



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	1-4 Station Road Castlebellingham
Name of provider:	Dundas Ltd
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	06 January 2020
Centre ID:	OSV-0005732
Fieldwork ID:	MON-0024824

## About the designated centre

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

Station road is a full-time residential service, which is run by Dundas Ltd. The centre provides a service for adults both male and female over the age of 18 years with intellectual disabilities, acquired brain injuries or on the autistic spectrum and who may also have mental health difficulties and behaviours which challenge. The centre is situated in a village in Co. Louth and residents have access to amenities such as shops, hairdressers and local pubs. The centre provides high-quality living accommodation for up to eight residents. It consists of four two-bedroom adjacent community houses. The design, layout and welcoming feel of the houses are consistent with a home environment where possible. There are two bedrooms upstairs in each house with a full bathroom. Downstairs there is an open plan living/dining room, a WC and an office/staff room. The house is also equipped with a domestic kitchen and residents are supported to get involved with the grocery shopping, preparation of meals and snacks. The houses have private gardens to the rear. Residents receive supports on a 24-hour basis with day and waking night staff supporting them each day.

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

Number of residents on the date of inspection:	6
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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 - 2015 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 6 January 2020	09:30hrs to 17:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspector observed that the provider was supporting residents with complex needs and had developed individualised programmes for each resident. The inspector observed that the staff team supporting the residents were aware of their needs and interacted with the residents in a supportive and friendly manner. The centre was made up of four houses, the inspector visited three of the buildings during the inspection and found that the settings were homely and designed and laid out to meet the needs of the residents.

On arrival, the inspector was met by a member of staff and a resident. The resident spoke with the inspector and asked them why they were in their home. The inspector explained their role and the resident was happy with this. The inspector chatted with the resident regarding their family and where they were from. The resident appeared comfortable in their environment and commented that they like their house and the staff team.

The inspector was introduced to a second resident who was supported to communicate by the person in charge and staff team. The resident appeared at ease with the staff member supporting them and interacted positively with the person in charge. The resident later showed the inspector around their home and appeared very happy in their surroundings.

The inspector interacted with a third resident who spoke with the inspector about their previous experiences of inspections and expressed that they were happy where they were living now and likes their home. The resident was observed to be interacting with the staff supporting them in a positive manner throughout the day.

## Capacity and capability

There were systems in place that were promoting a safe and quality service for residents. There were however complications regarding the willingness of some residents to engage with assessments and the staff team seeking to support them; this is discussed in more detail in section two of the report.

There was a strong management presence in the centre with a clearly defined management structure that was led by the person in charge and two team leaders. There was a schedule of audits in place that was ensuring that the centre's information and practices were being effectively monitored. The inspector reviewed audits that had taken place and found them to be thorough and that the actions and their completion dates were laid out in a clear manner. The person in charge was delegating audit tasks to the staff team and was supporting them to complete same,

and in doing so was creating a learning environment.

The person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations. There were systems in place to respond to adverse incidents and the provider's multidisciplinary team were involved in the review of incidents.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following each visit that reviewed the safety and quality of care and support provided in the centre. The inspector observed that a plan had been put in place regarding actions raised in the reports and that these had been addressed. The provider had ensured that an annual review of the quality and safety of care and support in the centre had also been carried out and that residents and their representatives had been consulted.

The number and skill-mix of the staff team was appropriate to the number and assessed needs of the residents being supported in the centre. The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre. The inspector reviewed the centre's proposed and actual staff rota and found that there was a full complement of staff. The staff team consisted of team leads and direct support workers. The inspector spoke with staff during the course of the inspection and found that they interacted with the residents in a caring manner and were knowledgeable of the needs of the residents and the plans in place to support them.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. Staff members were also receiving communication training specific to the needs of certain residents. The inspector reviewed the staff team's supervision schedule and saw that staff members were receiving this regularly. A sample of staff members' supervision records were reviewed and were found to be promoting learning. Staff members also referred positively to the supports provided to them by the centre's management team.

The inspector reviewed a sample of residents' transition plans and found them to be detailed and that the management and staff team had done their utmost to promote positive transitions for residents moving to the centre. The inspector also reviewed a sample of resident's contracts for the provision of services and found that the person in charge was in the process or had ensured that residents or their representatives had signed the contracts and that the contracts contained the information as outlined in the regulations.

