



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

## Issued by the Chief Inspector

Name of designated centre:	Community Houses Tallaght
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	09 September 2024
Centre ID:	OSV-0004364
Fieldwork ID:	MON-0036280

## About the designated centre

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

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

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

Number of residents on the date of inspection:

8

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 10 September 2024	09:20hrs to 15:00hrs	Marie Byrne	Lead
Monday 9 September 2024	09:30hrs to 18:30hrs	Marie Byrne	Lead
Tuesday 10 September 2024	10:00hrs to 15:00hrs	Michael Keating	Support

## What residents told us and what inspectors observed

From what residents told the inspectors and based on what they observed, residents were in receipt of a good quality of care and support in this centre. This inspection was carried out to assess the provider's regulatory compliance, and 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. The provider was aware that further improvements were required in relation to staffing numbers and the availability of vehicles to support residents to access their community.

In Community Houses Tallaght full-time residential care is provided for up to 10 adult residents with an intellectual disability. There were eight residents living in the centre on the day of the inspection. The designated centre is comprised of three houses located in the Tallaght area of Co. Dublin. In each of the houses residents have their own bedroom and access to a number of communal spaces including living rooms, bathrooms and a kitchen. Each house has a front and back garden with areas where residents can sit and relax, or get involved in gardening if they wish to.

During the inspection, the two inspectors of social services had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting three residents in their homes, three staff in the houses, the clinical nurse manager (CNM) 2, person in charge and director of nursing in an office base, and one residents' representative on the phone. Inspectors also reviewed documentation about how care and support is provided for residents and about how the provider ensures oversight and monitors the quality of care and support in this centre. Residents communicated their wishes and preferences verbally and by using gestures and body language. Throughout this inspection, warm, kind, and caring interactions were observed between residents and staff. Staff were observed by inspectors to be very familiar with residents' communication preferences.

On arrival to each of the houses there was a warm, friendly and welcoming atmosphere. On the first day of the inspection an inspector had an opportunity to sit and spend time with one resident in their home. They showed the inspector around the house and spoke about what it was like to live there. They showed the inspector their person-centred plan and spoke about their goals, hobbies and interests. They spoke about the important people in their life and the importance of keeping in touch and meeting them regularly. They also spoke about the complaints process, fire safety, safeguarding and advocacy.

In the second house one resident was home and an inspector had an opportunity to briefly meet and speak with them. They told the inspector they were happy and that the staff on duty was a good cook. They appeared very relaxed and comfortable in their home and were observed to seek out staff when they required support. Later

in the day they were planning to go out and about in their local community with the staff on duty.

In the third house the two residents were at day services when an inspector visited their home. The inspector had an opportunity to speak with the staff about residents' care and support needs, the management structures and systems in the centre, the systems for capturing residents' experience of care and support in the centre, the complaints process, fire safety and the use of restrictive practices.

On the second day of the inspection two inspectors had an opportunity to visit one of the houses to meet and speak with two residents. They spoke about the important but hard work that the advocacy group they were both part of were doing. They spoke about an event that had been held last year where their portrait photo with their words were displayed in a walled garden while the video about advocacy and rights the group had created was launched. As part of this group they had also developed a poster to remind staff about what was important to them in the homes. Inspectors observed these posters on display in their homes.

They both spoke about the complaints process and described challenges they had faced in the past. They spoke about how important it was to them to ensure that their voices are heard. They gave examples of changes that occurred because they had raised their concerns. For example, in the past they attended day services five days a week and there were no staff on duty in their home during the day. In line with their feedback, the provider was now ensuring that there was staff available during the day to support them, should they wish to stay at home or to attend appointments or activities. Both residents also spoke about how continuity of staffing had improved over the years. They said they usually know the staff who are on duty including the regular agency staff who were supporting them. They spoke of the efforts the provider was making to make sure there was always a staff on duty who they know and gave an example of two staff working over the weekend alongside a regular staff.

During the inspection two residents spoke about the absence of a dedicated vehicle to support them to access their community. They spoke about how they needed to plan trips and activities in advance to ensure there was a vehicle and driver available to support them. This was also reflected in the latest annual review for this centre and identified as a risk on the provider's risk register. This will be discussed further under Regulation 23.

