



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

Issued by the Chief Inspector

Name of designated centre:	Elvira
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 18
Type of inspection:	Announced
Date of inspection:	09 October 2024
Centre ID:	OSV-0003580
Fieldwork ID:	MON-0035475

About the designated centre

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

Elvira is a designated centre operated by St John of God Community Services CLG. The designated centre is based in a suburban area of South County Dublin and is comprised of 10 apartments across three single storey buildings. The centre is located on a site shared with a nursing home and is a short walk from a variety of village services. There are three single occupancy apartments, two apartments with four bedrooms, two apartments with three bedrooms, and three apartments with two bedrooms in the centre. 24 hours residential services are provided by the centre and a total of 20 residents can be supported. There are three sleep over staff at night time to respond to resident needs should they arise. The staff team is comprised of a person in charge, a supervisor and social care workers a staff nurse and a health care assistant.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Wednesday 9 October 2024	09:30hrs to 18:25hrs	Jacqueline Joynt	Lead
Wednesday 9 October 2024	09:30hrs to 18:25hrs	Kieran McCullagh	Support

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of the registration of the centre.

At the time of this inspection, there were 19 residents living in the centre and inspectors met with ten of the residents. Some of the residents met and spoke with inspectors in their apartment and some joined inspectors in the communal activity room to relay their views of living in the centre.

The inspection was facilitated by the person in charge and the supervisor for the duration of the inspection. The person participating in management, (Residential and Respite Programme Manager), joined the inspection for the introductory meeting and again for feedback at the end of the inspection. They were available throughout the day for anything that may have been required from the provider. Inspectors used observations and discussions with residents in addition to a review of documentation and conversations with key staff and management, to inform judgments on the residents' quality of life. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by inspectors as part of this inspection process.

Overall, inspectors found that that the person in charge and staff were striving to ensure that, residents living in the designated centre, were provided with a quality and safe service. Residents were supported to engage in their community in a meaningful way and were provided with lots of choice in their home. When speaking with inspectors, residents spoke positively about their lived experience in the centre.

Residents living in the centre had varying independence levels and were provided support and help specific to their assessed needs with a specific focus on helping them to be as independent as possible and to learn new skills and create community connections and employment where possible. Residents engaged in meaningful activities through their day services, employment and other community social activities that were in line with their likes and preferences.

The designated centre comprised of three one-storey buildings, located on a shared site. Each of the one storey buildings was made up of ground floor apartments in which residents had exit and entry points to the front and back. The apartments provided single or communal accommodation for up to three residents. In three of the apartments, there were sleep over staff rooms. The inspectors completed a walk around of nine of the 10 apartments. During the morning time, some residents were at home and told management and inspectors that they were happy for inspectors to view their home and some residents chose to show the inspectors around their

apartment.

On speaking with residents and through observations, inspectors found that residents were happy with the layout and décor of their home. Some residents informed inspectors that they cleaned their own apartments with support of their staff. Other resident told inspectors they liked to clean their home themselves and of how important it was to them to keep their home nice and tidy. Overall, the apartments observed were clean and tidy and their décor and layout were in line with residents' wishes and preferences. Many of the residents' bedrooms as well as sitting rooms and hallways, included family photographs, posters and memorabilia that was important to each resident. Inspectors observed the apartments to provide a warm, welcoming and cosy space.

Since the last inspection there had been a lot of upkeep and repair to the apartments, which had improved the aesthetics of areas, and in particular, the kitchen area in the main living space. In addition, five apartments were scheduled to have new kitchens installed in mid-November 2024. There were plans for new curtains and flooring in some apartments, and on the day of the inspection, internal fire doors were being fitted with additional seals to ensure their effectiveness. However, on walking around, inspectors observed some areas for improvement which is discussed further in the quality and safety section of the report.

Feedback on the service from residents was positive and complimentary. In advance of the inspection, residents were supported by staff to complete a Health Information and Quality Authority (HIQA) survey. Ten surveys were completed and returned to inspectors. Surveys asked each resident to relay what it was like to live in their home; the survey was divided into a number of different sections. For example, residents were asked to talk about themselves, their home; what it was like to live in, if they liked their bedroom, the food or anything else they liked about their home. Residents were also asked to relay what they did every day; if they made their own choices and decisions, were people kind to them, did they feel safe. Residents were also asked about trips or events they were supported to attend and having visitors in their home.