The centre had a complaints log in place. A review of this showed that recent complaints had been raised by the residents' representatives and that these concerns had been addressed by the centre's management team or by the provider in a prompt manner. The complaints procedure was being addressed with residents during residents' meetings and this was promoting residents' understanding of how to make complaints and the complaint management procedure.

<b>Regulation 14: Persons in charge</b>
The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
There were systems in place that ensured that the staff team supporting the residents had access to appropriate training, including refresher training as part of a continuous professional development programme.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The centre had appropriate governance and management systems in place.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
The provider had ensured that residents were offered the opportunity to visit the centre prior to admission and that contracts of the provision of services had been

provided to all residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six monthly notifications were being submitted as set out in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure for residents.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had prepared in writing and had adopted and implemented policies and procedures on the matters set out in schedule 5 of the regulations.

Judgment: Compliant



## Quality and safety

The inspector found that the provider and person in charge were seeking to provide appropriate care and support to all residents. However, the residents residing in the centre presented with complex needs and some were refusing to engage with the staff team's efforts to support them. This was impacting on the person in charge and staff team's ability to complete necessary assessments.

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for the majority of residents. Certain residents were, however, refusing to engage in all or certain supports and this was impacting on the person in charge's ability to complete all necessary assessments.

The inspector observed that the person in charge and staff team were making great efforts to build a rapport with residents recently admitted to the centres in order to support them to settle in the centre but some residents had continued to refuse these efforts. The provider and person in charge were in regular contact with the residents' representatives in attempts to promote positive outcomes for the residents and the inspector reviewed recent minute meetings where actions had been set and saw that further reviews were planned for the first quarter for 2020.

The inspector found that residents who were engaging with the staff team had received comprehensive assessments of their health and social care needs. There was evidence of these reviews being audited by the centre's management team and the residents' key workers and this was leading to residents' plans being adjusted to the changing needs of each resident. Residents were receiving a person-centred care approach and this was evident when reviewing the residents' personal plans. Residents' keyworkers were meeting on a regular basis and supporting residents to plan and achieve goals. The documentation of this process was clear and the reasoning for certain goals not being achieved was also clear. There were support plans in place to inform the staff team on how to best care for the residents and these were also under regular review and involved input from the provider's multidisciplinary team.

The person in charge's ability to address all risks in the centre was being impacted by some residents refusals to engage with the staff team or the provider's multidisciplinary team seeking to support them. This was therefore impacting on the provider's and person in charge's ability to mitigate risks in the centre. The person in charge had, however, displayed that there were appropriate arrangements in place to identify, record, investigate and learn from adverse incidents. A review of a sample of risk assessments completed found that the individualised risk assessments were detailed and specific to the residents' presentation. However, some further review of risk management was required to ensure that all risks had been appropriately identified, recorded and managed.

The provider had ensured that residents were receiving or being offered appropriate

healthcare. Residents had access to relevant healthcare professionals and there was evidence of residents being supported to attend appointments and that they were also accessing the local general practitioner (GP) when necessary.

There were systems in place to ensure the safe ordering and storage of medicines. These procedures met the requirement of the regulations. Staff were trained in the safe administration of medications and there were appropriate procedures for the handling and disposal of unused and out-of-date medicines. There were regular audits of the residents' medication information and recording sheets being carried out by the centre's management team. A staff member discussed some of the PRN (when necessary) medication protocols with the inspector and they were knowledgeable of same and the procedures to follow.

The person in charge had ensured that capacity and risk assessments regarding residents administering their own medication had been carried out with residents who were willing to engage. However, some residents had refused to engage in the capacity assessment and were continuing to administer their medication without the appropriate assessment taking place. This matter required further reviews to ensure that all possible safety mechanisms were in place while at the same time respecting the rights of residents.

Residents were receiving adequate positive behavioural support when necessary. Inspectors reviewed a sample of behaviour support plans and found them to be individualised, detailed and developed by members of the provider's multidisciplinary team. Plans promoted an explanation of the residents' behaviours and laid out proactive, reactive and post-incident strategies for staff members to follow. There were restrictive practices being utilised in the centre and reviews of same were taking place on a regular basis. There was also evidence of the person in charge and staff team seeking to reduce the use of restrictive practices where possible.