There was information on display in an easy-to-read format in the houses on areas such as rights, complaints, the availability of independent advocacy services, restrictive practices, fire safety, and infection prevention and control (IPC). There were also picture rosters on display. Two residents spoke with the inspectors about regular residents' meetings and about the decisions and choices they were making on a daily basis.

This inspection was announced and a number of residents chose not to meet inspectors and to carry on with their normal routines and attend work, day services and their favourite activities. One resident was on a foreign holiday at the time of

the inspection. Each of the eight residents had 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, residents indicated they were happy with their house, access to activities, staff supports, and their opportunities to have their say. They also included areas where they would like to see changes or improvements such as, "easier to go places with our own transport", and "waiting for the house to be painted and for new sockets".

Inspectors 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 weekly, monthly, six-monthly and annual reviews. Residents included positive feedback and they areas where they would like to see improvements in these reviews. For example, as previously mentioned residents raised their concerns about access to transport and were advocating for a vehicle for each house to allow for greater flexibility and same day decisions about where they would like to go. They also advocated for regular agency staff and for the provider to fill vacant posts.

An inspector had the opportunity to speak with one residents' representative on the phone and to review three relative/family questionnaires for 2023. Feedback was mostly positive with residents' representatives indicating they were happy with residents' care and support, their goals and activities, safety and security, food and nutrition, the professionalism of staff, the complaints process, communication with the staff and management team, and visiting arrangements. Some areas where they identified that improvements were required included diet and nutrition, continuity of care and support, and communication with the management team.

In summary, residents told inspectors they were busy and had things to look forward to. They said they were supported to to make choices around how and where they wished to spend their time. The provider was capturing residents views and self-identifying areas of good practice and areas where improvements may be required in their own audits and reviews.

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 carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. Over two days, inspectors of social services completed an inspection in three designated centre operated by the registered provider. This included visiting each of eight houses that make up the three designated centres and visiting an office base to discuss systems for oversight and monitoring and a

number of quality improvement initiatives with members of the local and senior management team. Overall the inspections found high levels of compliance with the regulations. The provider was capturing the lived experience of residents in their audits and reviews and their opinions, concerns and feedback were used to bring about improvements in their care and support and their homes. The provider was also identifying areas of good practice and areas where improvements were required and implementing the required actions to bring about these improvements. Inspectors found that there was a clear focus on embedding a human rights-based approach and culture. The findings of the inspection in this designated centre were that this was a well run centre where residents' lived experience was sought on a regular basis. The provider was aware of areas where improvements were required and implementing the actions to bring about these improvements in areas such as staffing numbers and continuity of care and sourcing vehicles to ensure residents could have more flexibility to plan activities.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was present in the centre regularly and there was an on-call service available to residents and staff out-of-hours. The person in charge was supported to carry out their day-to-day role by a CNM2. They reported to and received supervision and support from two assistant directors of nursing and the director of nursing.

The provider's systems to monitor the quality and safety of service provided for residents included; area specific audits, walk about audits by the CNM's, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff inspectors found that the 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 was self-identifying areas for improvements and there was a clear focus on ensuring that residents are placed at the centre of any service developments and improvements. The management team were focused on residents' uniqueness and supporting their individuality, and empowering them to participate in the development of their plans and the future direction of the service.

The centre was not fully staffed in line with the statement of purpose. This will be discussed further under Regulation 15 due to its impact on continuity of care and support for residents. 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, annual performance development reviews, training, and opportunities to discuss issues and share learning at team meetings.

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

An 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

An 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.

They were also identified as person in charge of two other designated centres close to this one. During the inspection, inspectors found that they had systems to ensure oversight and monitoring in this centre. The person in charge and CNM2 were visiting the houses regularly and completing a number of audits and reviews. They were developing action plans and implementing the required actions to bring about improvements in relation to residents' homes and their care and support.

Judgment: Compliant

### Regulation 15: Staffing

The provider had policies and systems in place to ensure that staff had the required skills and experience to fulfill the job specifications of their roles. Prior to the inspection a sample of three staff files were reviewed in a central office base operated by the provider. These files were found to contain the information required under Schedule 2.