In addition, residents were asked to relay their views about staff members and if their staff members knew what was important to them (residents). Residents were also asked about the people they live with, if they get along with them, and finally, residents were asked about having their say; if staff and managers listen to them, were they consulted about matters related to their home and did they have friends and advocates that support them.

Overall, the ten surveys relayed very positive feedback about each of the above mentioned sections. Some of the additional comments made by residents included: "I like to help staff with shopping", "I like my home", "I like free time to myself", "Staff help me with my money and bring me on day trips", "I am a coeliac and staff help me to make my dinner", "I choose my dinner on the menu board", "I get on very well with the staff", "I like spending time with my friends", "I like living here and I like everyone here", "My home is the best place to live", "I like the support I get", "Everyone in the centre is good to me", "I do my own cooking and shopping".

There were a small number of comments relayed where residents identified where improvements could be made such as "My bedroom is very small" and "Be nice to go out on trips". The person in charge said they planned to meet with residents in order to respond to their feedback and make further improvements.

Throughout the day inspectors observed respectful and caring engagements between residents and staff and management. On the day, residents were encouraged by their staff and management to meet with inspectors to relay their views about the quality of the service that they received. Staff who spoke to inspectors spoke about residents in a kind, respectful and dignified manner and relayed examples of where they had supported residents to have their human rights promoted. For example, where a resident was spending a lot of their daily budget on sweet treats, which in turn was negatively impacting on the resident's weight, a staff member promoted their own healthy diet by way of example, rather than restricting the resident's daily budget.

While Regulations 5, 7, 28 & 29 were found sub-compliant, overall, inspectors found that there were appropriate systems in place in the centre to ensure that residents were in receipt of safe and good quality care and support and that their independence and rights were promoted. There was on-going improvements to the physical upkeep and repair to residents' homes and with plans for further upgrades to kitchens in five apartments. In addition, this inspection saw further improvements to the effectiveness of the infection, prevention and control measures in place.

The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

The centre had a clearly defined management structure in place which was led by a capable person in charge. They were supported in their role by a supervisor and a person participating in management. Since the last inspection, the provider had made continuous improvements to the premises across a number of apartments that made up the designated centre. These improvements resulted in positive outcomes

for residents and in particular, significant improvements to the effectiveness of the infection, prevention and control measures in place. Some further improvements were required however, there was a plan in place for the works to commence on 14 October 2024.

The person in charge was an experienced, qualified professional and demonstrated their knowledge of the residents' assessed needs. They were also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. There was a staff roster in place and overall, it was maintained appropriately. There were staff vacancies and cover required for different types of leave. However, from a review of a sample of rosters for the months of August to October 2024, the inspectors found that there were sufficient staff on duty each day to meet the needs of residents.

The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents. From reviewing the staff training records for the centre, as well as nine staff files, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of residents. It was observed that four staff members required training in crisis prevention intervention.

Staff were in receipt of one to one supervision meetings from management on a regular basis. A sample of staff supervision records were reviewed and observed to provide a space for shared learning, personal development and a review of training requirements.

The provider had effective systems in place to monitor and audit the service. An annual review of the quality and safety of care between July 2023 and July 2024 had been completed, six-monthly unannounced visits to the centre had been carried out in March 2024 and again in September 2024. On completion of these audits, an action plan was developed and updated as required to address any issue identified and for the most part, in a timely manner.

In addition, there was a comprehensive local auditing system in place in the centre to evaluate and improve the provision of service and to achieve better outcomes for residents. There was a quality enhancement plan, (QEP), which was regularly reviewed and updated by local and senior management. Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. Staff who spoke with the inspectors noted how beneficial they found the meetings and in particular, the shared learning and updates.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. The person in charge ensured that incidents were notified in the required format and with the

specified time-frames to the Health Information and Quality Authority (HIQA).

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application to renew the registration of the centre prior to this inspection.

