



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

Issued by the Chief Inspector

Name of designated centre:	Avila
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	19 September 2024
Centre ID:	OSV-0008118
Fieldwork ID:	MON-0035794

About the designated centre

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

Avila is a designated centre operated by Health Service Executive. It provides a community residential service to a maximum of four adults with a disability. The centre is a detached bungalow which consists of four resident bedrooms (one of which is en-suite), kitchen and dining room, sitting room, office and a shared bathroom. The centre is located in a rural area in Co. Tipperary and is close to local amenities. The staff team consists of a clinical nurse manger, staff nurses and healthcare assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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
Thursday 19 September 2024	09:30hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. The inspector had the opportunity to meet with two residents over the course of this inspection. The inspector was informed that one resident had recently transitioned to an alternative placement. Overall, the inspector found that the residents in this designated centre were safe, well cared for and actively involved in their local community.

On the morning of the inspection, the inspector met with the two residents as they prepared for the day. One resident was in the dining room having their breakfast. They welcomed the inspector but indicated that they did not wish to engage with the inspector. This was respected. Later in the morning the resident was observed in the sitting room watching TV. They appeared content and comfortable in their home. The second resident was having a lie-in as they had visited their family for the previous two days. The second resident was then observed in the sitting room with a cup of tea watching TV. In the afternoon, both residents were observed leaving the centre to access the community and attend a day service activity in line with their interests.

The inspector carried out a walk-through of the premises accompanied by the person in charge. As noted, the centre consisted of a detached bungalow which consists of four resident bedrooms (one of which is en-suite), kitchen and dining room, sitting room, office and a shared bathroom. Previous inspections identified areas for improvement in the upkeep of the kitchen and flooring. In addition, some of the bathrooms required attention in relation to infection prevention and control. It was evident that the provider had taken some actions including painting in general areas, installing new flooring in areas of the home and installing new kitchen cabinets. However, some areas remained which required attention including flooring in areas. The inspector was shown plans for reconfiguring and upgrading the premises which would address the remaining concerns. A timeline had yet to be confirmed for these works to commence.

The inspector also reviewed two questionnaires completed by the residents with the support of staff and one questionnaire completed by a representative. The questionnaires described their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team. However, the questionnaires noted that some aspects of the premises could be improved.

In summary, the inspector found that the residents were in receipt of a safe and quality service. The residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in the premises and residents

rights.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there was a clear management structure present which ensured that the service provided was safe, consistent, and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to meet the residents assessed needs.

There was a defined governance structure in place. The centre was managed by a full time, suitably qualified and experienced person in charge. The provider had carried out regular quality assurance audits including an annual review of 2023 which reviewed the care and support in the centre and six-monthly unannounced visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The inspector reviewed a sample of the staff roster and found that the staffing arrangements were appropriate in line with the assessed needs of the residents. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner. There were systems in place for the training and supervision of the staff team. This ensured that the staff team had up-to-date knowledge and skills to meet the care and support needs of residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was supported in their role by a clinical nurse manager.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team in place. The centre was operating which some vacancies which were managed through the staff team and the use of regular relief and agency staff. The inspector was informed that the provider was in the process of recruiting to fill the vacancies. The two residents were supported by two staff during the day and by two waking night staff at night. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling, medication and safeguarding. The inspector noted that some staff required refresher training in areas including de-escalation and intervention techniques. However, this had been identified and managed by the provider and there was evidence that training had been scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy. A supervision schedule was in place.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Director of Nursing, who in turn reports to the General Manager. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review for 2023, which included consultation with residents and their representatives and six-monthly provider visits as required by the regulations. In addition, local audits were in place for areas including medication, personal plans and finances. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided person-centred care and support to the residents in a homely environment. However, some improvement was required in the premises and residents rights.

The inspector reviewed the two residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health

needs. In general, personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs. Records demonstrated that residents were supported to residents to lead active and meaningful lives.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. The previous inspection found that a local fire evacuation plan required review. This had been addressed.

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. In general the centre was decorated in a homely manner with the residents' possessions and pictures of people important in their lives. The residents' bedrooms were decorated in line with their preferences and there was sufficient space for residents to enjoy their preferred activities with other residents or on their own.

