



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

## Issued by the Chief Inspector

|                            |                          |
|----------------------------|--------------------------|
| Name of designated centre: | Damien House Services    |
| Name of provider:          | Health Service Executive |
| Address of centre:         | Tipperary                |
| Type of inspection:        | Unannounced              |
| Date of inspection:        | 16 December 2019         |
| Centre ID:                 | OSV-0002442              |
| Fieldwork ID:              | MON-0028350              |

## About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide. The statement of purpose states that Damien House, a service operated by the health service executive (HSE), provides a residential service for up to twelve residents, male and female, who are over 18 years of age, in the county of Tipperary. Care is provided to residents who have a primary diagnosis of an intellectual disability ranging from moderate to profound. The centre is a nurse led service with nursing staff supported by health care assistants on duty at all times. There are two waking night staff on duty in each unit. The centre comprises three houses and an apartment. One of the houses is based in a rural setting outside a main town and the additional three units are located on health service executive grounds.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 11 |
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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 |
|----------------------------|-------------------------|---------------|------|
| Monday 16<br>December 2019 | 10:30hrs to<br>14:30hrs | Carol Maricle | Lead |

## What residents told us and what inspectors observed

There were eleven residents living at this centre which comprised of four units. Two of the units were located opposite each other and the inspector met with four residents living at these two units.

All four residents were observed getting ready to attend the annual seasonal event held at a local hotel. Staff told the inspector that the residents would be met with by their families at this event. All four residents could not convey verbally to the inspector their experience of care however all four were observed to be comfortable, content and smartly dressed for the day ahead. It was clear that they were familiar with the staff team. One of the residents was observed being appropriately affectionate with another resident. Staff were observed chatting and discussing with the residents about the planned festivities that day. The atmosphere in both homes was very seasonal with some residents expressing excitement in their own way for the day ahead.

## Capacity and capability

This was an inspection carried out to measure the progression of the compliance plan arising from the previous inspection and inform the decision to renew the registration of the centre. This was the third inspection of this centre in 2019 having already been inspected in April 2019 and in September 2019. Following the previous inspection of September 2019, the registered provider was subject to escalation procedures in October 2019 due to ongoing non compliance with Regulations.

Overall, it was found that the residents living at this centre now experienced a better level of leadership, governance and management of their homes and this resulted in their experience of a better standard of living. Notwithstanding these positive findings, there were some areas identified throughout the inspection that were still not in compliance with the Regulations and these are highlighted in this report.

Since the previous inspection, a clear management structure continued to be in place with lines of accountability established. During the course of this inspection, the inspector viewed evidence of good leadership and governance by the person in charge and the person participating in the management of the centre. The person in charge managed this centre composing of four units and he was supported by a number of clinical nurse managers that worked across the four units. The person in charge was suitably qualified and experienced. He was very knowledgeable of the

relevant regulations and standards relevant to his role. He had the relevant experience and since the previous inspection had provided evidence to HIQA of a management qualification. He reported to a director of nursing who acted as the person participating in the management of the centre. This post-holder had a detailed knowledge of the centre and all eleven residents residing within. She was also had a good knowledge of the relevant regulations and standards.

Since the previous inspection the person in charge and management had ensured that actions arising from the compliance plan had been progressed. There was significant progression in all areas relating to the standard of quality and safety of care provided to residents. This demonstrated their governance of the centre.

The provider had since the previous inspection conducted a review of the compatibility of residents to live together and this had resulted in a small number of residents now awaiting a discharge to a more suitable home. A clear time frame for these expected moves was set out in writing and families and residents were in the process of being consulted.

The inspector was told by the person in charge that agency staff utilised across the units now represented a smaller percentage of the overall staff team. In relation to the agency staff still employed at the centre, the person in charge now had better oversight of their professional development and completion of mandatory courses. He had also received better information on vetting. However, he still did not have adequate oversight of all personnel information as the actual documents had not been viewed by him. This issue was escalated by the director of nursing to the general manager of the regional disability services.

Since the previous inspection there was now an established practice of supervision across all four units, in line with organisational policy. While not all staff had yet had their first supervision session completed the level of completion was significantly higher than the previous inspection and the person in charge could account for all those awaiting completion of same. There was a recorded emphasis placed on the quality of care and support given to residents at these supervisions.

There were adequate resources in place to ensure service provision. The centre was staffed adequately with some residents receiving one to one support and care. There was evidence that training was made available for staff. There was a training schedule in place for 2020.

