



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

## Issued by the Chief Inspector

Name of designated centre:	Community Houses Rathfarnham
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	09 September 2024
Centre ID:	OSV-0004013
Fieldwork ID:	MON-0036279

## About the designated centre

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

Community Houses Rathfarnham is a residential designated centre that provides care and support to 11 adult residents with disabilities with complex support requirements. The centre comprises of three houses, all of which are two storey and are located in community residential locations. All bedrooms are single occupancy. All houses have communal kitchens and lounge areas. All three houses have laundry facilities and toilet/shower facilities. The centre provides a 24 hour residential service, seven days a week, 365 days a year. Care and support needs are provided to each resident, based on their individual needs and assessments. The service provides a skill mix of nursing care, social care workers and health care assistants. Additional support is also accessed through local clinical supports as required. The residents in Community Houses Rathfarnham access community services for social and recreational activities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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
Monday 9 September 2024	09:30hrs to 18:00hrs	Karen Leen	Lead
Tuesday 10 September 2024	10:00hrs to 14:30hrs	Karen Leen	Lead
Monday 9 September 2024	09:00hrs to 17:00hrs	Carmel Glynn	Support
Tuesday 10 September 2024	10:00hrs to 14:30hrs	Carmel Glynn	Support

## What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, residents were supported to enjoy a good quality of care in this centre. This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The findings of the inspection were positive with the inspector finding the provider was responsive to the changing needs of residents and that residents were supported to live active and enjoyable lives. However improvements were required under regulation 23: Governance and Management and regulation 17: Premises.

Community Houses Ratfarnham is a designated centre comprising of three houses. It has 11 registered beds and residential care is provided for residents over the age of 18. At the time of the inspection there were eight residents living in the centre.

The first premises is a two-storey house close to a local village. There is a sitting room, kitchen with dining area, a utility room for washer and drier to the rear of the house, three resident bedrooms and a main bathroom. The property has a large back garden area equipped with garden furniture and a number of feeding devices for birds that residents ensure are well stocked and maintained. The second property is a five bedroom house with four resident bedrooms, staff room and office, newly refurbished kitchen, downstairs bathroom and upstairs bathroom sitting room and separate dining room. The hallway was decorated with residents art work and pictures of awards and achievements received from certificates to art competitions. The third house consists of a five bedroom house with four resident bedrooms, staff room and office, two living room areas and a kitchen with dining room. The designated centre is located close to local amenities with access to public transport.

The inspector of social services had an opportunity to meet seven residents over the two days of the inspection and to visit each of the premises, one resident was receiving post surgery care away from the designated centre. The management structure in the designated centre consists of a person in charge who is supported by three clinical nurse managers (CNM). The inspection was supported by one of the clinical nurse managers throughout, the inspector also had the opportunity to meet and speak with the person in charge, five staff members, an assistant director of nursing and the director of nursing.

Residents had a variety of communication support needs and used speech, vocalisations, gestures, lip reading, facial expressions and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents communication styles and preferences. They spent time listening to residents and residents were observed seeking them out if they required their support. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents. In addition, seven

resident questionnaires had been completed in relation to support in the centre prior to the inspection. Residents commented on how the staff team in the centre were supportive to their choices and how they liked to spend their time. Two residents commented on the transport system in place within the centre. Residents noted that they felt they had to "pre plan" all activities to make sure there would be a bus available. Residents discussed that they could not "do things on the spur of the moment". One resident also commented that as they get older they do not wish to be waiting in cold weather for a bus if the centre bus is not available.

Over the two days of the inspection, the inspector observed that there was a warm, friendly and welcoming atmosphere in each of the areas visited. The inspector had an opportunity to sit and spend time chatting with some residents and to observe them engaging in activities they enjoyed in their home such as, chatting with peers, watching favourite television quizz shows, completing household chores such as fire marshal and going out for lunch with staff. Residents were observed to be very relaxed in each other presence and were discussing a number of plans such as holidays away from the centre, what to watch on television later that evening and who made the best dinners from the staff. In one of the houses residents told the inspector that they love living in their home and had been living there for a number of years. They knew the local area and in the past would often avail of public transport to access areas in their community. However, one resident told the inspector that they feel they are no longer able for public transport or waiting in the cold for a bus. The resident told the inspector that the staff are very active and will try to organise transport for them, however the bus is shared between a number of centres within the provider. The resident discussed that they can not plan things on the day, that if they want something spur of the moment the bus is seldom available to them. The resident discussed that they have a really beautiful home but felt the lack of bus meant they were limited at times to activities in their home.

