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Cabra Road - Community Residential Service, OSV-0003059, 27 February 2019

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Office of the Chief Inspector

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

Name of designated centre:	Cabra Road - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	27 February 2019
Centre ID:	OSV-0003059
Fieldwork ID:	MON-0021134

About the designated centre

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

Cabra road is a community based residential home in Co. Dublin providing care and support for five ladies over 18 with an intellectual disability. The centre is located in a quiet residential area and the house consists of five bedrooms, two bathrooms, a staff sleepover/office, a utility room and a kitchen come living room. There is a large front and back garden and there is a storage shed/laundry room in the back garden. The house is close to a variety of local amenities such as a pharmacy, shops, pubs, churches and parks. There are good local transport links close to the centre. Three residents attend a day service placement and all residents can avail of the social events run by the organisation. Residents are supported on a 24 hour basis by a staff team consisting of a clinical nurse manager, staff nurses, social care workers and care staff.

The following information outlines some additional data on this centre.

Current registration end date:	28/01/2021
Number of residents on the date of inspection:	5

How we inspect

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 - 2015 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
27 February 2019	09:30hrs to 17:00hrs	Marie Byrne	Lead

Views of people who use the service

The inspector had the opportunity to meet and spend some time with four residents during the inspection. A number of residents spoke to the inspector about their hobbies and achievements. They described what it was like to live in the centre and how they were supported by staff to spend their time engaging in activities of their choosing. Each of the residents told the inspector that they felt safe in their home and knew who to go to if they had a complaint. One resident described how they had moved to this centre from another and told the inspector how much they now like their home. A number of residents who spoke with the inspector describe how important their families were to them and how they were supported to visit and stay in contact with their relatives.

Residents who spoke with the inspector described how important their day service was to them and how they liked to actively participate in their local community. They described how they liked to spend time on their days off either in their home, or in their local community with the support of staff.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were not fully monitoring the quality of care and support for residents. They were not completing regular audits including the annual review of quality of care and support in the centre. They were completing the six monthly reviews by the provider or their representative and these reviews were identifying areas for improvement in line with the findings of this inspection. However, a number of actions from these reviews were not being progressed in a timely fashion.

Although there were clear management systems and structures in place and staff had clearly defined roles and responsibilities, they were not proving effective as they were not ensuring full oversight of the services due to their failure to act on key concerns which were impacting negatively on residents' experience of service provision. The annual review of care and support had not been completed in the centre for 2017. Interim arrangements were in place while a new person in charge was recruited in the centre. These arrangements were not proving effective as there was a lack of staff meetings or audits in centre and was there had been a lack of day-to-day oversight of centre. However, a new person in charge had just commenced in the centre and was recognising the areas for improvement in line with the findings of this inspection. There had been a recent staff meeting prior to the inspection and the agenda items were person-centred and areas for improvement were identified in line with the findings of this inspection such as

review of residents' documentation and the requirement for audits to be completed regularly in the centre.

The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre. Each of the staff who spoke with the inspector was found to be knowledgeable in relation to residents' care and support needs. There were a number of staffing vacancies in the centre. Through discussions with residents and staff it was evident that consistency of staff was particularly important in the centre in line with residents' needs and wishes. The provider was aware of this and were attempting to minimise the impact of staffing vacancies for residents by using regular relief and agency staff while they were in the process of recruiting new staff. They were also in the process of reviewing staffing arrangements in place in line with residents' changing needs.

Staff had completed some training and refreshers in line with residents' needs. However, a number of staff required mandatory training and refresher training including safeguarding, fire safety, manual handling and safe administration of medication training. A number of staff who spoke with the inspector were highly motivated and said they were supported and encouraged to carry out their role and responsibilities to the best of their ability. However, they were not in receipt of regular formal supervision. Plans to complete regular formal supervision were discussed at the most recent staff meeting.

The inspector reviewed a number of residents' contracts of care and they contained all the information required by the regulations including charges and additional charges which residents were responsible for in relation to their day-to-day care and support. They had been signed by the resident or their representatives.

Regulation 15: Staffing

Staff were suitably qualified and knowledgeable in relation to residents' care and support needs. Residents were observed to receive assistance in a kind, caring, respectful and safe manner throughout the inspection. There were a number of staffing vacancies and the provider was attempting to minimise the impact of this for residents by using regular relief and agency staff while they were in the process of recruiting staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs. However, a number of staff required mandatory training and refreshers in line with residents' needs. Staff were supported in their roles but were not in receipt of regular formal

supervision.
Judgment: Not compliant
Regulation 23: Governance and management
Although there were clearly defined management structures which identified the lines of authority and accountability for each staff member, they were not proving effective due to lack of progress following reviews of the quality of care and support for residents. The annual review of quality of care and support in the centre had not been completed for 2017 and was in progress for 2018. Actions from audits which were completed were not being progressed in a timely fashion.
Judgment: Not compliant
Regulation 24: Admissions and contract for the provision of services
Residents' admissions were in line with the statement of purpose. Each resident had a written contract of care which outlined the care, welfare and support to be provided, the services to be provided and the fees to be charged including additional fees if required.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.
Judgment: Compliant
Quality and safety
Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. Residents lived in a caring environment and residents who spoke with the inspector stated that

they liked their home and were happy with the support they received from staff. They described opportunities for meaningful activities and told the inspector about things they had to look forward to. However, the design and layout of the premises was not meeting residents' needs.

Areas of the centre were found to be clean, warm, comfortable and homely including residents' bedrooms. However, in line with the findings of the last two inspections in the centre, the centre was not designed and laid out to meet the number and needs of residents. There was a lack of communal accommodation, including inadequate social, recreational and dining space. There was one open plan room which was the living, dining and kitchen space. There was no private space available for residents to meet their visitors and areas of the centre required maintenance and decoration. A number of areas required painting and there were areas in need of repair such as damaged door frames and damage to the floor covering in the kitchen area. The provider outlined plans to complete these works once the planned extension to the house was being completed. The provider had submitted a project plan to the Office of the Chief Inspector (OCI) on 14 December 2017, that these planned works would be completed by 31 October 2018. However, they had contacted the Office of the Chief Inspector to state that they would now be completed by 30 August 2019.

Suitable fire equipment was provided and regularly serviced. Residents' had personal evacuation plans in place and fire drills were completed regularly. In line with the findings of previous inspections in the centre, there were not adequate fire containment measures in the centre due to the quality of the doors. The provider had in place to complete required works in relation to fire containment during the planned extension works. In the interim they had risk assessments and additional control measures in place. Each resident had a personal emergency evacuation procedure and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills. During the inspection a number of residents described how they would safely evacuate in case of an emergency such as a fire. They described different ways to evacuate depending on where a fire may be.

Residents' had an assessment of need in place and a personal plan. These documents were found to be person-centred and residents had access to a keyworker to support them to develop and reach their goals. However, a number of assessments of need required review to ensure they were reflective of residents' needs. There was duplication of documentation and some documents such as care interventions required review and update to ensure they were up to date and guiding staff to support residents fully with their care and support needs. Residents' preferred activities were highlighted in their personal plans as were the supports they required to engage in these activities. There was evidence of residents and their representatives input in the development and review of personal plans.

Overall, residents were being supported to enjoy best possible health. They had access to allied health professionals in line with their assessed needs and staff were knowledgeable in relation to their care and support needs. However, improvement was required in relation to ensuring that their assessment of need and support plans were reflective of their current healthcare needs. Some care

interventions required review and update in line with residents' changing needs.

The inspectors found that the provider and person in charge were proactively protecting residents in the centre. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. Some staff required refresher training but plans were in place for them to complete this training.

Residents were protected by appropriate policies, and procedures in relation to the ordering, receipt, storage and disposal of medicines. However, a number of staff required training in the safe administration of medication training and practical administration prior to administering residents' medicines. In addition, protocols were not in place to guide staff practice in relation to some as required medications for a number of residents. In addition some as required medicines prescribed required review in line with residents' changing needs. In order to meet residents' needs the provider had supported residents to change their pharmacist. The provider outlined to the inspector that they had plans in place to explore if residents wished to take part in any aspect of self-administering their medicines. At the time of the inspection this process had not commenced. Medication audits were completed regularly and medication incidents were recorded and fully investigated.

Regulation 17: Premises

The design and layout of the centre did not meet the number and needs of residents in line with schedule 6 of the regulations. The provider had plans in place to build an extension on the premises by 30 August 2019.

Judgment: Not compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. However, suitable arrangements were not in place in relation to fire containment due to the quality of some of the doors. The provider had put additional control measures in place while awaiting the completion of works to upgrade the doors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Overall, residents were protected by policies, procedures and practices in relation to medicines management. However, a number of staff required training to meet residents' needs. A number of as required medicines required review and a number of protocols were needed for as required medicines.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' personal plans were person-centred and they had access to the support of a keyworker to develop and meet their goals. However, some documentation including assessments of need and care interventions required review to ensure they were reflective of residents' care and support needs.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, residents were supported to enjoy best possible health. They had access to the support of relevant allied health professionals in line with their needs. Staff were knowledgeable in relation to their care and support needs. However, some documentation required review to ensure it was reflective of their current needs and guiding staff to support them.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents had access to the support of relevant allied health professionals and there was evidence of regular review of their support plans and risk assessments. Staff had access to relevant training and refreshers to support residents.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by safeguarding policies, procedures and practices in the centre. Staff had completed training in relation to safeguarding residents. Some staff

required refresher training and this was planned.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cabra Road - Community Residential Service OSV-0003059

Inspection ID: MON-0021134

Date of inspection: 27/02/2019

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: <ul style="list-style-type: none"> a. Continued recruitment to fill vacancies, continue with regular relief staff as short term vacancies arise. b. NF30 has been submitted and approved for PIC 	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> a. Review training needs analysis and get Midazolam administration and safe administration of medication training for all staff who need same. b. PIC will attend supervision training. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> a. Provider audit for 2017 and 2018 will be completed b. An application to vary the registration for the house has been submitted regarding the extension works. c. Extension works are due to commence this year and be completed by 31.03.2020 d. PIC will ensure that audit actions are completed within the provided timeframe. 	

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: a. Works are due to commence on the extension in the house this year in order to bring it in line with schedule 6 and are due to be completed by 31/03/2020	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: a. As part of the building and extension works in the house fire containment measures will be put in place by 31/03/2020	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: a. Protocols to be put in place for the use of rescue medications when residents who may require them are accessing the community. b. All staff to be trained in administration of epilepsy rescue medication. c. A Nurse or a staff trained in medication administration will attend appointments in order to safely administer regular medication to resident.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: a. Residents personal plans to be reviewed and updated to reflect all current care interventions in place.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: a. MDT took place on 04/03/2019 regarding residents health need and it was agreed between service and the family to begin end of life care planning with the person to the extent at which they are happy to engage	

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	31/07/2019
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	31/07/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/07/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/07/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises	Not Compliant	Orange	31/03/2020

	of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/03/2019
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/03/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant		31/07/2019
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant		31/07/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	31/03/2020

	extinguishing fires.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	31/07/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Not Compliant	Orange	25/03/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/08/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Substantially Compliant	Yellow	31/08/2019

	is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/08/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/08/2019
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	04/03/2019