Residents were being provided with information to assist them to develop the knowledge, self-awareness, understanding, and skills needed for self-care and protection. The information was being shared during residents meetings and was promoting learning for residents.

The inspector reviewed safeguarding plans that were in place in the centre and found that the provider and person in charge were responsive to concerns and were active in putting systems in place to safeguard residents. There was also evidence of members of the provider's multidisciplinary team acting on behalf of a resident's best interest in an advocacy capacity in order to ensure that the needs of the resident were being met. The inspector reviewed minutes of meetings where concerns had been raised and found that the person in charge had been proactive in engaging the safeguarding team in order to support positive outcomes for the resident.

The inspector observed that the rights and dignity of residents were being respected by those supporting them. This was evident by the provider and person in charge promoting residents' freedom to exercise choice and control in their daily lives and to refuse interventions if they wished.

There were a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm system, and emergency lightening. Fire drills were taking place in the centre regularly and the provider had displayed that they could safely evacuate residents. The inspector also found that the provider had ensured that personal emergency evacuation plans were in place. One of the residents discussed the fire evacuation procedures with the inspector and expressed that they carry out drills on a regular basis.

The inspector visited three out of the four houses as one of the residents chose not to accept any visitors. The houses were designed and laid out to meet the needs of the residents and were decorated with their preferred tastes. The inspector observed that staff members were supporting residents to create a homely environment in each house.

Overall there were systems in place to provide a safe and quality service to residents; however, the refusal of some residents to engage with these systems was impacting on the providers and person in charges ability to meet the needs of all residents.

#### Regulation 17: Premises

The provider had ensured that the centres houses were designed and laid out to meet the needs of the residents.

Judgment: Compliant

#### Regulation 26: Risk management procedures

While the provider had system in place to manage risk appropriately for the most part, the provider had failed to ensure that all risks in the centre had been assessed.

Judgment: Substantially compliant

#### Regulation 28: Fire precautions

There were adequate precautions against the risk of fire and the provider had provided suitable fire fighting equipment in place.

Judgment: Compliant

<b>Regulation 29: Medicines and pharmaceutical services</b>
<p>There were systems in place to ensure the safe ordering and storage of medicines. These procedures met the requirement of the regulations.</p> <p>The centres medication administration practices required attention, in relation to self administering medication assessments not being completed for all residents.</p>
Judgment: Not compliant
<b>Regulation 5: Individual assessment and personal plan</b>
<p>The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for the majority of residents.</p>
Judgment: Compliant
<b>Regulation 6: Health care</b>
<p>The provider had ensured that the residents were receiving or being offered appropriate healthcare.</p>
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
<p>There were systems in place to meet the behavioural support needs of the residents.</p>
Judgment: Compliant
<b>Regulation 8: Protection</b>
<p>Residents were being supported to develop the knowledge, self awareness,</p>

understanding and skills needed for self-care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider and person in charge were ensuring that the rights of residents were being promoted and respected.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not 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	Compliant

# Compliance Plan for 1-4 Station Road Castlebellingham OSV-0005732

Inspection ID: MON-0024824

Date of inspection: 06/01/2020

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>An individual assessment is to be carried out with all residents to assess the full extent of their ability and capacity to self-administer their medication or to determine if staff need to administer medication for them.</p> <p>In relation to one resident who currently self-administers their own medication, The Talbot Group Consultant Psychiatrist, The PIC, staff and the Community Nurses will meet with the resident on a regular basis to determine his capacity in self-administration. The resident will be supported in the least intrusive manner in line with his capacity and wishes and preferences and appropriate risk assessments and control measures will be put in place.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>An assessment will be carried out with all residents to assess the full extent of their ability and capacity around self-administration of their medication.</p> <p>In relation to one resident who currently self-administers their own medication, The Talbot Group Consultant Psychiatrist, The PIC, staff and the Community Nurses will meet with the resident on a regular basis to determine his capacity in self-administration. The resident will be supported in the least intrusive manner in line with his capacity and wishes and preferences and in line with best practices relating to the administration of</p>	



medication

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	29/05/2020
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or	Not Compliant	Orange	29/05/2020

	her disability.			
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