The centre was not fully staffed in line with the statement of purpose as there were 2.25 whole time equivalent (WTE) vacancies for care assistants/social care workers at the time of the inspection. The provider had made a number of attempts to recruit to fill these and more interviews were scheduled just after the inspection. The provider was attempting to ensure continuity of care and support for residents by ensuring regular agency staff were completing the required shifts. As previously mentioned, residents had identified the need to recruit more staff and two residents spoke about how continuity and the number of staff supporting them had improved over the years; however, from the sample of rosters reviewed for a three month period, there were some weeks where up to 50% of shifts were covered by agency staff. While efforts were made to ensure the same agency staff covered the required shifts, this was not always proving possible.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The staff training matrix for the centre and the certificates of training for eight staff were reviewed during the inspection. An inspector reviewed the provider's policy and found that each staff had completed training listed as mandatory in this policy including, fire safety, safeguarding, manual handling, basic first aid, and infection prevention and control (IPC).

Six staff had completed training on applying a human rights-based approach in health and social care. An inspector spoke with one staff member about this training. They said they found it interesting and spoke about their renewed focus on ensuring that residents were making decisions and choices in their day-to-day lives. They spoke about how residents had the same rights as everybody else and how important it was to them that residents were developing and maintaining their independence.

An inspector reviewed supervision records for 11 staff. This included the records for one regular agency staff. The agenda was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as staff roles and responsibilities, training, policies procedures and guidelines, and keyworking.

Three staff who spoke with an 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 the resident's care and support in the centre. They spoke about the availability of the person in charge and clinical nurse managers and the provider's on-call system.

The minutes of six staff meetings in 2024 were reviewed by an inspector. They were resident focused and well attended by staff. Agenda items included areas such as, health and safety, quality improvement initiatives, actions from audits, residents' personal plans and goals, safeguarding, complaints, and restrictive practices.

Judgment: Compliant

### Regulation 19: Directory of residents

An inspector reviewed the directory of residents in the centre and found that it contained the required information and was being reviewed regularly.

Judgment: Compliant

### Regulation 21: Records

The registered provider had ensured that the records set out in the regulations were

available for review by inspectors during the inspection. These records were found to be well-maintained, accurate and up-to-date.

Judgment: Compliant

### Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by inspectors. 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 management structure was clearly defined in the statement of purpose and matched what was described by staff during the inspection. From a review of the statement of purpose, the minutes of management and staff meetings for 2024, and a review of staff files there were clearly identified lines of authority and accountability amongst the team.

The provider's last two six-monthly reviews and the latest annual review were reviewed by inspectors. These reports were detailed in nature and capturing the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for the resident, areas of good practice and areas where improvements may be required. The action plans for these reports showed that the required actions were being completed in line with the identified timeframes.

Area-specific audits in areas such as medicines, care planning, IPC, food safety, restrictive practices and safeguarding from January to August 2024 were reviewed by inspectors. Inspector reviewed the actions from these audits and found that they were leading to improvements in relation to residents' care and support and their home.

The minutes of three community team meetings, eight quality and risk meetings and three human rights committee meetings were reviewed. At these meetings areas such as, service user experiences, safeguarding, advocacy, restrictive practices, complaints and compliments, audits and reviews, quality improvement initiatives, residents' rights, staffing, training, and learning from accidents and incidents were discussed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors reviewed incident reports for 2024, completed a walk about each of the premises and reviewed restrictive practices. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had developed a complaints policy which was available and reviewed in the centre. The complaints procedures were outlined in the statement of purpose and residents guide and there was an easy-to-read document on managing and responding to complaints available in the centre. There was a nominated complaints officer and their picture was available and on display in the centre.

Inspectors spoke with two residents who told them what they would do if they had any worries or concerns. The complaints process was discussed regularly in the sample of 10 resident's meetings reviewed for a six month period.

There was a a complaints and compliments folder and a log was maintained in the centre. Three complaints submitted in 2024 were reviewed. These had been reviewed and followed up on by the relevant parties. It was recorded that they were closed in a timely manner and to the satisfaction of the complainants.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Inspectors reviewed the Schedule 5 policy folder in the centre and found that the 21 required policies were available and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents had opportunities to take part in activities they enjoyed on a regular basis and to be part of their local community. They were making decisions about how and where they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their families and friends. They lived in a warm, clean and comfortable homes.

