Office of the Chief Inspector

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

Name of designated centre:	Dolmen House 2
Name of provider:	BEAM Housing Association Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	12 March 2019
Centre ID:	OSV-0005769
Fieldwork ID:	MON-0024945

About the designated centre

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

Dolmen House 2 is situated in a quiet cul-de-sac in a town. There are two bungalow houses in the complex which are joined by a conservatory in the middle. Local amenities include supermarkets, restaurants, a library, schools and a local resource centre. The aim of Dolmen House 2 is to provide residents with a home and the support required in order for the residents to live as independently as possible in comfort and confidence. The centre also aims to foster an atmosphere of care and support which both enables and encourages residents to live as full, interesting and independent a lifestyle as possible to achieve personally desired outcomes and lead self directed lives. The staffing team consisted of a person in charge, team leader, social care workers and care assistants. Support is provided 24 hours a day, 7 days a week.

The following information outlines some additional data on this centre.

Current registration end date:	30/08/2021
Number of residents on the date of inspection:	3

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
12 March 2019	09:00hrs to 17:00hrs	Sinead Whitely	Lead

Views of people who use the service

The inspector had the opportunity to meet with two residents on the day of inspection. Both residents used verbal and non verbal methods of communication. No complaints were expressed to the inspector on the day.

The inspector observed residents going about their normal morning routines getting ready for the day ahead. This appeared to be a relaxed and familiar experience for both residents. The residents appeared comfortable and happy in their home. Residents were preparing breakfast and using information technology equipment for recreation and this was observed to be appropriately supported by staff.

The inspector observed positive, meaningful, warm and respectful interactions between staff and residents. Support provided appeared person-centered and tailored to suit the needs and preferences of the residents. Staff spoken with appeared to have a high level of knowledge of the residents individual preferences and support needs. Social goals were in place that were informing support being provided daily.

Capacity and capability

Overall the registered provider, person in charge and persons participating in management were striving to provide a safe service at a high standard. There was a management structure in place with clear lines of accountability.

The person in charge had adequate oversight of the designated centre. This person met all requirements set out in the regulation and had sufficient systems in place for the monitoring and oversight of the designated centre.

The designated centre was resourced sufficiently to ensure the effective delivery of care and support. There was a clearly defined management structure in place that had identified lines of accountability and authority. Staff spoken with, were knowledgeable regarding who to raise concerns with and lines of accountability. The inspector did not review the centres annual review or six monthly audits on the day of inspection as the centre was newly registered and these had not been completed yet. Staff supervision and performance management was carried out on a regular basis. An on call system management system was in place to support staff if needed outside regular working hours.

The registered provider was ensuring that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. The

staffing team consisted of a person in charge, team leader, social care workers and care assistants.There was a planned and actual staff rota in place that accurately reflected staff on duty and staffing levels in place provided adequate support for the assessed needs of the residents. Nursing care was provided if needed. An internal relief system was used to cover staff holidays and sick leave. The registered provider was in the process of filling staff vacancies on the day of inspection. A clear system was not in place to orientate new staff members to the centre when they first came on duty, this did not ensure continuity of care and support for residents.

The registered provider was providing mandatory training for all staff to meet the assessed needs of the residents. This included training in fire safety, the safeguarding and protection of vulnerable adults and manual handling. Further training was provided to staff in areas including first aid, epilepsy management, children's first, medication management and behaviour management. However, not all staff had received mandatory training on the day of inspection. This posed a risk at times to residents as a staff member who had not received some mandatory training was rostered to work as a lone worker. The inspector acknowledges that this arrangement was changed on the day of inspection to ensure the staff was not lone working until training was delivered.

An accessible complaints procedure was in place and the provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and discussions in house meetings. Complaints were treated in a serious and timely manner by all staff. There was a designated complaints officer in place, nominated to investigate complaints by or on behalf of residents. Residents had access to advocacy services if required. The complaints procedure was displayed in an accessible format in the designated centre. There were no complaints communicated by residents with the inspector on the day of inspection.

There was a Statement of Purpose in place that accurately described the service being provided. This was subject to regular review at suitable intervals. A copy of this was made available to residents and their representatives. However, not all information set out in Schedule 1 was in the copy provided on the day of inspection.

The inspector reviewed a sample of the centres accident and incident records and resident reports and found that not all relevant incidents had been notified to the Office of the Chief Inspector within the required timeframes.

