety of methods of communication including some words, vocalisations, gestures, Lámh signs, body language and visuals. They required their support staff to develop relationships with them and learn their preferred communication methods over time to best support and respond to their communication signals. Since the last inspection, the staff team had worked with a speech and language therapist to promote a total communication approach in the house. Residents had visual schedules in use, in addition to 'first then' boards, with one resident now using visuals to communicate their basic needs. Staff described how this had been of benefit to a resident in reducing their frustration and in increasing their understanding. This was reported to be in use at home with their family members also. On the day of the inspection, the inspector had the opportunity to meet with one resident. The resident showed the inspector around their home. Their bedroom was personalised to them and had ample space for them to store their preferred items. They also had some of their favourite items downstairs including balloons, art supplies and a pet goldfish which was kept in the sitting room. The resident appeared to be relaxed and content in their home, and in the presence of staff members. Staff supported the resident to access their money and to understand the routine that morning using visual supports (first.... then). The resident took the board into the inspector and showed them that they planned on going to a fast food restaurant after their appointment. Interactions between the resident and their staff were found to be friendly and kind, and responsive to the residents' communication. The resident was noted to be smiling and content throughout their time in the house.

The inspector visited the second house in the afternoon and met with the resident

upon their return from their day service. The resident told the inspector that they liked their new home. They were planning on moving to a new apartment in the months following inspection to enable them to have a ground floor space in line with their expressed wishes. They spoke about an upcoming birthday celebration which was planned for the weekend in a hotel. They performed a song with their guitar which they planned to sing at the event. It was evident that the resident was comfortable and relaxed in the company of staff.

To gain further insight into the lived experience of residents living in the centre, the inspector viewed the annual surveys which families and residents had completed as part of the annual review. Families were happy with the service provided to their loved ones. One family stated *"We are very happy with the service that they receives, we know they are largely happy and safe" " We feel so blessed and lucky that they are so familiar with staff"*. The residents' questionnaire had been completed, and the person in charge had compiled a report to review and analyse residents' responses. An action plan was developed from these questionnaires which included changing living arrangements, money management, developing personal goals and in the upcoming refurbishment of parts of their home. Many of these had been actioned, or were in progress on the day of the inspection.

Staff in the centre had completed training in a human-rights based approach to health and social care, and had done additional training on the Assisted Decision Making (Capacity) Act, 2015. The person in charge spoke about encouraging staff to support residents to make complaints where it may have been appropriate to do so. In both houses, it was evident that residents were receiving person-centred care which was promoting their rights.

Residents in the centre engaged in a number of activities throughout the week. Some residents attended day services in the locality on a part-time basis. Other activities which the residents engaged in were gardening, going out for meals , shopping, swimming, going to the cinema and accessing services locally such as the barbers. The inspector viewed person -centred plans for some of the residents which included photographs of them engaging in activities such as go-karting, gardening, going to events such as musicals and garden festivals. Residents' families were involved in their care and support, and staff facilitated visits with families to ensure residents got to spend time with those important to them. Residents were also facilitated to maintain friendships by being supported to invite friends over to their home, or meeting for a coffee. The person in charge told the inspector that they were making a list of possible activities for residents to do over the summer months. For example some things for residents included going to a hotel and spa, linking in with a membership organisation related to their diagnosis and attending those events and going bowling. They described how they had recently done a 'Moving for May' challenge to promote physical activities and residents had received certificates for their efforts.

At the time of the last inspection, there had been a high number of safeguarding incidents occurring in the centre. Since that inspection, there had been a change in the living arrangements for residents, resulting in one resident living alone. There had been no incidents since August 2023. Staff described a positive impact for

residents and gave examples of them now moving more freely about their home and independently accessing snacks and spending time together in the sitting room.

In summary, it was evident that significant changes in the centre had led to positive outcomes for residents since the last inspection. The inspection found high levels of compliance with the regulations. The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in the centre, and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This was an unannounced risk-based inspection which was carried out to monitor levels of compliance. The last inspection of the centre took place in July 2023 and due to significant safeguarding concerns, an immediate action was issued to the provider on the day of the inspection. That inspection found six regulations to be not compliant, and a cautionary meeting was held with the provider shortly after that inspection took place. The provider submitted a compliance plan to the Office of the Chief Inspector which gave assurances on actions which the provider would take to come back into compliance.

