

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

Issued by the Chief Inspector

Name of designated centre:	Hollystown Park - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	31 May 2024
Centre ID:	OSV-0008486
Fieldwork ID:	MON-0043233

About the designated centre

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

Hollystown Park CRS is a community-based service for four adults with an intellectual disability with medium to high support needs. The centre is a large two storey detached house in a quiet estate in West Dublin. The house is equipped for people with physical disabilities, with residents having ground floor accommodation and access to an adapted vehicle. The house is staffed 24 hours a day by a team of health care assistants and staff nurses. The aim of Hollystown Park is to provide a community-based and person-centred setting wherein persons supported 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
Friday 31 May 2024	09:00hrs to 15:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told the inspector and what they observed, it was evident that residents were settling into their new home and that they were supported to engage in activities of their choice. This inspection found that there had been a significant improvement in the levels of compliance since the last inspection. Some improvements continued to be required in staffing and in residents' rights. These are discussed in the body of the report.

The house is a large two-storey house in a quiet estate in west Dublin. The house is accessible throughout, with four resident bedrooms and two accessible bathrooms on the ground floor. There is a large kitchen and dining area, and a sitting room. Upstairs there is a staff sleepover room, an office, a utility room and another bathroom. The house was beautifully decorated throughout, with each residents' preferences and life histories reflected in both the décor and by their personal possessions and photographs on display in their bedrooms. There were photographs of residents throughout the house on holidays and engaging in activities. There were activities such as jigsaws and colouring books available to residents to enjoy in the sitting room. Residents in the centre transitioned into their new home in 2023, and had previously lived together in a house approximately 20 minutes away.

Residents in the centre communicated using speech, body language, eye contact, facial expressions and vocalisations to communicate. The inspector met with all four residents on the day of the inspection. On arrival, residents were going about their morning routines. One of the residents was eating their breakfast in the kitchen. They smiled and said to the inspector that they were enjoying their breakfast. Another resident greeted the inspector and introduced themselves, while another went out to their day service. Another resident was sitting in the sitting room using their tablet device. They were observed to have coloring books and books beside them in the sitting room. They told the inspector that "everything was good" in the house. They spoke about their upcoming person-centred planning meeting and how they were planning a night away for their birthday. Residents were observed to be supported in engaging in activities within the house and in going out of the house for short periods of time. For example, one resident was supported to go for a walk in the locality, while another went out for a drive. A review of residents' activity planners showed some of the activities which the residents engaged in included walks knitting, puzzles, shopping, going to the cinema, for meals and coffees out, doing art and watching television. One of the residents returned from their day service in the afternoon. The inspector observed them to be made comfortable and staff responding to their request to put on their favourite movie. There was a friendly and relaxed atmosphere in the house, and the inspector observed that residents appeared comfortable in the company of staff.

Staff told the inspector about some of the benefits and challenges involved in transitioning to the new house. The house was located further away from local amenities than residents' previous home, which meant that where residents

previously were supported to walk to the shops or the hairdresser, they now drove. They then described some positive outcomes which the move had had for the residents. For example, one resident had never engaged in doing any shopping for the house. They were now being supported by staff to do the weekly shop and were engaging with staff in the shops and members of the public. Accessibility was another positive aspect to the residents' new home, with residents having more space to move around their home safely without needing to use a stair lift. Residents had access to a vehicle in the house. Staff reported some of the difficulties with ensuring that they had adequate drivers on duty. Where residents did not have a driver, they used taxis.

Staff in the house had completed training in a human-rights based approach to health and social care. One staff member described how they had supported a resident, who used a wheelchair, to make a complaint in relation to being able to physically access all parts of their day service. As a result, renovations of the service were commencing in the weeks following inspection. The resident was supported to speak with the inspector about their day services. Another resident had been supported to make a complaint about the amount of time they were getting in their day service, and their desire to have one additional day per week. One of the residents had requested having a wheelchair-accessible wardrobe to further promote their independence in their home. The provider was working with the resident and other relevant professionals to come up with a solution to best meet their needs. All of the residents were due to vote in the week following the inspection and one had engaged with a counsellor at the door the day prior to the inspection taking place. Residents' meetings took place on a weekly basis. Minutes of the last four residents' meetings were viewed by the inspector and the agenda included set items such as menu and activity planning for the week ahead, staffing, fire, safeguarding and different rights were discussed.