There was no directory of residents in place in the designated centre on the day of inspection

Regulation 14: Persons in charge

There was a person in charge in the designated centre that met the requirements of the regulation and had a system in place to monitor and oversee the designated

centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staffing levels in place to support the assessed needs of the resident. However, a clear system was not in place to orientate new staff members to the centre when they first came on duty, this did not ensure continuity of care and support for residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider was providing mandatory training for all staff to meet the assessed needs of the residents. This included training in fire safety, the safeguarding and protection of vulnerable adults and manual handling. Further training was provided to staff in areas including first aid, epilepsy management, children's first, medication management and behaviour management. However, not all staff had received their mandatory training.

Judgment: Not compliant

Regulation 19: Directory of residents

There was no directory of residents in place in the designated centre on the day of inspection

Judgment: Not compliant

Regulation 23: Governance and management

There was a management system in place with clear lines of authority and accountability. The inspector did not review the centres annual review or six monthly audits on the day of inspection as the centre was newly registered and these had not been completed yet. Staff supervision and performance management

was carried out on a regular basis.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that accurately reflected the service being provided. This was subject to regular review. However, not all information set out in Schedule 1 was included in the copy in place on the day of inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of the centres accident and incident records and resident reports and found that not all relevant incidents had been notified to the Office of the Chief Inspector within the required timeframes.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. An accessible version of this was observed in the designated centre for residents. Any complaints were addressed in a serious and timely manner by the team leader and person in charge. There were no complaints communicated with the inspector on the day of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures set out in Schedule 5 were in place on the day of inspection. These were subject to regular review and appeared to be guiding staff practice.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the registered provider and person in charge were endeavouring to provide a good quality to the residents. However, some improvements were needed in relation to risk managment, fire safety, and personal planning and assessments. This was the first inspection carried out in this designated centre since the centre was registered.

The registered provider had ensured the provision of items set out in Schedule 6. The premises was in a good state of repair internally and externally. Adequate storage space was provided and communal living areas and kitchen area were a suitable size to meet the needs of the residents. The person in charge and team leader were identifying any repair or decorative issues and contacting external maintenance staff if required. Residents bedrooms were individual and had been furnished and decorated to meet their own individual preferences. There was a large accessible garden area to the rear of the house. Baths, shower and toilet facilities were of a sufficient number and standard to meet the needs of the residents. Private space was provided for residents if required. Arrangements were in place for residents to launder their clothes.

The registered provider had ensured residents had access to facilities for occupation and recreation. These were individualised, person centred and were in accordance with residents capacities and developmental needs. One to one support was provided for residents if needed to partake in preferred activities. Residents were supported to maintain relationships with friends and with the wider community. The registered provider, person in charge and team leader were ensuring the designated centre was operated in a manner that respected the age, gender and disability of each resident. Residents had the opportunity to exercise choice and control in their daily lives.

The inspector observed the centres risk register and sample of residents individual risk assessments. There were systems in place for the assessment, management and ongoing review of risk. Risk assessments completed were appropriate and were individualised. In general, risk measures in place ensured the reduction of risk and the safety of the residents. There was an accident and incident report log in place. However, not all risk identified in the centre on the day of inspection had been included on the risk register. This included risks posed secondary to lone working staff and residents individual complex needs.

Overall, arrangements were in place to take adequate precautions against the risk of fire. Suitable fire equipment including smoke detectors, fire extinguishers, emergency lighting and fire panels were in place that were regularly and adequately serviced by an external company. There was a procedure in place to safely evacuate all residents and staff in the event of a fire. All residents had individual personal evacuation plans (PEEP's) in place. Regular fire evacuation drills were completed by staff and residents that were completed in timely manner and simulated night and

day time staffing levels. Learning from fire drills was evident with an aim to reduce evacuation times. Regular fire safety education sessions were completed by staff with residents using technology equipment. Staff spoken to had good knowledge regarding fire safety precautions. However, one fire door could not adequately close in the designated centre on the day of inspection. This meant arrangements for the containment of fire were inadequate in this area of the designated centre.

In general, practice relating to the ordering, prescribing, disposal and administration of medicines was appropriate and safe. Residents had access to appropriate pharmaceutical services. Keys for the medication storage unit were stored in a safe place. Staff received training on the safe administration of medication. However, medication prescriptions observed did not always include maximum medication dosage to be administered. Furthermore, there were no arrangements in place for the separate storage of out of date or unused medication.

The registered provider had ensured that care was being delivered by staff who were very familiar with the residents' care needs. The inspector observed positive interactions between staff and residents. Some personal plans were in place for residents that reflected residents health, personal and social care needs. Specific healthcare plans and protocols were in place to support staff to deliver care to a high standard for one residents specific healthcare need. Nursing input was provided to support this plan. A key worker system was in place to ensure staff supporting residents were assessing the effectiveness of plans in place and ensuring plans were accurately reflecting the residents most current needs. Residents had a wide range of individual social goals. These were subject to regular review and and arrangements were in place to support these goals. However, not all residents had an adequate comprehensive assessment of need and personal plan in place within 28 days of admission to the designated centre.