Judgment: Compliant

Regulation 14: Persons in charge

Through a review of documentation submitted to HIQA, the inspectors found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

They were found to be responsive to the inspection process and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They had systems in place for the oversight and management of the centre to include local audits and supervision of their staff team.

The person in charge was responsible for two other centres and was supported by one supervisor in this centre and two supervisors in another designated centre. There was a supervisor vacancy in the third centre however, the person in charge advised inspectors that a new supervisor had been employed for the third centre and was due to commence in November 2024.

When speaking with the person in charge, the inspectors found that the person in charge was familiar with residents' support needs and was endeavouring to ensure that they were met in practice. On review of a number of local audits, the inspectors saw that the person in charge carried out their duties in a timely manner endeavouring to ensure the smooth and effective delivery of the service.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters for the months of August to October 2024 indicated

that there were sufficient staff on duty to meet the needs of residents on a daily basis.

The staffing arrangements were made up of a person in charge, a supervisor, social care workers, a part-time nurse and healthcare assistants.

The supervisor was based on-site in the centre and the person in charge had a regular presence in the centre each week. It was evident that the person in charge strived for excellence through shared learning and reflective practices. Where improvements to rosters had been identified on another inspection of a centre the person in charge was responsible for, the person in charge had made these improvements on this centre's roster also. For example, the roster clearly identified the days and times that the person in charge and supervisor were present in the centre.

There was one staff vacancy and two maternity leave vacancies in the centre on the day of the inspection. To ensure continuity of care, familiar relief and agency staff were employed to cover the vacancies. On review of the rosters, the inspectors saw that during a period between September and October 2024 there was an increase in the use of agency staff. However, this was not a common pattern observed on the sample of rosters reviewed. On the day of this inspection, the person in charge assured the inspectors that the increase of agency staff was rare and only occurred due to unexpected leave (for example sick leave, or leave due to recent COVID-19 outbreak).

From speaking with staff, the inspectors observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. Staff relayed to the inspectors their awareness of each resident's unique personality and of their likes and preferences and were aware of residents support needs.

A sample of nine staff files were viewed and were found to meet the requirements of schedule two of the regulations. The sample included details of five permanent staff, two relief staff and two agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix for the staff team and specific staff training records of the staff team, including the supervisor, the inspectors found that these staff were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of the residents.

For example, staff had undertaken a number of training courses, some of which included the following:

- Human rights safeguarding of vulnerable adults
- Manual handling
- Fire safety
- Epilepsy
- Diabetes
- Safe medication management
- Infection prevention and control including;
- Hand hygiene
- Breaking the chain of infection
- Donning and doffing of personal protective equipment

At the time of this inspection, four staff members required refresher training in crisis prevention intervention (CPI) training. Subsequent to the inspection, the person participating in management advised that all the organisations' CPI trainers were up-to-date in their CPI training requirements since September 2024 and that training dates for staff will be available from next week, of which the four staff will sign up for.

The inspectors reviewed the staff supervision meeting schedule and saw that all staff,(except for staff on leave or undergoing probation), had received three one-to-one supervision meetings with management in the last twelve months. Staff who spoke with the inspectors advised how beneficial they found these meeting to their practice.

Judgment: Compliant

Regulation 19: Directory of residents

The inspectors observed documentation that demonstrated that the registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations.

Judgment: Compliant

Regulation 21: Records

On the day of this inspection, records required and requested were made available to the inspectors. Overall, the records were appropriately maintained. The sample of records reviewed on inspection, for the most part, reflected practices in place.

On the day of the inspection, the person in charge and person participating in management organised for staff records to be brought to the designated centre

(from HR office off-site).

On review of a sample of nine staff files (records), the inspectors found that they contained all the required information as per Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspectors reviewed the insurance submitted to HIQA and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place good management and oversight arrangements to ensure a good quality service for residents.

An annual review had been completed to assess the quality of care and support provided in the service between July 2023 to July 2024 and a copy had been submitted to HIQA in advance of the inspection. The review clearly demonstrated that residents had been consulted in the process.

While residents' families were consulted as part of the annual review regarding the service provided, the review had noted that although family response was low, there was regular meetings and contact with family members throughout the year.