This inspection focused on one of the four units that had an individual living space within. This living space was identified at the previous inspection as to be in poor condition. This space now had architectural plans drawn up for refurbishment and these works were due to commence following a tendering process. The director of nursing had an estimated completion date. This meant that one of the bedrooms was not open for admission until these refurbishments took place and this was set out in the statement of purpose. The remainder of this unit had undergone internal decorative changes since the previous inspection. The environment at this unit was now considerably more homely.

The inspector saw evidence that the provider used, collected and evaluated

information and by doing so they responded to information thus striving to provide a better service. There was trending of incidents and accidents at the centre. Safeguarding concerns were processed in line with statutory guidance. The director of nursing identified to the inspector that since the previous inspection a number of incidents that had taken place at one unit were being reviewed due to the timelines of these being reported to the management team. Notwithstanding this matter, this did not impact the forwarding of notifiable incidents to HIQA in a timely fashion.

The inspector observed that while records viewed were better organised than previously identified there remained a number of documents that did not appear to be part of a wider document control system with a significant number of documents that did not have headers, provider logos and version control.

#### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application to renew the registration of the centre and these documents were submitted in a timely manner.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had ensured that the person in charge was appointed to the centre. This person had the required skills, knowledge and experience to fulfill their role.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge did not have all of the Schedule 2 information in respect of agency staff.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to and were facilitated to attend training, including refresher training. A summary of trainings completed by agency staff that had worked at the centre over the past 12 months had now been received from two agencies used by the provider. The person in charge received written assurances of training completed from a third agency and therefore did not have adequate oversight of their training.

Judgment: Substantially compliant

## Regulation 22: Insurance

The registered provider had ensured that the centre was adequately insured.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had ensured that a clear management structure was in place at the centre. There were provisions in place for the annual review of the service and the required six-monthly inspections.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider representative had ensured that a statement of purpose was in place and this contained the information as per Schedule 1 of the Regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that all notifiable incidents were submitted to

HIQA in accordance with the regulatory requirements.

Judgment: Compliant

## Quality and safety

This centre provided a residential service to adults across four units. At the time of this inspection, there were eleven residents living across the four units and one vacancy. There was evidence of continued improvement and changes since the previous inspection and this meant that there was greater consistency of the quality of life for all residents across all four units. At the previous inspection it was found that the quality of life for residents differed across the units. One particular unit had been cited on a number of occasions in the previous inspection and this unit was the focus of this inspection.

Overall there was significant improvement of the quality of care and safety of residents.

This inspection found that since the previous inspection the residents living at one of the units now experienced better promotion of their human rights. This home had been described as a secure home with a number of environmental restrictions. Residents were now supported to access all areas of their home as there was a considerable reduction in environmental restrictive practices. All rooms at this home were now unlocked and residents were free to move around their home. Where there were still some concerns regarding the safety of residents the staffing levels meant that residents could be supported in a safe manner.

There was also considerable review of the residents' goals and wishes and integration with the local community. The inspector saw evidence of clearer concise goals that were specific, measurable and attainable. These goals were aligned to activities and pursuits in the community. A number of sensory assessments had taken place and this informed the planning of resident's weekly planners. This ensured that a professional assessment informed the planning of activities.

The residents were observed to be supported and cared for by staff who were attentive to their needs. It was observed that staff members on duty interacted with residents in a positive, respectful and person-centred manner during the inspection. The residents were observed getting ready for a seasonal event taking place in the community and there were all smartly dressed.

Since the previous inspection the centre risk register was being reviewed by the director of nursing. The inspector was shown evidence of the review with the result that some risks assessments had been closed, others recalculated and some re-categorised as individualised risk assessments. This review was still taking place at the time of this inspection but the progression was evident.

The inspector viewed a sample of personal planning documentation. The plans were now easier to follow and navigate. Since the previous inspection, the person in charge now ensured that there was better management oversight of the personal planning system. Audits had commenced. In particular, the person in charge had commenced a formal review of the personal goals of residents ensuring that these were meaningful and better reflected the residents interacting with their local community.

During the walk around of a unit the inspector found that external facilities had been refreshed and reopened. Residents now had use of a polytunnel and a shed with a pool table. There were hens kept by residents.

There was a continued focus on safeguarding across the centre. Additional training for all staff was planned for the month following the inspection. Where safeguarding concerns had been raised since the previous inspection, the management team had ensured that safeguarding processes were followed. Since the previous inspection, a resident had been moved to a new bedroom with en-suite facilities within their home which was more suitable given the mix of residents at the centre.