Regulation 13: General welfare and development

The registered provider had ensured residents had access to facilities for occupation and recreation. These were individualised, person centred were in accordance with residents capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the provision of all items set out in Schedule 6. The premises was in a good state of repair internally and externally. Residents had furnished and decorated their own bedrooms to meet their own individual preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector observed the centres risk register and sample of residents individual risk assessments. While comprehensive assessments were being carried out, not all risk identified in the centre on the day of inspection had been included on the risk register. The inspector acknowledges that measures were in place to mitigate risks identified.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Staff were carrying out regular checks on emergency lighting and exits. Personal emergency evacuation plans (PEEPs) were in place for all residents. Regular evacuation drills were carried out and staff and residents . However, not all fire doors could adequately close in the designated centre on the day of inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

In general, practice relating the administration of medication was safe. However. medication prescriptions did not always include maximum medication dosage to be administered. There were no arrangements in place for the separate storage of out of date or unused medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Not all residents had an adequate comprehensive assessment of need and personal plan in place within 28 days of admission to the designated centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider, person in charge and team leader were ensuring the designated centre was operated in a manner that respected the age, gender and disability of each resident. Residents had the opportunity to exercise choice and control in their daily lives.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dolmen House 2 OSV-0005769

Inspection ID: MON-0024945

Date of inspection: 12/03/2019

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider will develop a local Induction Form specific to the service location to compliment the General Services Induction form already in place. The Person in Charge will ensure that new staff complete a minimum number of shadow shifts before working on their own.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will ensure that the staff training folder is maintained & kept up to date. The Registered Provider has identified what training is mandatory & non-mandatory within the service. The Training folder is located in the main Administration Office. Reports are generated and kept locally in each service location area and training is booked accordingly. The Person in Charge will book training for staff based on those reports. The Person in Charge has booked Fire Safety Training for 20/03/2019. The Person in Charge has booked Safeguarding Vulnerable Adults training for 21/05/2019 The Person in Charge has booked Studio 111 refresher training for 13/05/2019	

Regulation 19: Directory of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Registered Provider will establish & maintain a Directory of Residents in the Designated Centre. The Directory of Residents will include all information as specified in Schedule 3.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Registered Provider will update the Statement of Purpose to include the following: • The Conditions of Registration as per the Registration Certificate to be included in the Statement of Purpose. • The criteria for Admission in the Statement of Purpose to reflect the Admissions policy within the service. • The whole time equivalent of the Person in Charge to be revised as the Person in Charge supports 2 designated centers.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in Charge shall ensure that an NF39 will be submitted to HIQA on a quarterly basis accurately reflecting the supports in place for residents, commencing with a return for the first quarter of 2019 by the 30th April 2019.	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Registered Provider will ensure that all risks identified are included on the Risk Register in place in the Designated Centre. The Registered Provider will ensure that Risk Assessments are completed in the following areas: • Risks associated with Lone Working • Risks associated with Individuals complex needs specifically around Self Injurious Behaviour.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider shall ensure that the fire door between the front hall and sitting room will be adjusted to ensure that the door closes fully and is sealed to ensure fire containment.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge will ensure that all residents Kardex's are reviewed to ensure that maximum dosages to be administered are clearly noted on the Kardex. The Person in Charge will ensure that a safe storage space is designated in the Medication cabinet for out of date or unused medications.	
Regulation 5: Individual assessment and personal plan	Substantially 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 each resident has a comprehensive assessment of need and a personal plan in place.	

The Person in Charge will also ensure that any new resident will have a comprehensive assessment carried out prior to their admission. The Person in Charge will also ensure that any new resident will have a Personal Plan developed to reflect their needs within 28 days of taking up residence in the designated centre.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	15/05/2019
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.	Not Compliant	Orange	30/05/2019
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Yellow	21/04/2019

Regulation 19(2)	The directory established under paragraph (1) shall be made available, when requested, to the chief inspector.	Not Compliant	Yellow	21/04/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Yellow	21/04/2019
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	10/05/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/04/2019
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are	Substantially Compliant	Yellow	10/05/2019

	stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/03/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/04/2019
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social	Substantially Compliant	Yellow	30/05/2019

	care needs of each resident is carried out prior to admission to the designated centre.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/05/2019