



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

Issued by the Chief Inspector

Name of designated centre:	Clonsilla Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	21 June 2022
Centre ID:	OSV-0008234
Fieldwork ID:	MON-0036663

About the designated centre

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

Clonsilla Road is a community residential service for four adults with an intellectual disability. The designated centre consists of a two-storey house close to a village in West Co. Dublin close to good public transport links and local community facilities such as barbers, shops and shopping centres, hotels, coffee shops and restaurants. The ground floor consists of two living rooms, a kitchen and dining area, a toilet, and one bedroom. There is a large self-contained garden and outdoor utility room to the rear of the house. Upstairs there are three bedrooms, one bathroom and toilet, one showerroom and toilet, and a staff sleepover bedroom and or office. Residents are supported 24/7 by social care workers, healthcare assistants and relief staff. The person in charge and or clinical nurse manager is available in the centre weekly and there is a 24/7 on-call nurse manager available to residents and staff.

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 21 June 2022	10:00hrs to 14:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall, the findings of this inspection were that this newly-registered designated centre was well run. Residents who spoke with the inspector of social services said they were happy and felt safe living in the centre. They spoke about their meaningful roles and responsibilities in their home, and in their community.

There were four residents living in the centre at the time of the inspection and the inspector had the opportunity to meet and speak with two of them during the inspection. One resident was at day services and another resident, who was in the process of transitioning into the centre, was with their family at the time of the inspection.

The house was newly renovated and works had been completed to a good standard. The inspector found that there was a homely and relaxed atmosphere in the house. Residents were observed to move freely around their home and to spend their time in their preferred areas. They were observed to spend time alone watching television or using their laptop computers, or to spend time chatting with staff. As residents had only recently moved into the centre, they had more plans to personalise areas of their home.

Staff were available to them should they require support, and residents were observed to seek them out if and when they required their support. Staff were observed to be very respectful in all interactions with residents and to be familiar with their likes, dislikes and preferences. Both residents who spoke with the inspector described goals they were in the process of achieving with the support of members of the staff team. These goals included travelling independently, managing their finances independently, doing their laundry, taking part in the upkeep of their home, and cooking.

From speaking with residents and staff and from reviewing residents' personal plans it was evident that residents were regularly engaging in activities they enjoyed in their local community, such as attending day services, playing football, working, gardening, going to the cinema, going to local coffee shops and restaurants, and going to the local shops. A number of residents were travelling to work, to activities, and to meet friends and family independently.

One resident was relaxing watching television when the inspector arrived. They appeared very relaxed and content and talked about their favourite television shows. They also talked about plans to add a press in the living room for the television, and to store items. They showed the inspector a potted plant in the living room and then went on to talk about the garden. The inspector looked at one of their goals in their personal plan which was to grow plants and flowers in raised beds in the garden. There were pictures of them sewing and tending to the plants and flowers. Later, they were observed watering the plants and flowers, and they then asked the inspector and a staff member out to the garden to show them the work they had

done. Later, they chose to go out to do some shopping and to go for lunch with a staff member.

Another resident spoke with the inspector about how happy they were living in the centre. They described the house as their "forever home" and said they did not ever want to move out. They talked about how much better their quality of life was since they moved into the centre as they had been sharing their bedroom with another resident in the last designated centre they lived in. They described how much they loved spending time relaxing in their new bedroom and offered to show the inspector around it. They showed them the storage they had for their personal belongings and showed them their television which they had mounted on the wall. They also spoke about the storage in the shed which they had for their music equipment.

They spoke about how well supported they were by the staff team and about how well they got on with everyone they shared their home with. They described what they would do if they were not happy with something in their home, or aspects of their care and support. They also spoke about regularly visiting everyone in the designated centre where they used to live in, as it was not far from their new home. They also spoke about walking to their job during the week and about their goal to cycle to work in the future.

During the inspection, the inspector observed one resident finding it difficult to hold open the door between the living room and the hallway. In addition, each time this and other doors closed, they made a loud noise. The person in charge had submitted a request for automatic door closers in key areas of the house in line an assessed risk relating to one residents' need to access areas of their home in a safe and timely manner.

One resident spoke about how they were now living with a friend who they had known for over 20 years. They had previously worked together and they spoke about how much they were enjoying spending time with them both in their home, and in the local area. The centre was situated close to a shopping centre and they talked about going there and to local coffee shops regularly with their friend.

The inspector also had an opportunity to speak to one residents' representative on the phone after the inspection. They were complimentary towards how the staff team were supporting their relative, and were particularly complimentary towards the open communication with them. They knew who to contact if they had any concerns and said that they would feel comfortable picking up the phone to any of the staff, including the person in charge. They talked about how important it was to them that the resident had remained in their local area, as they could walk to visit them, to their day service, to health and social care professionals that they attended, and to local shops and shopping centres. They talked about how their relative was regularly visiting them and speaking to them on the phone. They described their relatives involvement in picking their own bed and wardrobes and how happy they were to have a key to their own front door.

