Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cara Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	21 February 2024
Centre ID:	OSV-0003733
Fieldwork ID:	MON-0042772

About the designated centre

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

The designated centre forms part of a campus based service for persons with intellectual disabilities and is located in west Dublin. The centre is comprised of three individual bungalows and provides full time residential services to up to 14 adults. The layout of all three houses is very similar with a spacious entrance hallway, an open plan living and dining area with kitchen space, resident bedrooms, main bathroom and smaller toilet areas. Residents are supported 24 hours a day, seven days a week by a person in charge and a staff team of nurses, carers and house hold staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

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 (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 21 February 2024	09:50hrs to 17:15hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector of social services observed, it was evident that residents were receiving good care, living in nice homes and engaging in activities of their choosing. This inspection found improved levels of compliance across a number of regulations which included staff training and development, premises, and residents' rights. Improvements were required in staffing and premises. An improvement was required in staffing, to ensure that residents enjoyed continuity of care and support in their homes.

The designated centre comprises three bungalows on a campus setting and is registered for 14 residents. At the time of the inspection, there were 13 residents living in the centre. The bungalows all have a similar layout, with large sitting and dining room areas and an open kitchen space, two bathrooms and five bedrooms. In one house, a resident had a bedroom and a sensory room off of their bedroom. Residents bedrooms were nicely decorated and reflective of their interests and life histories. Some residents had redecorated their bedrooms, while others were in the process of doing so. Storage remained an issue in all of the houses, with a number of commodes being stored in bathrooms. Following on from the last inspection, drawings were done and a contractor was due to start to build in additional storage in the weeks following the inspection. All of the residents had received a small gift for Valentines day and many had flower arrangements which they had done in their bedrooms.

Residents in the centre had a variety of communication support needs which included speech, idiosyncratic words, gestures, facial expression, vocalisations and body language. The inspector had the opportunity to meet all of the residents throughout the day and spent time in each of their homes. Residents were noted to be engaging in their preferred activities, such as sorting out wool, doing Lego, playing music and going for walks. One of the residents spoke about going to France. The person in charge reported that this was a personal goal, which they were working towards on an incremental basis. Residents were observed to receive visitors during the day from family members and friends. There was a nice atmosphere in all of the houses and interactions between staff and residents were kind and warm. Staff were noted to respond quickly to residents' requests. Some of the residents went to sessions in the day service in line with their expressed choice. Others were noted to refuse to go and this was respected by staff. One resident was heard using a voice-activated device to play music of their choice.

Since the last inspection, the provider had ensured that there was a significant increase in opportunities for residents to engage in activities off the campus. For example, residents were engaging in activities in the community approximately once a week. Residents were having their hair done, attending reflexology and going out for coffees and dinners. Activities were logged and recorded on residents' care plans and audited by the person in charge on a monthly basis to ensure that all residents were afforded opportunities. All residents had their own tablet devices and the

inspector viewed photographs of residents engaging in these activities. Two residents had recently started attending reflexology, while another was due to commence a course to learn about the Assisted Decision Making (Capacity) Act, 2015 in a local university. Sessional day services were available on-site from Monday to Friday and residents could access 'hubs' based upon their preferences such as sensory activities or music and dancing. A schedule of these activities were available for residents to choose from. The inspector met with day staff coming in to bungalows during the day to take individual residents to activities of their choice.

Food in the service came from a centralised kitchen. The person in charge and management team worked with the staff team to promote cooking in each of the houses at the weekends. The inspector observed a mealtime and noted that it was calm and relaxed, and that there were adequate staff numbers in place to support this. One resident told the inspector that staff "really help me " and that "I really do appreciate it". The inspector briefly met with two family members while visiting their relative. They reported that their relative was happy in the service. Other residents told the inspector that they liked their home and that they liked the food.

Staff had completed training in a human-rights based approach in health and social care services. The inspector spoke with three staff members on the day of the inspection. They reported that the training had prompted them to reflect on their practices every day and recognise residents' rights to say no, or to make choices. There was evidence of two complaints made by a resident being recognised and documented by staff, and this had brought about a positive change for that resident. The resident now held keys to a cupboard in their room with items which were important to them, and keys to their bedroom. They proudly showed these to the inspector. The person in charge reported that they were noticing language within the centre changed when speaking about residents. For example, they told the inspector that staff were now referring to residents' will and preference when speaking about choices. The provider had set up a 'culture' group on the campus to foster morale and de-congregation and residents' rights were on the agenda for all meetings to continue to promote residents' rights and expanding on opportunities for them. There was an advocacy group on the campus, and some of the residents represented their house at this group. Human-rights assessments had been completed by the provider's human rights officer and these informed restrictive practice reviews.

In summary, the inspector noted significant improvement in residents' quality of life and opportunities to engage in activities outside of their homes and off of the campus. The next two sections of the report present the findings of the inspection in relation to governance and management arrangements, and how these arrangements impacted on the quality and safety of care for residents.

