



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

Issued by the Chief Inspector

Name of designated centre:	Fox Cottage
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	21 January 2020
Centre ID:	OSV-0006672
Fieldwork ID:	MON-0027590

About the designated centre

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

Fox Cottage is a full-time residential service, which is run by Dundas Ltd. It is a two storey community house situated in a village in, Co. Louth. Residents have access to amenities such as shops, chemists and a café. 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 provides a service to five residents, there are five bedrooms, two of which have ensuite bathrooms. There are two additional bathrooms, one on each floor. The centre also consists of a kitchen, utility room, lounge/dining room, a sun room and an additional lounge. The staff team in the centre comprises social care workers and direct support workers who provide 24hr support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Tuesday 21 January 2020	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The residents residing in the centre had recently moved into their new home. The centre was homely and laid out to meet the needs of the residents. There was also adequate space for residents to greet visitors or take time away.

The inspector was greeted by a member of staff and a resident on their arrival. The resident introduced themselves and chatted with the inspector about themselves and where they were from. The inspector showed the resident their identification and explained why they were in their home.

The inspector asked the resident if they were enjoying their new home and the resident replied that they were happy in the house. The inspector was introduced to a second resident who was being supported to engage in his morning routine.

During the course of the inspection, the inspector reviewed documentation that highlighted that the residents' transition to the centre had been a positive one and that they were becoming active members of their local community. Residents had expressed during progress meetings that they were happy in their new homes and some of the residents' representatives had also complimented the service being provided to their loved ones.

Capacity and capability

The centre was resourced to ensure the effective delivery of care and support to the residents. There was a clearly defined management structure in place that was ensuring that the service being provided was safe, appropriate to residents' needs and consistent. There were systems in place to ensure that the centres and residents' information was being effectively monitored and this was leading to proactive supports being developed for residents. The inspector observed that the provider's senior management team was active in the running of the centre and that the person in charge was receiving adequate supports.

The provider had completed an unannounced visit to the centre and prepared a written report on the safety and quality of care and support provided in the centre. The inspector observed that the report had highlighted areas that required attention and that these had been addressed or were in the process of being addressed by the person in charge and staff team.

There was evidence that staff members were being facilitated to raise concerns or queries and that the staff team meetings were being promoted as learning

opportunities for the staff team.

The person in charge was submitting notifications to HIQA, regarding adverse incidents within the three working days as set out in the regulations. There were systems in place to review and respond to adverse incidents and there was evidence of the reviews leading to effective supports being put in place for residents.

There was a staff team in place that was appropriate to the number and assessed needs of the residents. Residents were receiving nursing care when required from the community nurse and there was evidence of their input following the resident's admission to the centre. The centres person in charge had the required qualifications, skills and experience necessary to manage the centre. There was a full complement of staff that was made up of team leads and direct support workers. The inspector reviewed a sample of staff members' information and documents and found that it met the requirements as set out in schedule 2 of the regulations.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. Staff members had completed induction meetings and the inspector reviewed a sample of staff supervisions and found that staff were receiving this regularly.

The inspector reviewed a sample of the residents' transition plans that had been developed to support the residents' transition to their new home. The inspector found that these plans were individualised and detailed. Residents were supported to visit the house before admission and picked out their rooms and how they would like their rooms laid out. Some of the residents found the initial visits difficult and there was evidence that information gathering prior to the residents' transition had been utilised to support the residents with their transitions. The inspector observed that follow up meetings had been carried out with the residents to seek assurances that they were satisfied with their new living arrangements. Residents expressed that they were happy in their new home and with the keyworkers that were supporting them.

A sample of residents' information highlighted that residents had been provided with a contract of provision of services that contained the information as laid out in the regulations. The provider had ensured that the contracts had been signed by residents or their representatives.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents.

Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

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

Regulation 16: Training and staff development

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

Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

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 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 notifications were being submitted as set out in the regulations.

Judgment: Compliant

Quality and safety

Residents were receiving a service that was meeting their health and social care needs. The inspector reviewed a sample of detailed personal needs assessments that had been devised to aid the staff team in supporting the residents. These assessments were under regular review and were reflecting changes in the needs and circumstances of the residents, there was also evidence of the provider's multidisciplinary team being involved in the development of certain assessments.

Personal plans had been developed and it was clear that residents were receiving a person-centered approach. Residents were meeting with their keyworkers and were being supported to set goals and a plan to achieve these goals was also being developed in collaboration with the residents. There was clear evidence of goals being achieved and there were numerous pictures of residents engaging in their preferred activities and some of the projects residents had chosen to engage in.

Residents had access to and retained control of their personal property and possessions and were being provided with supports to manage their financial affairs. Residents had access to their own finances and were being supported to spend and save their money as they wished to do so.

There were systems in place to ensure that residents received 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. The provider was providing support to residents with complex needs and additional staffing supports had been implemented to meet the needs of residents and this was leading to the management of behaviours that challenge. There were restrictive practices in the centre that had been implemented to support residents' safety. These were under regular review and learning was generated from the reviews.

The inspector observed that the provider was actively seeking to promote residents' understanding and knowledge of self-awareness and skills needed for self-care and protection. The person in charge and staff team had received appropriate training in relation to safeguarding residents and there was evidence of safeguarding plans being implemented in the centre following challenging interactions between residents. A review of the incidents and the development of the plans had led to systems being put in place to promote positive interactions between residents.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify, record, investigate and learn from adverse incidents. The inspectors reviewed individualised risk assessments and found them to be detailed and were being reviewed by members of the provider's multidisciplinary team. The inspector reviewed minutes from risk management meetings and found that the provider and person in charge were seeking to generate a proactive response to potential and actual risks in the centre.

There was a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm systems, and emergency lighting. 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.

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. Audits of medication management and administrations were being completed by the centres management team and public health nurses. There was evidence of audits highlighting areas to improve in relation to recording information and these were being addressed by the person in charge and staff team. The person in charge was also completing competency assessments with the staff team and was promoting learning.

Regulation 11: Visits

The provider was ensuring that residents were receiving visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that residents held control over the property and possessions that they retained in the centre.

The residents had access to their finances and there were effective systems in place to safeguard residents.

Judgment: Compliant

Regulation 13: General welfare and development
The residents had opportunities to participate in activities in accordance with their interests, capacity and ability.
Judgment: Compliant
Regulation 17: Premises
The centre was designed and laid out to meet the needs of the residents.
Judgment: Compliant
Regulation 26: Risk management procedures
The centre had appropriate risk management procedures in place.
Judgment: 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
Regulation 29: Medicines and pharmaceutical services
There were appropriate systems in place relating to management and administration of the residents' medication.
Judgment: Compliant

Regulation 5: Individual assessment and personal plan
The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.
Judgment: Compliant
Regulation 6: Health care
The provider had ensured that the residents were receiving appropriate health care.
Judgment: Compliant
Regulation 7: Positive behavioural support
There were systems in place to meet the behavioural support needs of the residents.
Judgment: Compliant
Regulation 8: Protection
Residents were being supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection.
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
Capacity and capability	
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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant