



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

Issued by the Chief Inspector

Name of designated centre:	Station Road (1-4)
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	11 March 2021
Centre ID:	OSV-0005732
Fieldwork ID:	MON-0031794

About the designated centre

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

Station Road (1-4) 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. The centre is situated in a village in Co. Louth and residents have access to amenities such as shops, hairdressers and local pubs. A car is also available should residents want to travel to other amenities. 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 person in charge works fulltime in the centre and the staff team consist of direct support workers. Residents have access to a number of allied health care professionals to support them with their assessed needs. Some residents attend day services, some are employed in local businesses and some are supported during the day to have meaningful activities in line with their personal preferences.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Thursday 11 March 2021	09:50hrs to 15:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall the residents enjoyed a good quality of life in this centre and the inspector found examples of how residents' lives had improved since moving here. A person centred approach was central to the service provided and residents were supported to develop skills to increase their independence and be included in their community.

Due to the size and layout of the centre and in line with current public health advice, the inspector only spent a short time meeting two residents in their homes. The other residents did not wish to meet with the inspector and their personal preferences were respected. One resident was at home with family at the time of the inspection.

The houses visited were clean, homely and decorated to a high standard. Each house had a small garden to the back of the property. There were no environmental restrictions in the centre, meaning that residents could freely access all areas of their homes themselves.

One resident met with, said that they liked living there and got on well with the staff team. They also said that they liked their home and felt safe living there. They told the inspector that prior to the COVID-19 pandemic, they were employed part time in a local business. They said that they were frustrated by the current restrictions due to COVID-19, but understood why the restrictions were in place. They said they kept themselves busy going to the shops, playing pool, going for walks and listening to music. They were looking forward to the pubs reopening to have a pint, but in the meantime enjoyed some cans of beer at the weekends. This resident did not have any specific goals that they wanted to achieve, rather they liked to plan activities weekly or monthly. The inspector spoke to the resident about some of the restrictions in place in the house, for example that staff looked after the residents' medicines and money. The resident said they were happy with this.

The other resident was supported by staff to meet the inspector to assist with the residents' specific communication style. The resident informed the inspector that they were happy living there and liked the staff team. This resident liked to plan their activities on a daily basis and was enjoying listening to music and having a cup of tea. Prior to COVID-19 restrictions, the resident liked to go to the hairdressers and enjoyed getting their nails done. The resident had also been to a black tie event which they had really enjoyed getting dressed up for. The inspector observed that the staff member supporting this resident was at all times professional, caring, and person centred in their interactions with them.

One resident did not like the support offered by staff around some of their care needs and refused some supports around their health care needs. This had been an ongoing preference expressed by the resident since they moved there. Since the last inspection the person in charge had started to try and develop a trusting relationship with the resident to try and support and educate them about the

consequences of their refusal of support with their health needs. The person in charge had made some progress with this and the resident was now engaging more with the person in charge. The person in charge had also liaised with other allied health professionals to seek support around this. The resident had refused a lot of the supports offered from the staff, allied health professionals and advocacy services. As a result the person in charge had made a referral to the human rights committee in the organisation to review this. This was to ensure that appropriate safeguards were in place for the resident whilst also ensuring that the residents' rights were being upheld.

Two family representatives agreed to speak to the inspector over the phone. Both of them spoke very highly of the staff in the centre. They said they were kept informed about everything concerning their family member. Both gave examples of how their family members' quality of life had improved since they came to live in this centre. For example; both residents were now able to manage their anxieties better. One said they are developing independent living skills. Both family members spoke about being in touch regularly over the phone with their family member.

One family representative said 'they could not think of anything to improve the service', described it as excellent and said that staff and management were very transparent.

The other family member said 'they had no words to describe how happy they were with the service' for their family member.

The annual review for the centre provided feedback from residents and family representatives about their views on the services. Overall this feedback was very positive.