However, while it was evident that staff endeavoured to support residents' to exercise their rights, one of the residents was displaying behaviours of concern on occasion and when these incidents were occurring, they were having a negative impact on other residents in relation to their sense of security and their desire to move around their home. Residents had been documented as being distressed by these incidents, with one resident stating that they did not wish to live in their home. The provider had taken a number of measures to address this issue, including putting additional safeguarding measures in place, ensuring that residents were supported to speak with members of the multidisciplinary team, and in providing education to residents on safeguarding. One of the residents showed the inspector some easy to read information they had been given about bullying and safeguarding. They told the inspector that they would speak to staff if they were upset.

In summary, residents in the centre were found to be well-supported and settling into their new home. The next two sections of the report present the inspection findings 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 inspection took place to assess the provider's compliance with the regulations following poor inspection findings in January 2024. Following that inspection, a warning meeting was held with the provider and a warning letter was issued. The provider submitted a compliance plan and a formal response to the warning letter and this informed lines of enquiry for the inspection. The inspection found that the levels of compliance had improved significantly since the last inspection. Additional improvements were required in Regulation 15: Staffing and Regulation 9: Residents' Rights. These are discussed below.

Since the last inspection, the provider had strengthened the governance and management arrangements in the centre. This included increasing the presence of the local management team on site, in addition to auditing and reviewing key areas of concern which were highlighted on the last inspection such as care plans, risk registers and house guidelines. Additional supernumerary hours had been given to the person in charge for a period of time to ensure that actions required to come back into compliance were taken in a timely manner.

The provider had increased the number of staff on duty until 6pm each day. However, due to a vacancy in the centre, there continued to be a high number of relief and agency staff completing shifts in the centre, which was having a negative impact upon residents' continuity of care. This is discussed further under Regulation 15: Staffing below.

Staff training and development had come back into compliance since the last inspection, with staff having completed mandatory training in key areas relating to residents' care and support. Staff demonstrated their knowledge in relation to safeguarding and to managing risks in the centre, specifically at night-time.

Regulation 15: Staffing

The inspector carried out a review of rosters from the six weeks prior to this inspection taking place. Maintenance of rosters had improved since the last inspection. Rosters indicated that there had been a total of 21 different relief and agency staff complete 34 shifts in that period of time. This meant that residents' continuity of care was difficult to achieve due to the volume of staff completing vacant shifts.

Since the last inspection, staff told the inspector that there was an additional staff member on duty each day to enable residents to engage in activities outside of the house. Staff reported that having two staff on duty between 6 and 8pm was a challenge due to this being an identified time of day where incidents were likely to

occur. When these incidents did occur, staff were unable to offer the residents impacted to leave the house due to the staffing allocation at that time. This required review to ensure that it was possible to implement safeguarding plans within the staffing allocation throughout the day.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector viewed the centre's staff training matrix. This indicated that all staff had completed training in fire safety and safeguarding. Since the last inspection 80% of staff had completed food safety, positive behaviour support and manual handling. The inspector viewed email correspondence between the person in charge and the training department within the organisation, which demonstrated that where staff required refresher training, that these sessions were booked in for staff. There was now a schedule in place for staff supervision, and all staff had received at least one session in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was a clear management structure in place. The person in charge reported to the person participating in management, who in turn reported to the service manager. The provider had completed a six-monthly unannounced provider visit in line with regulatory requirements. An annual review was not yet due , as the centre had been open less than a year.