The inspector reviewed a sample of five residents' assessment of need and personal plan. They 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 accessing health and social care professionals in line with their assessed needs.

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There was a system for responding to emergencies and to ensure vehicles were serviced and maintained. Residents were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and those who spoke with inspectors were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

Inspectors found that every effort was being made by the provider to embed a human rights-based approach to care and support in the centre. They had set up a human rights committee and were making it possible for staff to access training on the core human rights principles of fairness, respect, equality, dignity and autonomy. Residents' meetings were occurring frequently and as mentioned earlier residents spoke about some of the changes that had come about because they had raised their concerns at residents' meetings or through the complaints process.

## Regulation 17: Premises

An inspector completed a walk about the premises with staff in two of the houses and in the third house a resident showed the inspector around their home. Each of the houses were found to be clean and designed and laid out to specifically meet the needs of residents living there. For the most part, the provider had ensured that the premises was well-maintained. A number of improvements had been made since the last inspection such as the refurbishment of bathrooms, installation of flooring and painting in a number of areas.

The provider was aware that further works were required and funding had been secured to complete renovations of the kitchen in one area, and to paint one house internally and externally. These works were due to commence just after the inspection. In addition, in 2025 garden works were planned in one house and plans were in place to install insulation and new windows and doors in some areas.

Each resident had their own bedroom which was decorated in line with their preferences. There were a number of communal spaces where they could spend their time.

Residents spoke with an inspector about maintenance and repairs as members of the maintenance team arrived when the inspector visited. They spoke about how long it used to take to have maintenance and repairs completed, but reported this has really improved over the years. There was an absence of a centralised online maintenance system but the clinical nurse manager who facilitated the inspection showed an inspector e-mails to track when maintenance requests were submitted and when any follow-ups were completed.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents could choose to prepare meals and snacks in their home. For example, in one of the houses a resident was observed preparing a drink and snack for themselves and in another house a resident approached a staff to prepare a drink and snack for them. In two of the houses staff were chopping vegetables and preparing to cook hot meals to have ready for residents when they arrived home from day services. One resident told an inspector that the staff on duty was a good cook.

In each of the houses there were colour-coded chopping boards and clean areas for food preparation. An inspector found that food presses, fridges and freezers were well stocked. There was fresh fruit and vegetables and a variety of drinks and snacks available in each of the houses. The date of opening and use by dates were clearly labelled on food items in the fridge. Residents were discussing menu planning and shopping at weekly meetings.

Residents who required the support of a dietician or speech and language therapists were supported to access these services. The inspector spoke with two staff about

the interventions that relate to food and nutrition in residents' personal plans and they were aware of what was recorded in residents' plans.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide was available and reviewed in each of the houses. 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. Inspectors reviewed 17 risk assessments in four residents' plans and a sample of 27 general and organisational risk assessments. They found that these 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. Incident review and learning was discussed in the sample of 10 resident meetings and six team meetings, and eight quality and risk meetings reviewed by inspectors. Themes were identified as a result of incident review and trending and these were included in the provider's annual and six-monthly reviews.

There were systems to respond to emergencies and to ensure vehicles in the centre was roadworthy and suitably equipped. The records for five vehicles were reviewed during the inspection and found they were serviced and maintained.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Inspectors found through the review of documentation for five residents and discussions with one resident that there were detailed assessments of need and personal plans in place. Residents' health and social care needs were assessed and their strengths and talents were identified and celebrated. The language used in

residents' assessments and plans were found to be person first and to positively describe the contribution residents make in their home and their local community.

In each of the five residents' plans reviewed, their goals included places they would like to go, life skills they would like to develop and areas where they would like to build their independence. As previously mentioned, one resident sat with an inspector and showed them their goals and discussed the steps they were taking to achieve their goals. They spoke about meeting their keyworker and their involvement in the development and review of their personal plan. They spoke about the opportunity to invite the important people in their life to review their plans and goals on an annual basis, if they wished to. Four residents had an annual review of their personal plan completed and dates were identified for the other four residents to have their annual review completed in October.

Care plans were created and reviewed regularly. They captured the changing needs of the residents and gave clear directions on how to support them best in line with their wishes and preferences. Care plan audits for three residents plans were reviewed and these were identifying areas of good practice and areas where further work was required.