One resident told the inspector that they are "spoilt rotten" in their home by staff and by their own family. The resident told the inspector that their family are constant visitors in the centre. The resident discussed that when their family visit their home they always say it is like their second home and that they are always welcomed by residents and staff. The resident discussed how they like to go out for lunch with their family when they visit. The resident discussed that they like to go on holidays every year, during the pandemic they could not go on holidays but that they did day trips to local parks enjoyed picnics and hikes. The resident told the inspector that they have greatly enjoyed returning to holidays with peers from the house and also trips to see family. The resident showed the inspector a number of picture collages that highlighted the holidays taken each year that were then hung around the house.

One resident told the inspector that they take part in a number of activities both in the house and the local community. The resident discussed that they attend a local day service five mornings a week. The resident informed the inspector that in the evening they pick from a number of options and activities that they like to take part in including walks in the local parks, dinner out, going for a drink in the local pub with their peers cinema or shopping. The resident discussed that they had suffered a recent bereavement and that support staff had been helping everyone in the

house to understand their sudden loss. The resident told the inspector that the staff are always helpful and there to listen when they want to talk.

In one house, a resident brought the inspector on a walk around of their home. The resident showed the inspector a large number of art work displayed in the centre such as in the sitting room and the hallway. The resident told the inspector that most pieces had been created by each of the residents in the house. The resident discussed that art is very important to them and that they have had their work on display in an exhibition. The resident had also received a number of awards one of which was presented to them by the Irish President. The inspector observed that each resident took pride in their home and had an active say in how their home was run. The inspector observed residents meetings were topics were discussed such as refurbishment of the premises and residents input into decorating th premises post maintenance upgrades.

The inspector met one resident who had a keen interest in fire safety and was the fire marshal for the designated centre. The resident discussed with the inspector that a number of their goals over the last year had been in relation to fire safety. The resident went through their goals achieved in pictures with the inspector which demonstrated visiting local fire station, meeting with local firemen and going to a museum of old fire trucks. The resident did an overview of fire safety in the centre for the inspector including the working of the alarm and some of the most common factors that could lead to a fire and how to prevent this in your home. The resident told the inspector that they are very happy in their home and that they know the staff very well. The resident told the inspector that staff do not leave, they come to work in the house and stay, staff may go on holidays or on leave but they will return to the house. The resident discussed that they had a goal over the last year to revisit areas from their childhood and staff had supported them to do this, the resident showed the inspector their visit to their primary school

Each of the premises were found to be homely and comfortable. Residents personal art work and achievements hung added to the homely atmosphere created in each of the houses. However, a number of outstanding maintenance work was required in the designated centre to which a time frame had not been identified. The provider had plans in place to paint the interior of the centre on completion. The inspector found that in some areas of the centre such as hallways, sitting room demonstrated significant ware and tare which were not being met by the provider until completing major refurbishments within the centre. The inspector will discuss this further in Regulation 17: Premises.

Each resident spoken to told the inspector that they know how to make a complaint and who their complaint should be directed to. Residents discussed that weekly meetings took place in the centre and that they could tell staff areas that they were not satisfied with and they would work to resolve it. One resident told the inspector the that clinical nurse manager and person in charge visited regularly and also attended a number of the residents meetings.

In summary, residents were busy and had things to look forward to. They were aware of who to go to if they had any concerns or complaints. They lived in warm,

clean and comfortable homes. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required, such as those relating to staffing, resident compatibility and safeguarding.

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

## Capacity and capability

This announced inspection was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. Over two days, inspectors of social services completed an inspection in three designated centres operated by the registered provider. This included visiting each of eight houses that make up the three designated centres and visiting an office base to discuss systems for oversight and monitoring and a number of quality improvement initiatives with members of the local and senior management team. Overall the inspections found high levels of compliance with the regulations. The provider was capturing the lived experience of residents in their audits and reviews and their opinions, concerns and feedback were used to bring about improvements in their care and support and their homes. The provider was also identifying areas of good practice and areas where improvements were required and implementing the required actions to bring about these improvements. Inspectors found that there was a clear focus on embedding a human rights-based approach and culture.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support 2023, which included consultation with residents, their families and representatives. As previously discussed improvements were required in relation to Regulation 23: Governance and Management, the inspector found that the resources for transport



were not readily available to residents and that the current system in place was impacting residents access to community activities.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

## Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge maintained planned and actual staff rosters. The inspectors reviewed the planned and actual rosters for the months of May, June, July and August 2024, and found that regular staff worked in the centre during these months, ensuring continuity of care was maintained for residents. In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector spoke to three members of staff, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

A sample of three Staff files were reviewed. These were found to contain all of the information required as per Schedule 2 of the regulations. There was evidence that a recent recruit had been through induction and had garda vetting in place prior to commencing in their role.

