Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Community Houses Tallaght
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	02 October 2018
Centre ID:	OSV-0004364
Fieldwork ID:	MON-0023253

About the designated centre

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

Community Houses Tallaght comprises three houses which are two storey and located in community residential locations in a large suburb of a big city. They provide residential care to people with mild to moderate intellectual disabilities, seven days a week, 365 days a year. The three houses accommodate 10 residents in total, both male and female. All three houses have single occupancy bedrooms with a communal kitchen, sitting room and dining area. The care and support provided to each resident is based on their individual needs and assessments. Care and support is provided by a staff team of nurses, social care workers and healthcare assistants. Access to other allied healthcare professionals is also available through the service. This includes access to psychiatry, psychology, dietitians, behavioural support professionals, nurse specialists, occupational therapy and speech and language therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

To prepare for this inspection the inspector or 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
02 October 2018	09:30hrs to 17:30hrs	Sinead Whitely	Lead

Views of people who use the service

The inspector had the opportunity to meet and speak with five residents on the day of inspection. All residents spoken with expressed satisfaction with the service being provided and the staff who supported them. Positive, warm and friendly interactions were observed between staff and residents throughout the day. Residents were supported to attended their preferred activities on a daily basis. The care and support provided was person-centred and tailored to suit residents' own choice and preferences.

The inspector spoke with one resident who voiced they had been living in the designated centre for many years. The resident communicated that they were very happy in their home and had good relationships with the staff who supported them. This resident said they could not imagine living anywhere else. The resident also expressed their happiness at being supported to achieve one of their life goals in the coming months which included a trip overseas.

Another resident expressed that while she was happy with the service being provided, they had a minor complaint about an aspect of their bedroom. When the inspector spoke with management about this complaint, the matter had already been recognised and was being addressed in a serious and timely manner. The resident appeared satisfied with this response to this complaint.

Capacity and capability

Overall, the inspector found the provider, people participating in management and the person in charge had the capacity and capability to provide a good quality service to residents. All actions from the previous inspection had been completed in accordance with the compliance plan submitted to HIQA.

There was a clear management structure in place with clear lines of accountability. The person in charge was suitably qualified and worked full-time. The management structure was accurately identified in the statement of purpose. Staff and residents were familiar with members of the management team and knew who to raise concerns to. There was adequate oversight and monitoring of the quality and effectiveness of the service being provided. Regular unannounced visits were carried out by the provider or a representative. There was an annual review of the quality and safety of care and support. There were also regular audits carried out by the Clinical Nurse Manager two (CNM2). These reviews, audits and unannounced visits identified areas that needed improvement and these were then used to drive

improvements overall in the quality of the care provided.

The registered provider had ensured that the number, qualifications and skill-mix of staff was appropriate. Staffing levels were adequately meeting the assessed needs of residents. Adequate staffing arrangements were in place to support residents to stay at home during the day if they preferred, if a resident was unwell or if they had unexpected appointments to attend. All Schedule 2 documents requested on the day of inspection were in place for staff members. The use of agency staff was monitored by management and used to cover sick leave, holidays and vacancies. There were two staff vacancies on the day of inspection which the provider had advertised to fill. Regular relief staff who were employed directly by the provider covered shifts where possible. There was a staff roster in place that reflected the staff on duty on the day of inspection.

Staff and residents were familiar with the complaints process and the designated complaints officer. Any complaints were well recorded in a complaints log and were dealt with promptly. The inspector observed one closed complaint recorded from a resident who was concerned the refuse bins for the designated centre had not been collected in a timely manner. There were clear records of this complaint being addressed by a member of management in a serious and professional manner. Records for this included regular, detailed consultation with the resident and a clear outcome of this complaint. This was also available in an accessible picture format for the resident to see. The resident appeared satisfied with the outcome of this complaint.

The designated centre was providing care to the maximum number of residents and had no expected new admissions or discharges on the day of inspection. There was a contract of care in place for every resident which was signed by the resident or their representatives. However, this contract did not accurately describe certain specifics of what was on offer. For example, it was unclear if certain furniture was provided by the service or bought privately by residents. There was evidence that some residents had bought their own beds when a double bed was preferred, however some beds were bought by the service. The provision of this was not made clear or consistent in the agreement in place between the provider and residents.

