



Office of the Chief Inspector

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:	26 July 2019
Centre ID:	OSV-0005550
Fieldwork ID:	MON-0027452

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 and is situated close to a large town in County Meath. 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. The centre is staffed with direct support workers, team leaders and has access to nursing support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
26 July 2019	10:15hrs to 18:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

During the inspection the inspector of social services met with five residents and engaged with them in line with their assessed needs. Residents said they were very happy in their home and in particular loved their bedrooms. Residents told the inspector that they got on well with each other and enjoyed each others company. Residents told the inspector about the things they enjoyed to do, which included playing snooker, meeting with friends and being supported to stay in touch with their family. They said that they enjoyed busy lives and staff supported them to access their community.

A resident did express their dissatisfaction with the high level of staff turn over in the centre. The resident noted that they had raised their concern with the management in the centre and were happy with how their concern was listened to and addressed.

Throughout the inspection, the inspector observed staff engaging in a very positive manner with residents. Residents appeared very comfortable with staff and this led to a very positive atmosphere within the centre.

Capacity and capability

This was a risk based inspection that was triggered as a result of unsolicited information received by the Chief Inspector of Social Services. This inspection found that overall the current governance and management arrangements required improvement, as these arrangements did not provide sufficient oversight of the centre to ensure issues of concern were self-identified.

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision. The provider had completed an annual review of the quality and safety of care and support in the designated centre and this was available within the centre. The provider had also ensured that an unannounced visit to the centre was carried out at least every six months. There was a system of monthly governance meetings between the person in charge and their manager. Despite this system being in place, some pertinent issues of concern remained unidentified, including fire containment measures within the centre not being utilised correctly and positive behaviour supports not being implemented consistently.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. The inspector observed staff interacting in a very positive way with residents. The centre had a planned and actual roster in place that was accurate and well maintained.

The provider had ensured that staff had the skills and training to provide support for residents. Training such as safeguarding vulnerable adults, child protection, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. However, whilst the provider had implemented a new supervision policy, not all staff had not received supervision in line with this policy.

There was an effective complaints procedure in an accessible format available to residents and their representatives. A sample of recorded complaints were reviewed by the inspector and they were found to have been managed in a timely manner and the outcome of these complaints was used to make improvements in the service provided. Residents described to the inspector their satisfaction on how complaints were managed and said they felt listened to.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received training, demonstrated knowledge and competence in these areas and had implemented this training into practice resulting in positive outcomes for residents.

However, not all staff had received supervision in line with the centres policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The current governance and management arrangements failed to self identify key

issues of concern that could have harmed residents.
Judgment: Not compliant
Regulation 3: Statement of purpose
The statement of purpose was available, contained all the required information set out in the associated schedule and was updated appropriately.
Judgment: Compliant
Regulation 34: Complaints procedure
The complaints process was user-friendly, accessible to all residents and displayed prominently. The outcome of complaints was made available to complainants and complaints were resolved in a proactive and timely manner.
Judgment: Compliant
Quality and safety
<p>Overall the quality and safety of the service delivered to residents was adversely impacted by the poor adherence to some organisational policies. Fire safety measures, the use of certain restrictions and the implementation of behaviour support strategies required improvement.</p> <p>There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were displayed in the centre. However, during the inspection the inspector observed a fire door in part of the centre not closing correctly. Additionally, in this part of the designated centre the fire exit was also obstructed. These issues of concern presented despite weekly fire checks being completed. These concerns were raised with the provider and an immediate action was issued. The provider gave appropriate assurances that these concerns were addressed with immediate effect.</p> <p>The centres practice relating to the management of medicines was generally good. Throughout the day the inspector observed safe medication management systems and practices. There was a clear process for the ordering, prescribing, storing and administration of medicines. However, the inspector observed a</p>

medication cabinet left unlocked and this posed a risk to residents. This was raised with the provider and the the issue was addressed immediately.

The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. This included some residents engaging in a variety of meaningful activities within the local and wider community. This enhanced residents quality of life and promoted a positive atmosphere within the centre. However, there was a lack of evidence to illustrate that all residents were accessing activities of their choosing in the local community.

The provider had implemented arrangements to support and respond to residents' assessed support needs. This included the on-going review of behaviour support plans for residents. However, the implementation of some support plans required improvement as not all aspects of some behaviour support plans were being implemented. Additionally, the provider had assessed that a number of restrictive procedures were required within the centre. However, the documentation available failed to clearly demonstrate what alternatives were considered prior to implementing these restrictions and therefore it was not clear if all of these restrictive procedures were the least restrictive option available.

Residents' healthcare needs were well supported. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. This resulted in residents being supported to achieve their optimal health.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included arrangements for implementing a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified.

Regulation 13: General welfare and development

While there was evidence that some residents were busy and engaged in meaningful activities, some residents were not being supported to consistently engage in community activities of their choosing.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a system in place for the assessment, management and ongoing review of incidents.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment provided and serviced as required.

However, during the inspection a fire door was observed to not be closing correctly and a fire exit was blocked.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate medicines management system in place. However, the medicines cabinet was observed to have been left unlocked during the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that was kept under review and was reflected in practice.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that resident's personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some individual positive behaviour support plans were not consistently implemented as not all staff had received adapted sign language training.

Most restrictive practices were recorded, however it was unclear what alternatives were considered and if they were always the least restrictive option available.

Judgment: Not compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Springfield House OSV-0005550

Inspection ID: MON-0027452

Date of inspection: 26/07/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Supervision schedule has been updated and deadlines set and managed for completion to ensure same is up to date, team leads have been allocated supervision for Direct Support Workers. Dates for supervision of staff will be outlined on the first supervision of the year with staff</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>New self-closures have been placed on doors. PIC and PPIM highlighted to staff the importance of daily checks and the documentation of defects to be logged in the fire safety book and the alerting of any defects which may leave the residents at risk of injury or serious consequence to management. Door fixed on the day of inspection</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>New self-closures have been placed on doors. PIC and PPIM highlighted to staff the</p>	

<p>importance of daily checks and the documentation of defects to be logged in the fire safety book and the alerting of any defects which may leave the residents at risk of injury or serious consequence to management. Door fixed on the day of inspection</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door is repaired, self-closures have been fitted to all doors in the main house and the Apartment. PIC held a team meeting following the inspection to educate staff on the importance of highlighting any defects noted and of blocking of fire exits and same will be discussed at team meetings monthly.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC Completed an education piece with all staff following inspection to ensure all staff were aware of the importance of the medication management. Staff receive training in medication management and also complete 5 competencies in administrating medication.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Psychology will update and review current PBSP and adapt accordingly in relation to techniques that work and those that have not been effective.</p> <p>Restrictive practices have been reviewed following inspection and referral has been completed with the rights review group. Restrictive practice is used as a last resort for the shortest time possible having tried and exhausted all other possibilities.</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	01/10/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/09/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	01/08/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	01/08/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	27/07/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	26/07/2019
Regulation 29(4)(a)	The person in charge shall ensure that the designated	Not Compliant	Orange	22/10/2019

	centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/10/2019
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	01/10/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	01/10/2019