The inspector reviewed two six-monthly unannounced reviews completed of the quality of care and support provided to residents living in the centre during 2024. There was an action plan in place and the person in charge had, or was, in the process of following up on improvements identified.

There were numerous other audits completed to ensure good quality and safe service delivery to residents, for example;

- A fire safety audit had been completed in September 2024
- A medication audit had been completed in October 2024
- An infection prevention and control audit had been completed in September 2024
- A health and safety audit had been completed in July 2024.

All audits included an action plan, time lines and details of actions completed. Where actions were yet to be completed, there was a planned date in place.

In addition there was a quality enhancement plan, (QEP), which was regularly reviewed and updated by local and senior management.

Overall the inspector found that the audits were comprehensive and effective in ensuring quality improvements in the centre, which overall ensured positive outcomes for residents.

The inspectors reviewed a sample of team meetings that had taken place in 2024. Minutes of the meetings demonstrated that overall, the person in charge and staff were striving for excellence through shared learning and reflective practices to ensure better outcomes for residents.

Some of the topics discussed at meetings included needs and support of residents, safeguarding incidents, training, infection prevention and control, accident and incidents, complaints and health and safety risks, but to mention a few.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had in place a policy on admission, entry, transition, transfer, discharge and exit.

There were contracts of care in place for all residents. Inspectors reviewed four contracts of care in place for residents and found that these were signed by the residents or their family or representative.

Contracts of care were written in plain language, and terms and conditions were clear and transparent. Fees and additional charges or contributions that residents made to the running of the designated centre were clearly detailed in the residents' contracts, and agreed with the them before signing.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was made available to the inspectors on the day and was reviewed and found to meet the requirements of the regulations.

It detailed the aims and objectives of the service and the facilities to be provided to residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and overall, within the required timeframes as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings.

Where there were restrictive practices identified on the day that had not been notified as required, these are addressed under regulation 7.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The inspectors found that each resident's wellbeing and welfare was maintained by

a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. Residents were empowered and encouraged to live as independently as they were capable of and to have meaningful participation in their community. There had been on-going improvements to the area of infection prevention and control in the centre which overall, resulted in a safer environment for residents. However, some improvements were needed to other areas such as fire prevention, restrictive practices and assessment and support plans to ensure that practice and procedures were, at all times, in line organisational policy as well as best practice.

There was some outstanding work to be completed on some of the apartments' kitchens, while there had been a delay with the original time lines there was now a plan and time line in place for the work to commence mid-October 2024.

Overall, the design and layout of each apartment in the designated centre ensured that residents could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for residents on a daily basis. The previous inspection had observed poor upkeep and repair in some apartments, and in particular, four kitchens. Inspectors observed that upkeep and repair works had taken place while waiting for the new kitchens to be installed. This was as an interim measure to reduce the potential risk of spread of infectious disease and to provide a safer environment for residents to enjoy.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect and extinguish fires in each home within the designated centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met. However, improvements were required in relation to effective containment measures. For example, inspectors observed two fire doors being propped open during the course of the inspection.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits and medicine sign out sheets. However, improvement was required to ensure that all residents received effective and safe supports to manage their own medicines.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required. However, some improvements were required to ensure all residents' assessments of need were up to date and care plans in respect of residents' assessed needs were in place.

Residents were provided with timely healthcare, and residents were supported with

a multidisciplinary approach in assessing their healthcare needs, and in implementing healthcare interventions.

Staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The person in charge maintained a restrictive practice log and restrictive practices in use were reviewed and signed off by the provider's restrictive practice committee. However, improvements were required to ensure all restrictive practices in use within the designated centre were notified to the Chief Inspector.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. Safeguarding was included on the agenda of staff meetings. Where incidents had occurred, the inspectors found that, they had been followed up appropriately and in line with best practice.

Regulation 17: Premises

The premises were found to be clean, warm and welcoming on the day of the inspection and generally well maintained.