All policies and procedures were in place and available for staff and residents in accordance with Schedule 5 of the Regulations. These documents were reviewed by the provider within three years or less with a recorded set date for future review. The inspector spoke with staff who appeared knowledgeable about the policies and procedures, indicating that these were guiding staff practice regularly.

The statement of purpose met all the requirements set out in Schedule 1 of the Regulations and accurately described the services being provided. The person in charge and people participating in management recognised this as a document for regular review that needed to be updated to reflect any changes in the service that was provided.

Regulation 15: Staffing

Staffing levels were adequately meeting the assessed needs of the residents. All Schedule 2 documents were in place. Use of agency staff was well monitored and an internal bank of regular relief staff were used when possible.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. There was adequate oversight and monitoring of the quality and the effectiveness of the service that was provided. Regular unannounced visits were carried out by the provider or a representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met all the requirements set out in Schedule 1 and accurately described the services being provided.

Judgment: Compliant

Regulation 34: Complaints procedure

Staff and residents were familiar with the complaints process and the designated complaints officer. Any complaints were well recorded in a complaints log and were dealt with in a serious and timely manner by the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 documents were in place and were reviewed within three years with a

set date recorded for future review.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a contract of care in place for every resident that was signed by the resident or their representative. However, this contract did not accurately describe certain specifics of the facilities being provided.

Judgment: Substantially compliant

Quality and safety

The inspector found that the registered provider, people participating in management and person in charge were striving to provide a safe and good quality service for residents. The support provided promoted residents' choice and person-centred care.

The registered provider had ensured that the designated centre was meeting the assessed needs of residents. The premises were of sound construction and were kept in a good state of repair. The premises were kept clean and promoted a homely and welcoming atmosphere. All bedrooms in the three houses were single occupancy with communal kitchen, sitting rooms and dining areas. Residents had personalised their own space to their own preferences. There was adequate space for recreation and privacy for each resident living there. All three houses had a six-monthly deep clean that was provided by the service. Staff had regular cleaning schedules in place. All three houses had television and Internet provided by the service provider.

The inspector found that staff and residents had very good knowledge regarding fire safety. There were adequate measures in place for containment in the event of a fire, with fire doors in place throughout all three buildings. There were suitable checks carried out by staff members on a weekly basis. These checks included checking fire extinguishers, escape routes, alarm systems, electrical points and hazard controls. There were monthly evacuation drills carried out which simulated different times of the day and different staffing levels. There was evidence of regular servicing of fire equipment. Smoke detectors were in place throughout the three buildings and batteries in these were checked every two months. A resident with a hearing impairment had an alarm in place that alerted them through a light up system in the event of a fire. There was adequate signage to highlight the emergency exits. However, there was not adequate emergency lighting on escape

exit routes.

Practice relating to the ordering, receipt, prescribing, disposal and administration of medicine was safe and in line with best practice and relevant legislation. Medicine was stored securely within a locked individual colour-coded press and the key for this was kept securely by a staff member. Each resident had individual containers to store their medicine. Each resident had individual prescription records that were signed by their general practitioner (GP) and were reviewed on a regular basis. These guided staff to administer medicine safely. There were directions in place to guide the administration of PRN medicine (medicines only taken as the need arises.) There was a local pharmacist available to residents, who delivered medicines on a monthly basis or more frequently if required. There was a system in place that ensured staff checked in these medicines each month. All staff were suitably trained to safely administer medicine. Staff who spoke with the inspector were familiar with the administration routines and were facilitated to administer medicine in line with the ten rights of medication.

There were individualised assessments and personal plans in place that were regularly reviewed. Residents had input into these plans through annual personal planning meetings. These meetings were attended by the resident themselves, along with attendees of their choice which usually included regular staff, members of management, family members and members of the multidisciplinary team. Residents had social goals in place that were often agreed at these meetings. However, some of the social goals observed were not specific, measurable, achievable, relevant and time bound (SMART) and were not being reviewed effectively regarding their progress. For example, one goal had been agreed at the start of the year and had been achieved within a two month time frame. However this goal had not been changed since this time.