Overall, the inspector found that residents were involved in the day-to-day running

of their home, making choices in relation to what they did and where they spent their time, and supported and encouraged to be independent. They were keeping in touch with, being visited by, and visiting their family and friends regularly. There were a number of staff vacancies and the provider was in the process of recruiting to fill these in order to ensure there were the right number of staff in the centre to meet the assessed needs of residents living there.

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

Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. The management systems were ensuring that there was oversight of care and support for residents living in the centre. There were systems to ensure that staff were recruited and trained to ensure they were aware of, and competent to, carry out their roles and responsibilities in supporting residents in the centre. However, there were a number of staff vacancies which needed to be filled in order to ensure there were the right number of staff employed in the centre to meet residents' needs. The provider was aware of this and in the process of recruiting to fill these vacancies. In the interim, staff were completing additional hours and a small number of shifts were being covered by agency staff.

This unannounced inspection was completed to follow up on findings of two site visits completed by an inspector following an application by the registered provider to register this designated centre. During the first site visit, the inspector found that the premises was not ready for residents to move in, and that some amendments were required to documentation in the centre. Following this, a second site visit was completed and the inspector found that the provider had taken steps towards addressing issues relating to the preparedness of the premises and documentation in the centre.

The person in charge had systems in place to monitor the quality of care and support for residents. They were in the centre a number of times weekly and available on the phone for the remainder of the week. There was also a 24/7 manager on-call system should residents or staff require support in their absence. The person in charge was found to be familiar with residents' needs and motivated to ensure they were happy, well supported, spending their time as they wished, and achieving their goals.

The inspector found that the provider had systems in place to complete audits and reviews. These included systems to ensure that an annual and six monthly reviews were completed in relation to residents' care and support; however, these reviews

were not yet due as the centre had just opened in April 2022.

Throughout the inspection warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available for residents should they require any support, but to encourage residents to be independent doing tasks around their home, and to make choices about what they wanted to do. Residents and a residents' representative were very complimentary towards the staff team.

Overall, the inspector found that residents' admissions were in line with the providers' policies and procedures. Three residents had successfully transitioned to the centre, and one resident was in the process of transitioning into the centre at a pace that suited them.

Regulation 14: Persons in charge

The centre was managed by a suitably-skilled, qualified, and experienced person in charge. They were also identified as person in charge of another designated centre and were found to be fully engaged in the governance, operational management and administration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was not sufficient numbers of staff to meet the number and assessed needs of residents in the centre. There were 1.7 whole-time equivalent (WTE) vacancies in the centre at the time of the inspection. This equated to almost one third of the total WTE requirement for the centre and included, one WTE social care worker and a 0.7 WTE healthcare assistant vacancy.

From speaking with residents and staff and a review of documentation, it was evident that the provider was attempting to ensure continuity of care for residents while recruiting to fill these vacancies. For example, there were two regular relief staff completing the majority of shifts and a small number of agency staff completing the rest.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in line with the organisation's policy. The

person in charge had a system to track staff's training needs and to follow up with them and the training department when they were due training or refreshers.

As the centre had just opened, supervision was in its infancy. There was a schedule in place to ensure that each staff had regular formal supervision to ensure they were supported and aware of their roles and responsibilities. Staff were starting to have their first planned supervision meetings, which were being completed by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

From speaking with staff and reviewing documentation, it was evident that there were systems in place for the oversight and monitoring of care and support for residents in the centre. There was an audit schedule in place in the centre and some audits had commenced such as care plan and medicines management related audits.

The centre was well run and there were clearly-defined management structures. Staff had specific roles and responsibilities and staff who spoke with the inspector were aware of these and motivated to ensure that residents settled into their new home and felt happy and safe there. A clinical nurse manager (CNM) grade 3 was visiting the centre regularly and meeting formally with the person in charge at least on a monthly basis.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that residents' admissions were in line with the centre's statement of purpose and at a pace that suited residents and their representatives. The centre's admission process considered the wishes, needs and safety of each resident. Resident and their representatives had an opportunity to visit the centre.

Each resident had a written contract for the provision of services which contained the required information. This included the services to be provided and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and was available for residents and their representatives in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and the Chief Inspector of Social Services was notified of the required incidents as set out in Regulation 31.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre. However, two of these policies had not been reviewed in line with the three year time frame identified in the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were in receipt of person-centred care and supports, and their opinions were listened to and valued by staff. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The two residents who spoke with the inspector said that they enjoyed living in the centre and spoke about how they would feel comfortable telling them if they had any problems or concerns.

Staff who spoke with the inspector focused on residents talents and achievements, and talked about how important getting to know residents' wishes and preferences was to them. Residents' assessments and plans were found to be person-centred, and to contain sufficient detail to guide staff in relation to any supports they may require. Their healthcare needs were assessed and care plans were developed and

reviewed as required.