The provider submitted an application to vary the centre to add a property to the designated centre in order to enable a resident to move into a single- occupancy unit. A subsequent application to vary was submitted in February 2024 to reduce the number of locations in this centre from four locations down to two. The impact of this was that the person in charge could maintain better oversight of all parts of the centre. This inspection found that there were improvements across a number of areas in the centre, with high levels of compliance across a number of regulations. The provider had completed actions which it had committed to in their compliance plan. Some improvements were required in Regulation 17: Premises, and this is discussed further below.

The inspector found that the provider had a clear management structure in place which outlined roles and responsibilities. Staff reported to the person in charge, who in turn reported to the person participating in management and they reported to the service manager. The provider maintained oversight of the service through the six-monthly unannounced provider visits and the annual review. Day-to-day oversight was the responsibility of the person in charge. They carried out a number of audits and checks on different aspects of the service to ensure it was good quality. Information relevant to the service was shared in a number of ways to ensure all staff had the required knowledge and information to best support residents. These are described in more detail under Regulation 23: Governance and Management below.

The provider had an appropriate number of staff on duty to meet the residents' assessed needs. While there were vacancies, it was evident that the provider was

endeavouring to provide continuity of care to residents by using the same members of staff from a relief panel as much as possible. The inspector found that staff were supported to develop their knowledge and skills through staff training and supervision sessions. This is discussed under Regulation 16: Training and staff development below.

Regulation 15: Staffing

The inspector reviewed staffing rosters for a six week period prior to the inspection taking place. These indicated that there were an adequate number of staff on duty in the centre each day, in line with residents' assessed needs. There was a vacancy on the day of the inspection. Rosters indicated that over a six week period prior to the inspection taking place, there had been a total of 18 different staff complete shifts in the centre. However, some of these staff members had completed more than one shift, and it was evident that the provider was endeavouring to provide residents with good continuity of care by using the same staff where they were available. Staff members on duty and the person in charge reported that the use of relief staff had reduced in recent months and that there was now an assigned number of relief staff for the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed the staff training matrix and found that 100% of staff had completed mandatory training on fire safety, manual handling, safeguarding, basic life support and food safety. Staff had also completed modules related to infection prevention and control in line with the provider's policy. Staff had completed training on a human rights-based approach in health and social care, in supporting friendships and relationships and in the Assisted Decision Making (capacity) Act, 2015. Staff spoke about how they supported residents to make decisions in their everyday life, and how they facilitated residents' right to understanding their daily routines in order to enable those decisions.

The inspector was unable to view supervision notes on the day of the inspection. However, they viewed evidence of these sessions occurring in line with the provider's policy on staff supervision and performance.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's annual review report in addition to the last two six-monthly unannounced provider visits. These were in line with regulatory requirements, and were noted to be identifying areas requiring improvement. Where improvements were required, there was an action tracker in place which was regularly reviewed by the person in charge and their line manager.

The inspector reviewed a sample of three months of audits which were carried out in the centre in line with the provider's time lines. These audited key service areas such as medication, complaints, finances, infection prevention and control and care plans. It was evident that these audits were identifying areas which required improvement and actions were progressed in a timely manner.

Staff meetings in each of the houses took place on a monthly basis, with a meeting for all staff working in the designated centre held a number of times over the course of the year. The inspector viewed the minutes of staff meetings from the previous three months. These demonstrated that risks, incidents and accidents, an overview of residents and health and safety matters. Information was also shared with the staff team at handover each day.

The inspector viewed the minutes of meetings between the person in charge and the person participating in management which took place on a monthly basis. These showed key aspects of the service were discussed, with time bound actions put in place and progressed. This ensured that there was monitoring and oversight of the service to continue to ensure residents were receiving good quality care and to drive quality improvement.

Judgment: Compliant

Quality and safety

Residents in the centre were found to be receiving a good quality person-centred service which promoted and upheld their rights. As outlined, some improvements were identified in premises and this is outlined below.

Residents in the centre were supported to have best possible health through access to health and social care professionals, through the provision of health care information and by ensuring that care interventions were delivered in line with any identified health care needs. These were monitored regularly by the person in charge. As outlined in the opening section of the report, the inspector observed staff to support a resident with complex communication needs by using a number of methods of communication in line with their needs. By ensuring that residents' communication needs were supported, staff were able to promote and uphold their rights to exercising choice and control in their daily lives. The provider had taken action to ensure that residents were safeguarded since the last inspection by ensuring suitable living arrangements for all residents in the centre. This had

resulted in no safeguarding incidents occurring since August 2023. Residents' general welfare and development was also found to be promoted by staff ensuring that residents had access to meaningful activities throughout the week. Residents had access to a range of activities of their choice, both in and out of their homes. They were well supported to maintain friendships and family relationships by staff.