Three residents were provided with their own apartments and the rest of the residents shared an apartment with one or two other residents. All residents had their own bedrooms most of which were equipped with a television and/or a music system. Residents' bedrooms were laid out and decorated in a way that met their needs, likes and preferences. For example, residents' bedroom walls included framed photographs of families, posters of singers, and bright and colourful pictures. Each resident's bedroom viewed also included lots of memorabilia that were meaningful to the resident. Overall, the inspectors observed that residents' bedrooms appeared cosy, relaxing and in good upkeep and repair.

Each apartment included a small garden area to the front and back. The inspectors observed one apartment's hedge freshly cut back with a neat hedging in place. The inspectors were informed by the person in charge that the resident living in that apartment enjoyed maintaining this outdoor area of their garden themselves.

There was also a communal area for all residents to use. There were a number of tables and couches and armchairs in the room. To the back of the room was a laundry room where residents were provided with a clothes dryer. The opposite side was a toilet facility which was observed to be clean and well maintained.

The inspectors were shown photographs of a recent party that took place in the room celebrating twenty years since the service was opened. The photographs relayed smiling and laughing residents alongside current and previous staff members, tables of party food and a large cake specially made for the occasion.

There had been a lot of upkeep and repair to kitchen flooring, cupboards and walls. Some of this was an interim measure to mitigate the risk of spread of infection while residents were waiting for an upgrade to their kitchen space. Five apartments had been scheduled to have upgrades to their kitchen; this was in an effort to provide a nicer space for residents to enjoy and also to ensure the effectiveness of infection prevention and control measures in this area. Subsequent to the inspection, the provider submitted documents that confirmed the contractors commencement date in mid-October.

In addition, the local infection prevention and control audit, completed September 2024, listed of the upkeep and repair work that had been completed since the last inspection. It also noted that new flooring was scheduled to be installed in a number of kitchens as part of the upgrade. Furthermore, resources from potential fund-raising had been allocated to purchase new blinds for apartments (where they were in disrepair).

However, there were some areas of premises observed to warranted improvement. For example, in one bathroom, the inspectors observed a bathroom weighing scales to have a lot of rust. In the same bathroom, the laminate on timber shelving was chipped badly and bars in front of the window sill were also observed to be rusty.

A bin in a kitchen in another apartment was observed to have the pedal broke on it.

In another apartment, in a staff office, a large section of flooring was damaged and required replacing, the curtains were observed to be unclean and storage cupboards in the hallway had no doors. There had been some upkeep to kitchen floors in some kitchens however, in two other apartments visited by inspectors, kitchen flooring required replacing due to wear and tear.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaint's procedure.

The guide was written in easy to read language and was located in an accessible place in the designated centre; For example, there was a copy of the residents' guide in the communal activity room which was part of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available. The policy was currently under review. Overall, the provider had ensured that the risk management policy met the requirements as set out in the regulations.

Each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. On review of individual and centre related risks assessments the inspectors saw that they were up to date and reviewed regularly. Overall, individual and location risk assessments were in place to ensure that safe care and support was provided to residents.

For example, the following are a sample of possible risks the provider had put appropriate control measure to reduce or mitigate the risk; behaviours that might harm a resident, medication errors, trips and falls, needle stick injury, Legionella, COVID-19, fire, manual handling and chemical, but to mention a few.

Judgment: Compliant

Regulation 27: Protection against infection

Significant improvements were observed by the inspectors overall in relation to the management of infection prevention control (IPC) across the designated centre. The inspectors found that the provider had complied with the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (2018).

The registered provider had prepared comprehensive policies and procedures on infection prevention and control, and staff in the centre also had access to public health guidance.

Staff had been provided appropriate training regarding infection control and all staff training was up-to-date. Clear guidance around each staff's role and responsibility pertaining to IPC was discussed with staff through supervision, at handover and at team meetings. The inspectors reviewed records of team meetings and found that matters relating to infection prevention and control were regularly discussed.

On a walk around of the centre, all apartments viewed were observed to be clean and tidy. Cleaning records demonstrated that there was good oversight and monitoring of the centre's cleaning systems in place. For example, on a review of 2024 cleaning check lists that included daily and weekly cleaning tasks, the inspector

observed that staff were adhering to the checklists. There was also an external cleaning contractor employed to support the cleaning of the centre, and on the day of the inspection, the inspectors observed one of the cleaning staff cleaning a resident's apartment. The resident appeared happy to have the contracted staff clean their apartment and inspectors observed positive and jovial engagements between the resident and contracted staff member.