Judgment: Compliant

## Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspectors reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging, and safeguarding of vulnerable adults. The provider had completed additional training outside of

mandatory training for staff in order to enhance residents care and support, for example, staff had completed training in Autism awareness, dysphagia and diabetes. Furthermore, the inspectors found that relief and agency staff also had access to training and supervision in the designated centre.

All staff were in receipt of supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members. The inspectors reviewed six staff supervision records, and found that they were in line with the provider's policy and included a review of the staff members' personal development and also provided an opportunity for them to raise any concerns.

Judgment: Compliant

### Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set out in Schedule 2, Schedule 3 and Schedule 4 were maintained and were made available for the inspector to view.

Judgment: Compliant

### Regulation 22: Insurance

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 inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

In addition to the annual review, a suite of audits were carried out in the centre including six-monthly unannounced visits report, monthly data reports, incident and accident trackers, and health and safety, medication management, fire safety, and infection, prevention and control (IPC) audits.

The inspector reviewed the action plan from the provider's most recent six-monthly unannounced visit, carried out in July 2024, which identified actions for improvement. The inspector found that not all actions identified on the improvement plan had time frames for commencement or completion. For example, one house in the designated centre was due to have rewiring completed. No date had been set for the rewiring, with residents noting to the inspector that interior painting could not be completed in the designated centre until the work was carried out. The inspector acknowledges that the provider had completed the financial tender process in order to secure the funds and identify a company to complete the works. However, on the day of inspection a date for the commencement of the work was not available.

The inspector reviewed a number of complaints made by residents to the provider in relation to the availability of transport in the centre. The vehicle attached to the designated centre was shared with a number of other centres within the provider. Residents discussed with the inspector that they had to rely on public transport in order to access community activities and had to put advance planning in place for activities due to the lack of transport resources.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations and the inspector found it had been placed under regular review.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspectors on the

day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy. The inspector reviewed a sample of residents meetings from July, August and September 2024 and found residents were given the opportunity to raise concerns or complaints to the provider during this forum. If residents highlighted a concern they were supported by staff team to write a formal complaint were deemed necessary to the provider, with the inspector reviewing evidence of active responses from the provider in line with the complaints procedure.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in the centre for staff to refer to. The inspector viewed a sample of the policies and procedures, including those on the safeguarding of residents from abuse, provision of intimate care, admission of residents, behavioural support, the use of restrictive procedures and restraints, communication with residents, risk management, medication management, and complaints. The policies had been reviewed within the previous three years.

The inspectors observed that policies and procedures were regularly reviewed at staff meetings and the content of policies were also discussed during staff meetings and with residents.

Judgment: Compliant

## Quality and safety

Overall, the findings from this inspection demonstrated that residents' well-being and welfare were supported by a good standard of evidence based care and support. The inspector found that residents were had opportunities to have their say in how their home was run and that they felt part of the local community. However, improvements were required in relation to Regulation 17: Premises. The inspector found that residents lived in a warm, clean and comfortable home, however, some areas of their home required essential maintenance works which were taking away from the homeliness of the premises.

There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Staff were knowledgeable with regard to residents' eating and drinking support needs and implemented any recommendations from specialists in this area.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was an up-to-date policy on risk management available, and risk assessments had been prepared to support residents' safety and wellbeing.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

## Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. The registered

provider had ensured that residents had access to media sources and technology.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre. The inspector observed that there was information available to each resident to support their communication including a visual activity board and menu plans. The inspector saw staff using these visual supports with a resident to ensure that they were informed and supported to make choices. For example, the inspector reviewed social stories providing information and education to residents in relation to necessary dental procedures and after care support. The inspector observed that the social stories had assisted the resident to complete full treatment and aftercare without complications which can be associated with identified dental procedures.

The inspector spoke with staff during the course of the day and observed that staff were familiar with residents communication needs and were guided by both verbal and non verbal cues including: body language and gestures. The inspector found that there was a consistent staff team in place which promoted each residents communication style. The inspector observed residents communicating with staff through visual aids, lip reading, body language and individualised sign language.

Judgment: Compliant

## Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes. The house was observed to be clean. The residents' personal spaces were decorated in accordance with their personal choice, this included personal photographs and personal items.

The provider had identified a number of works that required completion in each house within the designated centre. The inspector noted that the provider had identified the required works with capital works sent to the tendering process for completion. However, on the day of the inspection there was no date identified for the works on each house to commence. On the day of the inspection the following capital works had yet to commence across the three houses in the centre:

- Electrical rewiring
- New windows
- Internal and external decorating
- Refurbishment of downstairs bedroom and en-suite
- New flooring
- Kitchen counter tops

The outstanding capital works was also leading to the delay in the general upkeep in

the houses such as painting of communal areas for residents. The inspector acknowledges that the proposed refurbishment of the downstairs bedroom and en-suite were proposed in relation to the recently identified changing needs of one resident in the centre.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans. The inspector reviewed one FEDS care plan and found that there was guidance regarding the resident's mealtime requirements, including the appropriate food consistency, and their food likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements.