The person in charge was responsible for the day-to-day running of the centre and was supported in their role by a clinical nurse manager. The person in charge and person participating in management met on a monthly basis. The inspector viewed a sample of two sets of minutes from these meetings and found that they covered key aspects of the service including resident updates, staffing, incidents and accidents, risk management, safeguarding, progression with actions arising from audits and a number of other areas.

The provider had a schedule of audits in place for community residential services and the inspector viewed a sample of audits in care plans and found that these were now identifying areas requiring improvements, with actions recorded to ensure these improvements were completed. Staff meetings occurred once a month. The inspector viewed minutes from the last two meetings which took place and these had a set agenda which included safeguarding, risk management, audits, staffing and residents. The person in charge also attended a forum with other person in

charge in the organisation and this was used to share information and learning.

Judgment: Compliant

Quality and safety

Residents' welfare and wellbeing was maintained by a good standard of person-centred care. As outlined at the opening section of the report, some improvements were required in ensuring that residents' rights were upheld and managed within the centre.

Residents in the centre had received a residential service from this provider for a number of years. They had access to a range of health and social care professionals which included a general practitioner, an occupational therapist, a social worker, a clinical nurse specialist in behaviour support and a psychologist. Care plans had been audited and identified key actions to ensure that all healthcare interventions and documentation directly relating to residents' care and support were updated since the last inspection. For one resident who displayed behaviours of concern, additional input and expertise had been sought from the clinical nurse specialist in behaviour support and the psychologist. This meant that there was a consistent approach in place to guide staff, and in turn, to minimise distress for the resident.

There were safeguarding plans in place to ensure the ongoing safety of residents in their home and to minimise the impact of behaviours of concern upon their day-to-day activities. Staff demonstrated that they were aware of the control measures in place and reported that they were working well. However, residents' rights were impacted upon due to these behaviours and at times, demonstrated and reported being distressed. The provider was aware of this and it was evident that they were engaging with the multidisciplinary team on a regular basis to manage the situation.

It was evident that residents were supported to engage in their preferred activities both in and outside of their home. Family relationships and friendships were supported and maintained through video calls, visits and doing activities together. Residents in the centre were observed to be living in a lovely home, which was accessible and had ample space for them to mobilise, and to spend time alone or with others. All of the residents were dressed nicely in line with their own preferences and it was evident they were being provided with a good level of support.

The provider had systems in place to assess, manage and review risk which were now in line with the assessed needs of residents and reflective of the designated centre. Adverse events were documented and escalated in a timely manner and oversight of these events was maintained by both the person in charge and the person participating in management. Fire safety management systems were in place to ensure that residents, visitors and staff were protected from the risk of fire. A fire door had been repaired since the last inspection, and this regulation had come back

into compliance.

Regulation 13: General welfare and development

The inspector viewed three residents' care plans and progress notes. From these notes, from discussions with residents and staff, and from observations on the day of the inspection, it was evident that staff endeavoured to provide opportunities for residents to engage in activities which they enjoyed. A record was kept in the centre of activities which each resident had done, and these were reviewed by the person in charge on a monthly basis.

Activities included in-house activities such as using an exercise bicycle, puzzles, watching television, doing knitting and colouring. Activities outside of the house included attending a day service, going shopping, going to the cinema, having meals and coffee out and going for drives. It was evident that visits, phone calls and video calls were all welcomed in the centre to ensure that residents were supported to enjoy relationships with family members.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around of the centre with a staff member and found that the house was designed and laid out to meet the aims and objectives of the service, as set out in the centre's Statement of Purpose. The house was found to be clean, warm and nicely decorated. Residents' bedrooms were personalised and reflective of their interests and their life histories. The house was accessible throughout, with all of the residents' bedrooms now on the ground floor, and two accessible bathrooms. Residents had access to a patio to the side of the house.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk management policy and found that it met regulatory requirements. The provider had systems in place to identify, assess and manage risks in the centre. Since the last inspection, the provider ensured that the risk register and associated risk assessments had been updated. This meant that risks in the centre were identified, rated and reviewed in line with residents' assessed needs and in line with any incidents which had occurred. Control measures were in place to

ensure that risk was managed in the centre.