Judgment: Compliant

### Regulation 6: Health care

As previously mentioned, inspectors reviewed five residents' assessment of need and personal plans and found that their healthcare needs were assessed. Health care plans and protocols were developed and reviewed as required.

Residents were accessing health and social care professionals in line with their assessed needs such as occupational therapy, dietitian, dentist, physiotherapy, GP, clinical nurse specialists, and the relevant consultants. A record of their appointments were recorded and they were being supported to choose to access the relevant national screening programmes in line with their wishes and preferences.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required it, had access to a behaviour specialist. Stress management plans and positive behaviour support plans were developed and updated regularly. Inspectors reviewed a sample of three resident's plans. They were found to be very clear and concise. They set out residents' communication styles and approaches that best supported them.

Inspectors found that the three staff who spoke with them were knowledgeable in relation to the proactive and reactive strategies detailed in the residents' stress management and positive behaviour support plans.

There were a number of physical and environmental restrictive practices in use in the centre. These were detailed in residents' plans and in a restrictive practice log in each of the houses. These documents were audited in a monthly basis by members of the management team to ensure that the least restrictive measures were implemented for the shortest duration. The impact of restrictive practices on each resident was considered. Where possible restrictive practice reduction plans were developed.

There was an easy-to-read document available for residents on human rights and the use of restrictive practices. Restrictive practices were reviewed at the provider's human rights committee which had external representation. The restrictive practices in place on the day of the inspection were in line with those notified to the Chief Inspector on a quarterly basis.

Judgment: Compliant

### Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. Inspectors viewed the certificates for this training for eight staff members. Inspectors spoke with two residents who were aware of the safeguarding procedures in the centre. Inspectors also spoke with the clinical nurse manager and three staff members and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available and reviewed in the centre. Safeguarding plans were developed and reviewed as required. Each of the five residents' plan reviewed contained an intimate care plan which identified their support needs and preferences.

Judgment: Compliant

### Regulation 9: Residents' rights

The template for residents' meetings was available in an easy-to-read format. Agenda items included areas such as, complaints, safeguarding, upcoming events, health and safety, maintenance and repairs, advocacy and restrictive practices. From a review of a sample of 10 the minutes of residents' meetings actions plans were developed based on residents feedback and examples of improvements brought

about included, maintenance and repairs in their home, increases in staffing supports and the development of social stories to support residents in certain areas.

Inspectors found that the centre was managed in a way that maximises residents capacity to exercise independence and choice in their daily lives. They were involved in the development and review of their plans and their opinions were sought on an on-going basis and as discussed throughout this report their feedback was leading to improvements in relation to their care and support and their homes.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Houses Tallaght OSV-0004364

Inspection ID: MON-0036280

Date of inspection: 09/09/2024

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>There is a continuous roll over campaign for Staff Nurses and Health Care Assistants through the HSE National Recruitment Services specific for Southside Disability Intellectual Services. The Director of Nursing is aware of all campaigns. Agency Framework is in place and followed for use of agency staff across Community Houses. Furthermore, the Agency staff will continue to be given regular shifts to ensure continuity of care in the service.</p> <p>The Registered Provider will ensure that vacant posts are filled with full time staff from the current recruitment campaigns. These staff are in turn rostered to individual areas within the center to ensure seamless care is carried out. Recruitment Tracker is in place and updated. Residents needs determine the skill mix of staff on a 24 hours basis Eligibility criteria are set out and there are Job specifications set out as part of the recruitment process senior nurse managers are involved in shortlisting candidates for interview Potential staff can commence working through an agency as per framework whilst rigorous HSE pre-employment clearances are being carried out which can cause delays in start dates this aims will help with retention of candidates such as graduate nurses</p> <p>The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

- The PIC will oversee the maintenance of the current vehicle fleet, ensuring they remain roadworthy through:
  - Regular servicing
  - Timely completion of CVRTs
  - To address the vehicle shortage:
    - Suitable vehicles will be sourced for the service
    - Purchases will be considered once funding is approved
  - The issue of vehicle shortages and funding will be:
    - Raised at all management meetings
    - Escalated to Senior Management meetings
  - Residents will be updated on progress by the PIC and CNMs during their meetings

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/06/2025
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/09/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Substantially Compliant	Yellow	01/06/2025

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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