Residents had opportunities to be involved in food preparation in line with their wishes. For example, the inspector observed one resident preparing snacks prior to attending their morning activities and on return from day services. The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. The fridge and storage presses were well stocked with a variety of different food items.

Residents spoken with said that they had choice at mealtimes and had access to meals, refreshments and snacks at all reasonable hours. Residents were consulted with and encouraged to plan their menu, and could choose to participate in the preparation, cooking and serving of their meals as they wished.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned. The inspector found evidence of monthly meetings between the person in

charge and senior management were concerns in relation to the quality and care in the centre were escalated and met in a timely manner. The inspector observed that the person in charge and the provider had identified possible gaps in service provision and had placed them on the risk register. For example, changing needs of residents had required greater access to dietician services. This was placed on the risk register as an identified risk associated to changing needs of residents. The inspector observed the risk register to highlight risks that could directly effect service users lived experience in the centre.

The provider also had risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning scheduled was in place and staff had attended appropriate training and were knowledgeable about infection control arrangements.

The person in charge and staff team had completed monthly audits in relation to protection against infection and the inspector found that the findings of these audits were shared amongst the staff team through staff meetings.

The inspector observed that residents had a significant role in the area of IPC in the designated centre, which each resident having identified roles in keeping the centre to high standards of cleanliness observed during the course of the inspection.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medicines to the pharmacy. The medication administration records clearly outlined all the required details including; known diagnosed allergies, dosage, doctor's details and signature, and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed.



Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Staff spoken to on the day of inspection were found to be knowledgeable on medicine management procedures and on the reasons medicines were prescribed. The inspector found that residents were being supported and educated in relation to medication management and self administration. One resident spoke to the inspector about their diabetes management plan and managing their own medication. The resident discussed how they regularly review the process with staff and help regular staff to train new members of the team when needed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed six residents' assessments of needs, and found that they were comprehensive and up to date. The assessments were informed by the residents, their representatives and multidisciplinary professionals as appropriate. The inspector observed monthly meetings with each residents keyworker.

The assessments 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, the inspector observed plans on the following:

- Rights
- Mental Health
- Communication
- Physical and Intimate Care
- Feeding, eating, drinking and swallowing

The inspector also reviewed four residents' personal plans, which were in an accessible format and detailed their goals and aspirations for 2024, which were important and individual to each resident. The inspector found that the goals were designed and led by residents with staff support. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans. One resident took the time to go through their achieved goals from 2024 and their upcoming planned goals. The resident discussed with the inspector that their goals are kept in written and picture format to demonstrate how goals were met and to make it more personal and easy to share.

Judgment: Compliant

### Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place.

Residents in this centre had access to a variety of health-care professionals in order to meet their assessed needs. Residents accessed clinical appointments both through the provider's multi-disciplinary team and in the community, in accordance with their assessed needs.

Written support plans had been prepared and well readily available in the centre, to inform staff on residents' healthcare needs and the associated interventions to be followed. Residents were also supported to understand their health conditions. For example, residents had been presented with information and training in relation to a number of screening programmes available.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Community Houses Rathfarnham OSV-0004013

Inspection ID: MON-0036279

Date of inspection: 09/09/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will oversee the maintenance of the current vehicle fleet, ensuring they remain roadworthy through:</p> <ul style="list-style-type: none"> <li>• Regular servicing</li> <li>• Timely completion of CVRTs</li> <li>• To address the vehicle shortage:</li> <li>• Suitable vehicles will be sourced for the service</li> <li>• Purchases will be considered once funding is approved</li> <li>• The issue of vehicle shortages and funding will be:</li> <li>• Raised at all management meetings</li> <li>• Escalated to Senior Management meetings</li> <li>• Residents will be updated on progress by the PIC and CNMs during their meetings</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Plan re outstanding works</p> <ul style="list-style-type: none"> <li>• A provisional start date of Nov 21st 2024 has been advised by HSE Estates for the refurbishment of the downstairs bedroom in one house (Boden Park). This has been approved in response to the changing needs of one resident who resides there.</li> <li>• The estimated timeframe for this work is 4 weeks.</li> <li>• When the refurbishment works is completed in Boden Park it will provide temporary accommodation for the residents from the second house (Butterfield Ave) while the rewiring works are ongoing there.</li> <li>• The commencement date for the rewiring work on Butterfield Avenue will therefore be reliant on the completion of the works in the first house. (Boden Park).</li> <li>• All associated works such as Interior painting and decorating will be completed thereafter.</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	01/03/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/06/2025