Previous inspections identified a number of premises issues which required attention including areas of lifting and worn flooring, areas of broken plasterwork and peeling laminate on kitchen cabinets. In addition, the tiles in bathroom were porous with a rough surface. This made them difficult to effectively clean. This inspection found that the provider had taken action to address some of these matters including painting in general areas, installing new flooring in areas of the home and installing new kitchen cabinets. However, some areas remained which required attention including flooring in areas. The provider noted developed plans to reconfigure and modernise the centre. A timeline for this work had yet to be confirmed.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments

were in place. The risk assessments were up to date and reflected the control measures in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. The inspector observed one fire door not fully closing on the day of inspection however, this was identified to the person in charge and addressed shortly following the inspection. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate.

There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. This meant that the provider demonstrated that the arrangements in place at night-time were appropriate to evacuate the highest numbers of residents from the designated centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the two residents' personal files. Each resident had a comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs, supports and goals. Overall, the inspector found that the plans in place were up-to-date and suitable guided the staff team in supporting the residents with their assessed needs.

The two residents did not attend a formal day service or work during the day and are reliant on the staff team for activation. The residents did access day services on a session by session basis in line with their interests. The inspector reviewed a sample of activities and found that residents were supported to have an active life. For example, residents engaged in pottery, getting hair and nails done, visiting family members, shopping and lunch out.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The health care plans appropriately guided the staff team in supporting the residents with their health needs. The provider had ensured that the residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed and efforts made to reduce or remove restrictive practices as appropriate.

Judgment: Compliant

Regulation 8: Protection

Residents were found to be safe and well protected in this centre. There was evidence that incidents were appropriately reviewed, managed and responded to. The inspector also observed that residents appeared content and comfortable in their home and in the presence of the staff team and management. All staff had up-to-date safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the provider had systems in place to promote and protect resident's rights including staff training, weekly resident meetings and individualised rights assessments.

However, some practices in place required further review consideration including:

- clarity on the guidance regarding nightly welfare checks for one resident,

- the use of a cabinet and protective screen around the TV in the sitting room,
- where oxygen was prescribed for one resident it was unclear when this was required - at all times or only within the centre. This required further review,
- the display of personal evacuation information in the hallway of the designated centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	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 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Avila OSV-0008118

Inspection ID: MON-0035794

Date of inspection: 19/09/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As per final discussion on 21.10.24 at Senior Managers meeting and further discussion with Head of Maintenance by PPIM. The requirement of the house is now that there are only two residents residing within the premises and a smaller complement of staff to support them required. The pressure on the footprint on the premises is much reduced.</p> <p>A larger build would require a tender process and vacant possession of the premises would be expected which itself would be a huge disruption for the residents.</p> <p>Thus the plan is: the house will be refurbished on a phased basis with the resident’s in situ. It would be envisioned that the works does not impinge on the living areas or bedroom areas negatively as they are not subject to refurbishment.</p> <p>Works Summary Kitchen/ dining area-The worn flooring is replaced, general painting is completed. Painting is done in utility area. New electrical covers over fuse boards. Windowsills painted / replaced in parts.</p> <p>Tiling is replaced in the utility area over the counter top and painting is done</p> <p>Nursing office need repainting. Wardrobe doors need replacing</p> <p>PIC office needs painting. Wardrobe doors need replacement.</p> <p>Lower apartment area - Shower area, new surround and tiling with new shower unit. The outside door in the lower part of the house is replaced.</p> <p>Fire door dividing apartment and hall repositioned and door opening direction changed.</p> <p>Large Bathroom- floor is resurfaced, new wall coverings applied. Expected completion August 2025</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Nightly welfare checks care plan now removed -Complete</p> <p>Requirement for Oxygen availability on site will be reviewed and risk assessed. January 2025</p> <p>TV protection. The requirement of TV protection has been risk assessed and will be reviewed further with the team. January 2025</p> <p>Personal evacuation information (PEEPS) have been moved into the resident's bedroom from the hallway. Complete</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	31/08/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/01/2025