The person in charge had carried out a comprehensive infection prevention control audit of the centre in September 2024 and many of the actions had been completed. Where they were yet to be completed there was a plan in place and for most, a timeline in place. For example, on review of the audit the inspectors saw that, where there were a number of kitchens in repair of upkeep, there was a plan for upgrade with an October date in place.

In the interim and to mitigate and reduce the risk of spread of infection, the provider and person in charge had organised for a number of small upkeep and repair works to be completed in kitchens that allowed them to be cleaned effectively. For example, damaged flooring, cupboards and kitchen tops were repaired in areas and chipped and peeling paint was filled and ready prepared for painting.

In addition, where apartment blinds were in disrepair, the person in charge advised the inspectors that there was a fundraising plan in place to resource the replacement of the blinds.

Since the last inspection, the provider had organised for a survey of the drains to be completed. This was part of an investigation into a blockage that had previously caused an overflow from one of the external drains. On review of the survey results, the inspector saw that there was no blockage or no further issue with the drains.

There had been a recent outbreak of infectious disease in one of the apartments in the centre. The person in charge and staff had managed to contain the outbreak with effective infection control measure put in place. Residents were provided a self-isolation plans and a contingency plan was in place with was enacted during the outbreak. On the day of the inspection, residents had fully recovered and a review of the outbreak was planned within an appropriate timeframe of the outbreak being closed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, inspectors observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following a review of servicing records maintained in the centre, inspectors found that these

were all subject to regular checks and servicing with a fire specialist company.

In addition, on the day of the inspection the provider was completing work to upgrade the containment measures for the designated centre. For example, new smoke seals were being fitted to all fire doors. Inspectors observed that this work was in the final stages of completion.

Inspectors observed that the fire panel was addressable and easily accessed and all fire doors, including bedroom doors closed properly when the fire alarm was activated. However, during the walk around of the designated centre inspectors observed that two fire doors were being propped open. The person in charge had noted one fire door was being propped open in their fire safety audit September 2024. As a way of mitigating this risk they had ordered a free swing closer however, this had not been fitted on the day of the inspection. Further improvements were required to ensure the provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, inspectors reviewed all residents' personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

Inspectors reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed.

Inspectors reviewed four residents' medicine administration records which clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

All medicine errors and incidents were recorded, reported and analysed and learning was fed back to the staff team to improve each resident's safety and to mitigate

against the risk of recurrence.

Inspectors observed there were regular medicine audits being completed in order to provide appropriate oversight over medicine management.

However, improvement was required to ensure that all residents received effective and safe supports to manage their own medicines. For example, three residents had not been recently assessed to manage their own medicines, for example one resident's most recent assessment was in 2021. This was not in line with the provider's policy on medicine management and required review by the person in charge.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed three residents' files and saw that most files contained up to date and comprehensive assessments of need. However, one resident's assessment of need had not been reviewed since April 2023. In addition, the resident who had a formal diagnosis of clinical anxiety did not have an emotional wellbeing or mental healthcare plan on file. This required review to ensure the assessed needs of the resident could be met and that the required care and support could be provided by the staff team.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, inspectors observed plans on file relating to the following:

- Individual intimate care plans
- Medication management
- Feeding, eating, drinking and swallowing
- General healthcare
- Communication
- Epilepsy management.

Inspectors reviewed three residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and individual to each resident. Examples of goals set for 2024 included; create a garden space in the home, attend a musical, go on a holiday, attend a concert and return to day services.

The provider had in place systems to track goal progress, which included; action plan, notes on progress and status of of the goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with comprehensive healthcare through timely access to healthcare professionals, and ongoing healthcare interventions and monitoring by the staff team in the centre.