A survey had also been completed with residents and family representatives in February 2021. The residents reported that they were frustrated with COVID-19 restrictions but enjoyed doing some gardening, going for walks being involved with managing their home. Residents reported they liked their home and felt safe living there. Some residents were observed going for a walk or the local shops. There was a beach nearby where residents like to go to also.

Weekly meetings occurred in the centre, with residents where a number of topics were discussed. This included menu plans and activity options for the week.

Other topics discussed included information and education around COVID-19, peoples' rights, access to advocacy services, making a complaint and the different types of abuse and what to do if this occurred. Easy read information was also available on all of these topics, to inform residents who may require this easy read format. One resident declined to go to these meetings. In its place the person in charge had set up a weekly meeting with the resident to talk about their care and support needs. This informed the inspector that residents were included in decisions and were being educated on their rights in the centre.

Overall findings from this inspection show that residents have a good quality of life supported by caring staff. The following 2 sections of this report outline how

effective governance and management positively effect the quality and safety of residents living in this centre

Capacity and capability

This centre were was well-led and resourced to meet the needs of the residents. Both the person in charge and the staff team provided person centred effective care to the residents as demonstrated in the high levels of compliance found at this inspection.

There was a defined management structure in place. The person in charge is a qualified nurse with the appropriate management qualifications and considerable years of experience working in the disability sector. They are full time in the centre and are supported by two team leaders who are on duty when the person in charge is off duty. This ensures effective oversight of the centre.

The person in charge provided very good leadership skills to the staff team, had a very good knowledge of the residents' needs in the centre, and was responsive to the inspection process. They reported to an assistant director of community and children services who they met regularly to review the care and support of the residents there. They were also aware of their responsibilities under the regulations, for example; from a review of incidents in the centre over the last year, the person in charge had notified the Health Information and Quality Authority (HIQA) in line with the regulations when an adverse incident had occurred there.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Other audits completed included; infection control, medication management, risk management and fire. Overall the findings from these audits were compliant; where areas of improvement had been identified they had been addressed. For example; the six monthly audit showed that the statement of purpose for the centre needed to be updated and this had been completed.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. This meant that residents were ensured consistency of care during these times.

Staff felt supported in their role and were able to raise concerns, if needed, to the person in charge, through regular staff meetings and supervision. A senior manager was also on call in the wider organisation 24/7 should staff need support around the needs of residents. Supervision records were not viewed as part of this inspection but staff said that supervision meetings were useful and allowed to them to discuss their future goals to enhance or develop further skills or training.

The staff training records reviewed indicated that staff were provided with a number

of training sessions to enable them to support the residents. The statement of purpose outlined mandatory training required to work in the centre. This included, positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication and first aid. A sample of records viewed indicated that all staff had completed these. This meant staff had the skills necessary to respond to the needs of the residents in a consistent and capable manner. Staff personnel files were not reviewed at this inspection.

Regulation 14: Persons in charge

The person in charge is a qualified nurse with the appropriate management qualifications and considerable years of experience working in the disability sector. They are full time in the centre and are supported by two team leaders who are on duty when the person in charge is off duty. This ensures effective oversight of the centre.

The person in charge provided very good leadership skills to the staff team, had a very good knowledge of the residents' needs in the centre, was responsive to the inspection process and aware of their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents at the time of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents in this centre.

Judgment: Compliant

Regulation 23: Governance and management

The was a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in this centre.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose available in the centre, which had been recently updated and contained the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents in the centre, the person in charge had notified HIQA as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives both in the centre and within their community. Although residents were frustrated with the restrictions imposed due to COVID -19, they were been supported to engage in other activities. The staff team were ensuring a safe, quality service to the residents living in the centre which included fostering a culture of positive behaviour support to help residents manage their anxieties and increase their independent living skills.

Each resident had a personal plan developed into an easy read version which they kept in their own bedrooms. Detailed support needs were available on a computer database and the inspector observed a sample of these records. Residents health care needs were assessed, monitored and reviewed on a regular basis. Residents were supported to develop goals and aspirations for the future in line with their own preferences and to increase their independence. For example; one resident had developed a goal to cook an evening meal.