Since the previous inspection, the staff team were assisted in a review of how they managed the day-to-day finances of the residents. This support was provided by staff from a health service executive finance office. New systems of managing day-to-day finances were being introduced in a formal capacity across all four units the week of the inspection.

In relation to improvements required in the area of fire safety, the director of nursing and person in charge could now account for a recording issue relevant to a fire drill that was cited at the previous inspection. There was also written clarification around the purpose of a door, previously described as a fire door.

### Regulation 17: Premises

At this inspection, two units were visited by the inspector. An individual living space within one of the units was still awaiting refurbishment however these works were at tendering stage.

Judgment: Compliant

### Regulation 20: Information for residents

The resident guide did not contain reference to terms and conditions and how to

access inspection reports.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that risk management practices were in place. The person participating in the management of the centre had commenced a significant review of all risks at centre level and was in the process of finalising the final version.

Judgment: Compliant

### Regulation 28: Fire precautions

Since the previous inspection, the registered provider had ensured that that clarification was sought on the purpose of a door that was described as a fire door at the previous inspection. All fire drills were now recorded adequately.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had reviewed the suitability of the centre for the purpose of meeting the needs of each resident.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Since the previous inspection, the person in charge had reviewed the level of restrictive practices at one of the units, formerly described as a secure unit. This was in line with national policies.

Judgment: Compliant

## Regulation 8: Protection

Where safeguarding concerns had been raised since the previous inspection, these had been processed in line with national guidance and organisational policy. There had been a review of the day-to-day management of the personal finances of the residents.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider had ensured that the centre was operating in a manner that gave residents more freedom to exercise control and choice in their daily lives.

Judgment: Compliant

## Regulation 13: General welfare and development

Since the previous inspection, the person in charge had commenced a formal review of opportunities to participate in activities by residents and this resulted in residents now enjoying a greater level of planning in accordance with their interests, capacities and needs.

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>   |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant               |
| Regulation 14: Persons in charge   | Compliant               |
| Regulation 15: Staffing  | Substantially compliant |
| Regulation 16: Training and staff development                                      | Substantially compliant |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Compliant               |
| Regulation 3: Statement of purpose   | Compliant               |
| Regulation 31: Notification of incidents   | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 17: Premises  | Compliant               |
| Regulation 20: Information for residents   | Substantially compliant |
| Regulation 26: Risk management procedures  | Compliant               |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 5: Individual assessment and personal plan                              | Compliant               |
| Regulation 7: Positive behavioural support   | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights  | Compliant               |
| Regulation 13: General welfare and development                                     | Compliant               |

# Compliance Plan for Damien House Services OSV-0002442

Inspection ID: MON-0028350

Date of inspection: 16/12/2019

## 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 15: Staffing   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:<br/>           The person in charge did not have all of the Schedule 2 information in respect of agency staff.<br/>           To endeavour to ensure continuity for the service the PIC has identified a core group of staff to work in the service replacing specific posts<br/>           The PIC will liaise again with all agencies to ensure that all schedule 2 documentation and information in respect of all agency staff working in Damien House Services .<br/>           These identified staff members will furnish the person in charge with copies of their training documentation on an individual basis. This will be completed by 31/3/2020.</p> |                         |
| Regulation 16: Training and staff development   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br/>           The person in charge received written assurances of training completed from a third agency and therefore did not have adequate oversight of their training.<br/>           Agency staff members will furnish the person in charge with copies of their training documentation on an individual basis. This will be completed by 31/3/2020.</p>  |                         |

|  |                         |
|--|-------------------------|
| Regulation 20: Information for residents   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The resident guide did not contain reference to terms and conditions and how to access inspection reports.</p> <p>The service document – Residents Guide - was updated in December 2019 to correct omissions in relation to:</p> <p>Terms and Conditions</p> <p>Access to inspection reports for residents and family. Updated copies were circulated to all residents in January 2020.</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 15(5)    | The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.                                | Substantially Compliant | Yellow      | 31/03/2020               |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow      | 31/03/2020               |
| Regulation 20(2)(b) | The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.  | Substantially Compliant | Yellow      | 20/12/2019               |
| Regulation 20(2)(d) | The guide prepared under paragraph (1) shall  | Substantially Compliant | Yellow      | 20/12/2019               |

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|  | include how to access any inspection reports on the centre. |  |  |  |
|--|---|--|--|--|