Residents' healthcare needs were being met to a high standard. An appropriate level of nursing care was provided, where required. Residents had good access to allied healthcare services including psychology, dietitian, dentistry, speech and language therapy and occupational therapy. Continuity of care was observed in various aspects of residents documentation. One resident was observed as having a high body mass index (BMI) through monthly observations. There was evidence of referrals made by staff to a dietitian and speech and language therapy services for review. There was further evidence of a health management plan put in place following consultation with these healthcare professionals to guide staff to deliver adequate support for the individual.

Positive behavioural support plans were in place if required for residents. There was evidence of good access to relevant allied healthcare professionals. These professionals included psychology, psychiatry and behavioural specialists for support and review of behavioural support plans. One plan observed had a "traffic light" system in place that guided staff on priority triggers for behaviour that was challenging. The plan also included coping strategies and therapeutic interventions for the individual to help avoid escalation of behaviours. The person in charge had ensured staff had received relevant training in the management of behaviours that are challenging and de-escalation techniques. Staff had also received training on

autism.Staff when spoken to, had good knowledge of safeguarding procedures and knew the reporting mechanisms in place. However, the inspector observed one environmental restrictive practice on the day of inspection that had not been recognised as restrictive by staff. The inspector acknowledged that this was in the best interest of the resident, and a risk assessment was completed on the day of inspection. Following completion of the risk assessment, the inspector was assured that there would be better review of the practice now in line with best practice

Regulation 17: Premises

The registered provider had ensured that the designated centre was meeting the assessed needs of residents. The premises were of sound construction and kept in a good state of repair.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate measures in place for fire containment in the event of a fire. There were suitable checks carried out by staff members. There were regular evacuation drills carried out which simulated different times of the day and different staffing levels. However, there was not adequate lighting provided in escape exit routes.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Practice relating to the ordering, receipt, prescribing, disposal and administration of medicine was safe and in line with best practice. Medicine was stored securely within a locked individual colour coded press. Staff were facilitated to administer medicine in line with the ten rights of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were individualised assessments and personal plans in place that are regularly

reviewed. Residents have input into this through annual personal planning meetings. Resident had social goals in place, however some of these social goals observed were not specific, measurable, achievable, relevant and time bound (SMART) and had not been reviewed for their effectiveness.

Judgment: Not compliant

Regulation 6: Health care

Residents healthcare needs were being met to a high standard. An appropriate level of nursing care was provided. Residents had good access to allied healthcare services.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behavioural support plans were in place where required. There was good access to allied healthcare professionals including psychology and psychiatry for support and review of these plans. Staff had good knowledge of safeguarding procedures. The inspector observed an environmental restrictive practice in place that had not been identified as restrictive by staff and as such was not monitored or reviewed in line with best practice.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant

Compliance Plan for Community Houses Tallaght OSV-0004364

Inspection ID: MON-0023253

Date of inspection: 02/10/2018

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The PIC will ensure that the Contract of Care includes the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. Completed	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall provide adequate means of escape, including emergency lighting. all fire equipment, means of escape, building fabric and building service In response to the area of Not Compliant found under28(2)(c) • The PIC will contact the HSE Fire Prevention Officer have arranged to have emergency lightening installed as per Regulation 28.	

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, and on review, shall assess the effectiveness of the plan.

In response to the area of Individual assessment and personal plan found under regulation 05(6)(c)

PIC will ensure that all resident's plans and assessments are reviewed and kept up to date. House staff will be supported by the community nursing team to review and update personal plans.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.

In response to the area of Individual assessment and personal plan found under Regulation 07(4)

The PIC will ensure that any restrictive practice are identified and documented in accordance with National Policy and local SSIDS Rights and Restrictive Practice Policy (2018) (2). Completed

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	02/10/2018
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/12/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in	Not Compliant	Orange	01/03/2019

	needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	02/10/2018