Regular and timely access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, a community nurse, occupational therapist, dietitian and a speech and language therapist. Care plans were also in place to support residents in achieving best possible health and these were reviewed regularly.

Where a resident had refused a medical intervention, actions had been taken and were still in progress at the time of the inspection to support and educate the resident. The person in charge had also made a referral to the human rights committee in the organisation as discussed earlier in this report.

Residents were also supported to enjoy best possible mental health and where required had access to support from a behaviour specialist and a psychiatrist. As mentioned earlier in the report two family members spoke about positive outcomes for their family members to manage their anxieties which had resulted in a significant reduction in their behaviours of concern since moving to the centre.

There were some restrictive practices used in the centre which related to restriction of rights. This included residents' monies being locked away from them and staff managing residents finances. However, one resident said they were happy with this and the records viewed indicated that others had consented to it also. The person in charge was in the process of implementing education around money management for residents to try and increase their independence and skills in this area. It was also found that following a review of some restrictions previously used in the centre, that they had now been removed. This meant that the staff team were reviewing and considering other options that may be less restrictive for residents.

There were systems in place to manage and respond to risk. A low level of incidents had occurred in the centre, for example since March 2020, 15 incidents had been recorded. Where incidents had occurred, they had been reviewed with the staff team, allied health professionals and the person in charge to ensure that appropriate controls were in place to mitigate the risks. Risk assessments were also in place which outlined these controls measures.

Equipment was maintained in good working order, for example; the alarm had been serviced within the last year. The bus available in the centre was also insured and there was a record to indicate that it was in a road worthy condition.

Infection control measures were also in place to prevent/manage and outbreak of COVID-19. Staff had been provided with training in infection prevention control, the use of personal protective equipment (PPE) and hand washing techniques. PPE was available in the centre and staff were observed using it in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There was adequate hand-washing facilities and hand sanitising gels available throughout the house and enhanced cleaning schedules had been implemented. Audits were also completed to ensure the practices in the centre were in line with current public health guidelines.

Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. Residents' plans had arrangements in place to

support them if they were suspected or confirmed of having COVID-19. There was a senior management team in the organisation to oversee the management of COVID-19.

All staff had been provided with training in safeguarding adults and staff spoken with, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre and residents spoken with said they felt safe living there.

Regulation 26: Risk management procedures

There were systems in place to manage and respond to risk in the centre. Incidents that occurred in the centre were reviewed and where required additional control measures were put in place to keep people safe.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had arrangements in place to manage a suspected/confirmed case of COVID-19 in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan developed into an easy read version which they kept in their own bedrooms. Detailed support needs were available on a computer database and the inspector observed a sample of these records. Residents health care needs were assessed, monitored and reviewed on a regular basis. Residents were supported to develop goals and aspirations for the future in line with their own preferences and to increase their independence. For example; one resident had developed a goal to cook an evening meal.

Judgment: Compliant

Regulation 6: Health care

Regular and timely access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, a community nurse, occupational therapist, dietitian and a speech and language therapist. Care plans were also in place to support residents in achieving best possible health and these were reviewed regularly.

Where a resident had refused a medical intervention, actions had been taken and were still in progress at the time of the inspection to support and educate the resident. The person in charge had also made a referral to the human rights committee in the organisation as discussed earlier in this report.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to enjoy best possible mental health and where required had access to support from a behaviour specialist and a psychiatrist.

There were some restrictive practices used in the centre which related to restriction of rights. The staff team were reviewing and considering other options that may be less restrictive for residents at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents met said they felt safe.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found a number of examples where residents' rights were protected in the centre. For example; since COVID-19 residents had been supported to keep in contact with family members on a regular basis.

Residents were also being informed of issues relating to COVID-19 and there was regular education provided to residents about their rights, making a complaint and how to protect themselves against abuse. One resident was being supported with

their right to refuse support around their health care 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
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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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