Capacity and capability

This was an unannounced risk-based inspection which took place to assess levels of compliance. An inspection in September 2023 had found a number of areas not compliant. As a result, a restrictive condition had been attached to the registration of this designated centre. This inspection found that the provider had made significant improvements in levels of compliance with the regulations which are outlined below. Staffing had improved since the last inspection. However, there remained a high number of agency staff in the centre.

The provider had good arrangements in place to monitor and oversee the quality and safety of care and support of residents. At provider level, the provider had completed six-monthly unannounced visits and an annual review in line with regulatory requirements. These were self-identifying areas requiring improvement. Senior Management maintained oversight of compliance plans and quality improvement plans, with monthly updates on progress sent by the person in charge. Senior management on site were trending findings and information relating to the service to continue to drive forward improvements. Management meetings between all persons in charge on the campus took place every two weeks and these forums were used to share learning across the service.

The provider had employed a person in charge who had the skills, experience and qualifications to fulfill their role. The person in charge had good systems of monitoring in place and demonstrated these systems to the inspector throughout the day. It was evident that having a consistent manager on site each day had improved levels of compliance on this inspection.

The staffing levels had increased since the last inspection and staff reported that they were happy with these levels and that as a result, residents were supported to engage in activities off the campus. There remained vacancies on the day of the inspection for care staff and nursing staff. The provider had successfully recruited to some of these roles. However, there remained a high number of agency staff working in the centre which impacted upon residents' continuity of care. It was evident that the provider was endeavouring to support residents by pairing agency staff with a regular staff member. However, this was not always possible. This is outlined below under Regulation 15: Staffing.

Staff training had improved since the last inspection. Staff had completed mandatory training in areas such as fire safety, safeguarding, managing behaviours of concern and modules related to infection prevention and control. Staff were supervised by the person in charge in line with the provider's policy. All staff whom the inspector met with reported that they were well supported in their roles.

The inspector found that both the service manager and the person in charge had good systems in place to proactively manage any complaints in the centre. Complaints were recorded, logged and responded to in line with the provider's policy. Information relating to complaints was available for residents in an accessible format, and discussed at residents' weekly meetings to ensure that residents were aware of their right to complain where they wished to do so.

Regulation 14: Persons in charge

The provider had employed a person in charge who had the skills, experience and qualifications to fulfill their role. They worked on a full-time basis and were on-site five days a week. It was evident that they had good knowledge of, and relationships with the residents in the centre, and that they were available to both residents and staff each day. They had good systems in place to monitor and oversee the service and were aware where there were gaps to be improved upon.

Judgment: Compliant

Regulation 15: Staffing

There were a high number of agency staff covering shifts in the centre due to staff vacancies. The provider had endeavoured to mitigate this risk to residents by pairing agency staff with familiar staff where possible and by trying to book the same agency staff where possible. For example, in the month of January, there were approximately 80 shifts covered by 30 different agency staff. 23 of these staff members did more than one shift. However, this high number of staff coming into the centre had a negative impact on residents' continuity of care and support. Rosters required review to ensure that the full names of all staff completing shifts were recorded.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development programme. This included mandatory training in areas such as fire safety, safeguarding, infection prevention and control and food safety in addition to a number of areas specific to residents' assessed needs. Staff had completed training in a human-rights based approach to care and support. Where staff required refresher training courses, there was evidence that these were booked for the weeks and months following inspection. Staff were appropriately supervised by the person in charge in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clearly defined management structure in place which identified the lines of authority and accountability in the centre. There were management systems in place to monitor and oversee the quality and safety of residents' care and support, and it was evident that these systems were identifying areas for improvement and these were being implemented in a timely manner. The annual review and six-monthly unannounced inspections were carried out in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given the Chief Inspector of Social Services notice of adverse incidents occurring in the centre in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedures in place which included accessible information for residents. Complaints was discussed with residents at their weekly meetings with staff and information was on display in each house. Where complaints were made, these were documented and followed up on in line with the provider's policy. Ongoing engagement was occurring in relation to some complaints in the centre to ensure a proactive approach was taken to managing complaints.

Judgment: Compliant

Quality and safety

Residents in the centre were in receipt of a service which was promoting their well-being and quality of life. Since the last inspection, there was a significant increase in the amount of opportunities which residents were offered to engage in activities off the campus. Residents and staff spoke to the inspector about the positive impact this was having on residents' quality of life in the centre. Residents were found to be

protected from abuse in the centre through a number of policies and procedures. Where safeguarding incidents occured, these were appropriately reported and control measures put in place to mitigate incidents from reoccurring. Staff were familiar with these control measures.