The inspector observed staff adhering to standard precautions throughout the inspection. Staff had completed a number of infection prevention and control related trainings and were found to be aware of their roles and responsibilities. There were systems in place to ensure that visitors were not showing any signs of infection. For example, they were asked to fill out a declaration to say they did not have any signs or symptoms, and they had their temperature checked and there was hand sanitiser and hand-washing facilities available.

Residents and staff were protected by the fire safety precautions in place in the centre. There was firefighting equipment including a fire detection and alarm system, emergency lighting and fire extinguishers. Fire exits were unobstructed on the day of the inspection and the fire evacuation plan was on display in a prominent area. As the centre just opened in April, equipment had not yet been serviced, but there were systems in place to ensure servicing and maintenance was completed as required.

There was a culture of openness in the centre and residents regularly discussed abuse and how to stay safe at residents' meetings. The inspector heard a resident speak with the person in charge about how they would go to them, or any other staff member, if they had any worries or concerns. Residents were supported to be aware of their rights through residents' meetings and discussions with staff and their keyworkers. They had access to information on their rights and on how to access advocacy services. From speaking with residents and staff, there was a sensible balance between reasonable risks residents wanted to take and their safety. For example, one resident was choosing to stay in the centre when no staff were present for a certain period of time. There was a risk assessment in place and the resident was aware who to contact should they require any support.

Regulation 17: Premises

The house was found to be clean, homely, well maintained and designed and laid out to meet the number and needs of residents in the centre. There was adequate private and communal spaces, and suitable heating, lighting and ventilation in the house.

Residents had identified that they wanted an additional storage unit in the living room and these works were planned. In addition, some residents had picked different paint colours for their bedrooms and plans were in place to have these painted. A BBQ had just been purchased and plans were also in place to buy outdoor seating for an upcoming BBQ party in the house.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available in the centre and contained the required information. It contained a summary of the services and facilities provided for residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access any inspection reports on the centre, the procedure respecting complaints, and the arrangements for visits.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected by the infection prevention and control procedures and practices in the centre. Staff had completed a number of infection prevention and control related trainings. The physical environment was clean and there were cleaning schedules in place to ensure that each area of the house was regularly cleaned.

Residents and staff spoke with the inspector about ways to protect themselves from infection, particularly the steps they take to reduce the risk of acquiring COVID-19. Contingency plans and risk assessments were developed in relation to COVID-19. There were suitable arrangements for laundry and waste management in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment in place and systems to ensure it was serviced as required. There were adequate means of escape and sufficient emergency lighting in place. There was a procedure for the safe evacuation of residents and staff, which was prominently displayed.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. Fire drills were occurring regularly in the centre and being completed at different times, and when the minimum number of staff and maximum number of residents were present. Staff had completed fire safety awareness training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need completed which identified their health, personal and social care needs. These assessments were used to inform the development of care plans which were contained in their personal plans. Residents' personal plans reflected their assessed needs and outlined any support they may require to maximise their personal development and independence. There was documentary evidence of residents' involvement in the development and review of their personal plans.

Judgment: Compliant

Regulation 6: Health care

Residents had their healthcare needs assessed and care plans were developed and reviewed as required. Residents had a general practitioner (GP) of their choice and were supported to access health and social care professionals in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

Residents were supported to develop their knowledge, understanding, and skills needed for self-care and protection. Protection from abuse was discussed regularly at residents and keyworker meetings.

Staff had completed safeguarding and protection training to ensure they were aware of their roles and responsibilities should they become aware of an allegation or suspicion of abuse. Staff who spoke with the inspector were aware of these roles and responsibilities. There were systems in place to ensure that allegations or suspicions of abuse were followed up on in line with the organisation's and national policy and procedures.

Judgment: Compliant

Regulation 9: Residents' rights

From speaking with residents and staff and a review of documentation, it was

evident that residents were consulted with and participating in the planning and running of the designated centre. They were developing the agenda items for residents' meetings and leading these discussions.

Residents had access information on how to access advocacy services, and some residents had previously accessed these services for support. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering and to keep residents' personal information private, and to only share it on a need-to-know basis.

It was evident that the centre was managed in a manner that encouraged residents to exercise their independence, and to take risks in their daily lives. For example residents were travelling to work and to spend time with their friends independently, and if they so wished.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clonsilla Road - Community Residential Service OSV-0008234

Inspection ID: MON-0036663

Date of inspection: 21/06/2022

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: Recruitment for the center is ongoing with recruitment drives taking place within the service</p> <p>1 x WTE SCW is due to commence at the center on 15/08/2022</p> <p>0.7 WTE HCA vacancy remains at the center and will continue to be filled by regular relief staff until the position can be filled permanently</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Policies on Communication and Protection and Welfare of Vulnerable Adults and Management of Allegations of Abuse which were out of date on day of inspection have now been updated</p> <p>Schedule 5 written Policies will be reviewed and updated at intervals not exceeding 3 years.</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 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	30/09/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/07/2022