While both of the premises were found to be in a good state of repair overall, the bathroom and kitchen in one house required refurbishment. This is detailed under Regulation 17: Premises below. The provider was found to have suitable systems in place to ensure that residents, staff and visitors were protected against fire. This is further discussed under Regulation 28: Fire precautions.

Regulation 10: Communication

Many of the residents in the designated centre required a total communication approach to be used with them in order to best support and interpret their communication and to foster successful interactions. Some of the residents had engaged with a speech and language therapist and had communication passports in place. The communication passports set out guidance for staff on how best to communicate different decisions/ at different time of day to minimise potential distress. For example, guidance on how to explain that the resident would be going on an appointment. Visual supports were available such as 'first then' boards, which the inspector observed in use. To promote communication access, there were a number of documents available in an easy to read format. Staff whom the inspector spoke to were knowledgeable about how best to support residents' communication in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector viewed a sample of three residents' person-centred plans and 'quality of life' records. These demonstrated that residents were facilitated to enjoy a number of meaningful activities in and out of their homes. These included going shopping, going swimming, out to the cinema, going out for meals and accessing a day service. One resident had recently joined a local tennis club, which had been an activity which they had previously enjoyed.

Residents were supported to sustain relationships of importance to them. The person in charge spoke about how residents went home regularly , how families were invited to person-centred planning meetings and how other residents enjoyed writing to family and organising

Judgment: Compliant

Regulation 17: Premises

The inspector carried out a walkabout of the first house with a resident, and the second house with the person participating in management. Both houses were found to have ample private and communal accommodation for residents. Residents' bedrooms were highly personalised and had space for their personal belongings to be stored or on display. For the most part, the houses were found to be in a good state of repair. However, in one house, the inspector noted that some of the doors on cupboards in the kitchen were not closing properly, one of the shelves was missing and some of the cupboards were not accessible to residents. The bathroom upstairs also required maintenance due to the seal around the bath being damaged. On the day of the inspection, the bath was being resealed by the provider's maintenance team. The provider told the inspector that a budget had been secured and plans were drawn up for a kitchen and bathroom refurbishment. This work was due to commence in the months following the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector carried out a walkabout of both houses and found that both houses were equipped with smoke alarms, emergency lighting, fire fighting equipment, fire doors and smoke detectors. A review of fire folders from each house showed that service and maintenance records were up to date. Records of daily, weekly and quarterly checks were kept by staff to ensure all equipment in the centre were in good working order. The inspector reviewed a record of eight fire drills which had taken place in the seven months prior to the inspection. These demonstrated that where issues were identified, appropriate actions were taken which included meetings with relevant members of the multidisciplinary team and follow-up drills to ensure that any new control measures introduced were effective. A record of repeated drills demonstrated reasonable evacuation times for all residents.

Judgment: Compliant

Regulation 6: Health care

A review of three of the residents' care plans showed that residents were supported to have best possible health in the centre. They had access to a range of health and social care professionals including a GP, speech and language therapy,

physiotherapy, a clinical nurse specialist in behaviour and a variety of medical professionals.

Care plans included care interventions for each identified health care need in addition to a record of each appointment attended by residents. Residents had hospital communication books in place to ensure that key information related to residents' preferences and communication needs were documented in the event a resident was taken to hospital. Residents were supported to access information about appointments in a way that they could best understand. For example, a staff member reported how they had used images to show the resident what to expect when they were going to the dentist, which had led to a successful visit for them.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed notifications received by the Authority and the incidents and accidents log in the centre. There had been no safeguarding incidents in the centre in the ten months prior to this inspection taking place. Staff reported that residents in each centre appeared to be happy and content in their homes since the centre had found more suitable accommodation for a resident. The inspector viewed a sample of three resident files and found that residents had intimate and personal care plans in place which have staff guidance on how best to promote residents' independence and to maintain their privacy and dignity in doing so.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted and upheld in the centre in a number of ways. Residents' right to choice and control in their daily lives was facilitated by staff in relation to meals, clothing and activities. There was easy to read information available in the house about a number of different areas such as health care information, complaints and safeguarding. Residents were included in decisions about the refurbishment of the kitchen and bathroom in their home.

Some restrictions were in place due to identified risks in the house such as a digital keypad at the front door. Any restrictions were assessed and monitored on an ongoing basis by members of the multidisciplinary team. Records of these meetings showed that there was a clear focus on residents' rights and the impact of these restrictions on other residents in the house.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0043284

Date of inspection: 16/07/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Provider will complete refurbishment works of kitchen and bathroom areas in designated centre in coming months. This has been approved and prioritised by housing authority.	

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	31/12/2024