It was evident that the management team were working to actively encourage staff in relation to residents' rights. For example, the campus had a centralised kitchen which continued to provide meals to this centre. The person in charge had worked with the local staff team to start making one meal a week with residents, with a view to increasing this over time. Residents were shopping for ingredients and the inspector viewed photographs of residents engaging in meal preparation. Individual rights assessments had been carried out with residents which looked at access and security of personal possessions, access to and within the home, access to personal finances, privacy, safety, health and wellbeing and freedom of speech. It was evident that these assessments were used as part of restrictive practice reviews. The inspector observed residents being offered choices in relation to their preferred activities and those choices being facilitated. The person in charge reported that staff were now reporting on residents' will and preference when discussing their daily routines and choices. Staff were documenting where residents were refusing a care intervention or an activity and residents' right to refuse was upheld. The inspector observed residents right to privacy being upheld throughout the day, particularly in relation to visitors and having space and time alone with them. The provider had developed a 'culture' group on the campus to continue to positively promote and embed a rights-based culture across the campus.

As outlined at the beginning of the report, the inspector found that the range of opportunities which residents were offered to engage in activities on and off of the campus had increased since the last inspection. The person in charge completed monthly audits on the activities which residents were engaging in. There were schedules in place for residents to engage with various activities in day service 'hubs' on the campus. Activities were being sampled for some residents to build a profile of their preferences. For some residents, staff were working on increasing their tolerance of routine activities and to minimise distress.

All of the houses were found to be in a good state of repair, clean, warm and well suited to residents' assessed needs. Storage of equipment such as commodes and wheelchairs had been identified on previous inspections. Since then, the provider had engaged a contractor to undertake works in each bungalow to create storage which would increase space in key areas such as bathrooms for residents.

Regulation 13: General welfare and development

It was evident from speaking with residents and staff, and reviewing residents' care plans that residents now had access to a wider range of opportunities to engage in activities of their choosing on and off of the campus. It was evident that residents were doing activities off of the campus between two and five times a month, which

was a significant increase compared to the last two inspections of the centre. Quality of life audits were carried out by the person in charge to ensure that residents were being provided with choice around how they spent their days. Residents were well supported to maintain relationships with those who were important to them.

Judgment: Compliant

Regulation 17: Premises

As outlined above, all of the bungalows in this designated centre were found to be well suited to residents' assessed needs and were in a good state of repair. Residents had ample space to store their personal belongings and had personalised their individual living spaces. Work was about to commence to ensure that there was adequate storage for large pieces of equipment such as commodes to enable more space in bathrooms and hallways. Residents had access to facilities to launder their own clothes where they wished to do so.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety management systems in place. Each bungalow had fire fighting equipment, detection and containment systems and emergency lighting in place. For residents who required albac mats, these were in situ and staff had been trained in their use. Equipment was checked regularly and documentation relating to servicing and maintenance were available. Residents had personal emergency evacuation plans in place. Fire drills for each house demonstrated reasonable evacuation times. Where issues arose, these were promptly responded to by the provider.

Judgment: Compliant

Regulation 8: Protection

The provider had a number of policies in place to ensure that residents in the centre were safeguarded from abuse. Residents were supported to learn about safeguarding in residents' meetings. Personal and intimate care plans were detailed to guide staff practice and ensure that residents' rights to privacy, dignity and bodily integrity were upheld. Where an incident occured, this was identified, reported and

investigated in line with national policy. Safeguarding plans were in place where required. Staff were familiar with these plans.

Judgment: Compliant

Regulation 9: Residents' rights

While it is acknowledged that residents were living on a campus, and that a centralised kitchen remained, the provider was endeavouring to promote a human-rights based approach to care and support in a number of ways. Firstly, staff had completed training in human rights and this was reported to be having a positive impact on ensuring that residents' rights to choice and control were promoted and upheld. Rights assessments had been completed to identify restrictions and to use these assessments to drive positive changes for residents, particularly in the area of restrictive practices. For example, one house had a locked door in place. This was now accessed using a swipe, which residents had been taught to use. Where a resident's right to privacy and security of their possessions was impacted upon, the provider had responded by enabling that resident to lock and control access to their belongings.

The provider was working with staff to reduce each houses' reliance on the central kitchen over time, and to enable residents exercise further choice and control over their diets. Meals were cooked once a week in the houses, and this included residents shopping for ingredients. The inspector observed residents being offered choices in relation to their preferred activities and those choices being upheld. It was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities, and that these choices and decisions were respected, including residents' right to refuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cara Residential Service OSV-0003733

Inspection ID: MON-0042772

Date of inspection: 21/02/2024

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 recruitment process is currently underway for 2 fulltime staff nurse vacancies and 1 fulltime care staff vacancy. The remaining vacancy of 0.5 WTE for staff nurse and CNM1 is currently being sourced via active recruitment. The provider has secured regular agency and relief staff were possible to promote continuity of care and positive outcomes for residents. All rosters have been and will continue to be reviewed to ensure the full names of all staff completing shifts are recorded.	

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(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	31/07/2024