



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

Name of designated centre:	Springfield House
Name of provider:	Dundas Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	07 February 2018
Centre ID:	OSV-0005550
Fieldwork ID:	MON-0020788

About the designated centre

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

This service provides residential services to adults over the age of 18 years, diagnosed with an intellectual disability, autism, acquired brain injuries and who may also have mental health difficulties. The centre can accommodate up to six residents.

The living accommodation for residents includes a five bedroom two storey house and a one bedroom stand alone apartment.

The main house consists of five bedrooms, two of which are "en-suit", two communal bathrooms, a kitchen and utility room, and three living rooms. The apartment contains a kitchen come living room, bedroom and separate bathroom. It is situated a short drive from a large town in County Meath. Currently there are three residents living in the centre.

The following information outlines some additional data on this centre.

Current registration end date:	30/05/2020
Number of residents on the date of inspection:	3

How we inspect

To prepare for this inspection the inspector or 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
07 February 2018	10:00hrs to 17:00hrs	Andrew Mooney	Lead

Views of people who use the service

The inspector met with the three residents living in the centre. Some spoke with the inspector while others were supported by staff to communicate their views. Those residents who spoke to the inspector were very happy in their home. They were proud of it and were eager to show the inspector around the centre. Residents appeared to know staff well and were very comfortable in their company.

Residents were enabled to communicate their needs, wishes and choices. There was a strong culture of staff advocating on behalf of the residents, including assisting them to access information and participate in community activities. Staff valued resident's uniqueness and residents were supported in their individual decision making.

Residents said they felt safe and protected. They were promoted to proactively protect themselves through accessible safeguarding posters, leaflets and weekly residents' meetings. Resident's health and well-being was being promoted in a variety of ways. Residents' had regular key worker meetings and these meetings were used to support goal setting and progression. This included staff supporting residents with healthy eating and lifestyle decision making.

Residents were involved in the running of the house and were encouraged to personalise their private living spaces. Residents knew the staff supporting them well and this continuity helped residents with their development.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was underpinned through care and support that was person-centred and promoted an inclusive environment.

There were arrangements in place to ensure the on-going monitoring and auditing of systems to protect residents, and ensure their rights were respected. The person in charge had a schedule of internal audits to measure the effectiveness of the service. These included medication audits, health and safety audits and personal plan reviews. The provider had also put in place comprehensive governance arrangements. These included regular multi-disciplinary meetings, risk meetings and unannounced visits to the designated centre as per the

Regulations.

Staff had the required competencies to manage and deliver person-centred, effective and safe services. There was adequate staffing arrangements to meet the assessed needs of residents. The inspector found the staffing arrangements that were in place promoted continuity and this helped promote positive relationships with residents. The inspector spoke with a number of staff who demonstrated appropriate understanding and knowledge of policies and procedures. This ensured the safe and effective care of residents. These staff demonstrated a genuine interest in their work and the inspector observed them support residents with dignity and respect.

Training was provided to staff to improve outcomes for residents. Mandatory training was up to date and other complementary training was provided to staff to enable them to support the assessed needs of residents.

Regulation 15: Staffing

There was the appropriate numbers of staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Residents received assistance, interventions and care in a respectful, timely and safe manner and there was continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided reflected the statement of purpose. This education and training enabled staff to provide care that reflected up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 23: Governance and management

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance, resulting in

a comprehensive quality assurance system. There was a clear management structure in place that supported these governance systems.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided.

Judgment: Compliant

Quality and safety

Overall, the inspector found that there were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things go wrong. There were some gaps in documentation but the effects of this were negated by good staff practice.

There was a comprehensive assessment of the health, personal, social care and support needs of each resident in the centre.

Residents had opportunities to engage in meaningful activities in line with their wishes and preferences. Activities were discussed at residents' meetings and then discussed daily and changes made in line with residents wishes on that day. Residents' also planned and progressed goals through regular key worker meetings. There was a vehicle in the centre to support residents to engage in meaningful activities. Residents reported to the inspector that they were involved in their local community and supported to access community facilities in line with their wishes. This was further evidenced through residents daily progress notes.

Residents were supported to achieve and enjoy best possible health. Residents had access to relevant allied health professionals in line with their assessed needs and were supported to take proactive steps with their healthcare needs. There was evidence of appropriate assessments. However, documentation within some care plans required further detail to appropriately guide staff practice. Particularly relating to guidance on what were the safe parameters when monitoring specific health related conditions.

The health and safety of residents, visitors and staff was promoted and protected in the centre. There were policies and procedures in place for risk management and

emergency planning. However, some additional documentation was required in relation to the management of particular risks associated with residents' care.

In general each resident experienced care that supported positive behaviour and emotional wellbeing. However, one particular support need was not explicitly documented and therefore it was unclear how staff could consistently support the resident.

There were appropriate measures in place to protect residents from being harmed and or suffering from abuse.

Inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community. There was ample space for each resident to receive visitors in accordance with their wishes.

The centre was homely, spacious, clean and comfortable.

Regulation 26: Risk management procedures

The health and safety of residents, staff and visitors was promoted in the centre through some risk assessments, learning from adverse incidents, and the implementation of policies and procedures on risk management and emergency planning. There was evidence of evaluation of risk management procedures to ensure they were effective and promoting positive outcomes for residents.

However, while there was evidence that the service was safe, there were gaps in some risk management documentation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment completed in relation to the health, personal, and social care needs of residents. Personal plans were developed in line with residents' identified needs. There was evidence that the centre worked together with the resident and their representative to identify their strengths, needs and goals.

Judgment: Compliant

Regulation 6: Health care

There were some gaps evident in the maintenance of documentation but health care was delivered to a high standard. Staff were able to demonstrate a good knowledge and understanding of residents' healthcare needs. The health and wellbeing of residents in the centre was promoted through diet, nutrition, recreation, exercise and meaningful activities. Residents attended a general practitioner (GP) of their choice, and had access to allied health professionals in line with their assessed needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff had up to date knowledge and skills, appropriate to their role to support residents. However, there was insufficient guidance to manage a particular behaviour of concern.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured each resident was protected against all forms of abuse. Appropriate safeguarding measures were implemented to protect residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Springfield House OSV-0005550

Inspection ID: MON-0020788

Date of inspection: 07/02/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The MDT will meet every 3 months to discuss the individual residents and their associated risk. The additional risk assessments have been developed and implemented or residents 0163 0165 as identified with the HIQA inspector and agreed with the MDT.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The Community nurse will support the staff in Springfield House with health needs. Care plan audit carried out every 3 months with actions plans. Regular MDT reviews. Specific needs immediately updated to reflect 0165's current health needs. These will be reviewed as per the dates set and updated accordingly</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive</p>	

behavioural support:

Regular MDT meetings for each resident and assistant/Psychologist will visit the house to support staff in implementing PBS plans on a regular.

Psychology are in the process of developing the positive behaviour support plans for residents 0163, 0164. Behavioural guidelines for staff are in place for both residents in the interim.

Documentation to be obtained from 0165's previous service to assist in the development of a WRAP, which 0165 has consented to. All positive behaviour plans will be completed by the end of May 2018

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	16 February 2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	07 February 2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to	Substantially Compliant	Yellow	31 May 2018

	behaviour that is challenging and to support residents to manage their behaviour.			
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