Adverse incidents in the centre were documented and reported to both the person in charge and the person participating in management. Incident reviews took place between the person in charge and their line manager, at staff meetings, and quarterly reviews of incidents related to each resident were carried out to monitor and identify any trends. Staff told the inspector that incidents were now reviewed at the handover each day and discussed at staff meetings to ensure any learning was shared with the team. Safety alerts from the provider were discussed with staff at handovers. For example, the inspector viewed a safety alert on choking from the provider based on learning from another designated centre. Staff were familiar with this alert.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector carried out a walk about of the centre and observed that fire doors were in good working order. One fire door had been reviewed and repaired since the last inspection. The centre had fire fighting equipment, emergency lighting and smoke alarms throughout. The inspector reviewed documentation relating to servicing and maintenance, weekly, monthly and quarterly checks were maintained. Personal emergency evacuation plans had been updated since the last inspection. Fire drills had been carried out by day and night and these demonstrated reasonable evacuation times.

Judgment: Compliant

Regulation 7: Positive behavioural support

From a review of three residents' care plans, it was evident that where a resident required input from positive behaviour support, this had been provided since the last inspection. For example, a resident now had clear scripts in place to support them at key times of the day. There were behaviours of concern risk assessments in place, and staff were familiar with control measures which were required. The inspector viewed minutes of meetings which had been held in relation to a resident and additional measures were put in place in line with incidents which had occurred.

Judgment: Compliant

Regulation 8: Protection

There had been a number of peer-to-peer incidents which had taken place in the centre since the last inspection, with a total of 12 notifications submitted to the Office of the Chief Inspector over the previous twelve months. Nine of these had occurred since the last inspection in January. The inspector viewed documentation relating to these incidents and found that staff had recognised and reported safeguarding incidents in line with national policy. The inspector viewed safeguarding plans which were in place, and more importantly, staff were able to tell the inspector what measures were in place to proactively manage compatibility issues in the centre.

Since the last inspection, the provider had ensured that staff had received bespoke training in relation to safeguarding. Safeguarding was on the agenda for resident and staff meetings. There had been a number of meetings with members of the multidisciplinary team such as social work, the clinical nurse specialist in behaviour support and the person in charge. Additional supports had been put in place for the person causing concern.

=Personal and intimate care plans were reviewed and found to have an adequate level of detail to guide staff practices, and to ensure that residents' rights to privacy, dignity and bodily integrity were upheld.

Judgment: Compliant

Regulation 9: Residents' rights

As outlined at the beginning of the report, the inspector found areas of good practice where staff supported residents to uphold their rights, both in their day service and in their home. One resident and staff told the inspector about making a complaint about access in their day service and the need to have an accessible wardrobe. It was evident that this resident had been supported to advocate for themselves.

However, as outlined in previous sections of the report, there were a number of peer-to-peer incidents occurring in the centre which were having a negative impact upon residents' quality of life in the centre. It was evident that the provider was On some occasions, these incidents were documented as having caused residents upset and distress, and on others, a resident did not access parts of their home due to anxiety.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hollystown Park - Community Residential Service OSV-0008486

Inspection ID: MON-0043233

Date of inspection: 31/05/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider has allocated two regular relief staff to the centre which ensures consistency and continuity of care for those residing in the centre. The Provider continues to recruit for vacancies within the centre.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Positive Behaviour Support Plan for one person supported is currently under review by the Clinical Nurse Specialist and the team . The Pic along with the multidisciplinary team has looked at supporting all individuals with activities based on their will and preference. The PIC will liaise with Avista Rights Officer to complete a review of Residents Rights within the Centre . The team are supporting one individual to explore their living arrangements within their home ensuring they are accessing all areas of their choice.	

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	31/08/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/09/2024