Residents' healthcare needs had been assessed, and were informed by reviews with residents' general practitioners, hospital consultants, and allied healthcare professionals. Inspectors observed that staff were proactive in referring residents to healthcare professionals and kept on file comprehensive notes regarding appointments that residents had attended. For example, inspectors observed notes relating to dental visits, psychiatry appointments, optician and audiologist appointments.

The staff team monitored the residents' healthcare needs on an ongoing basis, and had sought timely reviews. For example, residents had access to and were seen by the provider's multidisciplinary team, which included; speech and language therapy, physiotherapy, occupational therapy and psychology.

In addition, residents who were eligible, by means of their gender, age or condition, were made aware of and supported to access, if they so wished, preventative and national screening services. For example, residents were supported to attend Breast Check, Cervical Check and Bowel Screening Programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors reviewed the arrangements in place to support residents' positive behaviour support needs. On the day of the inspection there were no residents with an assessed need in relation to this area. However, the provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. In addition, inspectors observed the provider had an up-to-date policy on positive behaviour support in place.

Staff spoken with were knowledgeable of the policy and inspectors observed positive communications and interactions throughout the inspection between residents and staff.

There were two restrictive practices used, which had been logged and notified to the Chief Inspector in line with the regulations. However, during the course of the

inspection inspectors observed a further restriction in use, which had not been logged or notified to the Chief Inspector. For example, staff offices were being locked. This had not been risk assessed and there was no protocol on file indicating the rationale for the use of this restriction. In addition, this was not in line with the provider's own policy on the use of restrictive procedures, which stated an environmental restraint was stopping a resident "from either accessing or leaving a specified area".

This required review by the provider and person in charge to ensure that all restrictions in use were proportionate to the risk of harm and were in line with rights-based care.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in their home.

There were systems in place that ensured that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Where safeguarding incidents had occurred in the centre, the person in charge had followed up appropriately and ensured that they were reviewed, screened, and reported in accordance with national policy and regulatory requirements. In addition, there was additional supervision in place as well as a tracking system to record any potential recurrence so that to ensure the safety of the resident concerned. Furthermore, where the resident had relayed their dislike of living with their housemate, a familiarisation plan was put in place to explore compatibility and the possible option of moving to another apartment.

The inspector also noted the following:

- safeguarding and incidents were discussed at staff meetings.
- The training matrix demonstrated that all staff had been provided training in safeguarding of vulnerable adults and all was up-to-date.
- from reviewing nine staff files with regard to schedule 2 of the regulations, all nine had appropriate vetting in place.
- information on how to contact the designated officer, complaints officer, confidential recipient and independent advocacy was on display in the centre.
- Two staff members spoken with in detail on the day of the inspection, advised that they would report a concern to the person in charge/designated officer if they had

one and were aware of the policies and procedures in place relating to safeguarding.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Elvira OSV-0003580

Inspection ID: MON-0035475

Date of inspection: 09/10/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Five Kitchens have been upgraded since inspection Kitchen bin has been replaced in apartment that had broken pedal Rusty bathroom scales have been replaced Safety bars in front of windowsill in bathroom have had rust removed and have been freshly painted. New bathroom storage has been purchased to replace the shelving with chipped laminate. Funding has been secured to replace kitchen flooring and damaged flooring in staff office and quotes received and funding secured to purchase new curtains and blinds where needed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire safety company scheduled to fit free swing door closures on week of December 2nd 2024 to doors identified in fire safety audit in September and will also include the additional door that was propped open on the day of inspection.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Assessment Tool for Self-Administration of Medicines have been completed and updated for all residents in line with the Person Centred Medicines Management Policy</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The residents assessment of need that was over due review has been updated and reviewed and the resident with a diagnosis of clinical anxiety has an up to date emotional health and well-being care plan in place ensuring all staff can support the resident with their assessed needs.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The restrictive practice of locked office doors when staff not present in apartments has been recorded as a restriction and was reported to the chief inspector for Q3 2024. The person in charge will refer the restrictive practice to the Equality and Human Rights Committee as per policy once due process has been completed for all affected residents.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	18/12/2024
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	Substantially Compliant	Yellow	25/11/2024

	and preferences and in line with his or her age and the nature of his or her disability.			
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 is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	26/11/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	28/02/2025