



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

Issued by the Chief Inspector

Name of designated centre:	Bower House
Name of provider:	Dundas Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	17 September 2020
Centre ID:	OSV-0005608
Fieldwork ID:	MON-0029680

About the designated centre

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

Bower House is a community based respite service for up to six adults both male and female with an intellectual disability. It is situated on the north side of Co. Dublin within walking distance of a local village and its' amenities such as shops, cafes, restaurants, and a shopping centre. The centre is close to public transport links including a bus and train service which enable residents to access local amenities and neighbouring areas. The building is a large two-storey, six bedroomed house with a sea view. There are three shared bathrooms, two with a bath and shower. The kitchen is a domestic kitchen and residents are encouraged to partake in grocery shopping and the preparation of meals and snacks. There is one dining room, one living room and two sitting rooms in the house. The property is surrounded by a large garden. Staff encourage residents to partake in activities in the local community. The staff team comprises a person in charge, staff nurses and direct support workers and a household staff. Staffing resources are arranged in the centre in line with residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 17 September 2020	10:45hrs to 14:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

On arrival at the centre, the inspector was greeted by the person in charge and a resident. The resident chatted with the inspector and arranged to meet with them later in the day as they were going out on an activity. On return to the centre, the resident sought out the inspector; the resident stated that they loved coming to stay and loved the house. The resident appeared very comfortable in their surroundings and spoke fondly of the staff team.

The inspector observed that the centre was well maintained and that there was easy-to-read information on notice boards and available to residents during their respite stays. The inspector was introduced to a second resident who chose to limit their interactions with the inspector. The inspector did, however, observe positive interactions between the resident and those supporting them.

Capacity and capability

The centre was well managed, with good systems and levels of oversight to ensure that the residents' needs and well-being were being prioritised. There were, however, staffing deficits in the centre. These deficits were leading to the existing staff team and person in charge completing additional shifts, and this practice was not sustainable.

The provider had ensured that there was a clearly defined management structure in place. The management systems ensured that the service being provided was safe, appropriate to residents' needs, consistent, and effectively monitored. The provider had ensured that the annual review and unannounced visits to the centre had been completed and that written reports of the quality and safety of care and support were completed. Actions had arisen from these reports, and for the most part, there was evidence of these actions being addressed promptly.

The provider had failed to address staffing vacancies in the time frame identified in their most recent audit. There were two staff nurse vacancies at the time of inspection. The centre's staff team and person in charge had been completing additional shifts for 3 months to ensure that the residents were receiving continuity of care during their stays. This practice was, however, not maintainable and the person in charge assured the inspector that they and the provider were actively seeking to fill the vacancies.

There was a transparent and effective admissions policy for the centre. The admissions policy and practices took into account potential compatibility issues between residents availing of the respite service. The inspector reviewed transition

plans that had been developed to support residents to familiarise them with the centre before their respite stays. There were also contracts for the provision of services in place that included the necessary information as per the regulations.

The person in charge was submitting the necessary notifications to the chief inspector as per the regulations. Notifications regarding adverse incidents were being submitted within the three working days as set out in the regulations. There were, however, some improvements required to the provider's response to adverse incidents, and this will be addressed in more detail in section two of the report.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents.

Regulation 15: Staffing

There were two staff nurse vacancies on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had received contracts for the provision of services that included the information as per the regulations. Residents or their representatives had agreed to same and a copy of the agreement was stored on residents' files.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out

in the regulations.

Judgment: Compliant

Quality and safety

The social care needs of the residents were being prioritized during their respite stays. The primary purpose of the respite service was to provide the residents with a break or a holiday from their normal routines.

The inspector reviewed a sample of residents' information and found that the person in charge had ensured that personal plans had been developed with the support of residents and their representatives. These plans supported positive outcomes for residents during their stays and were set in an easy read format for residents to review. The plans were detailed and specific to each resident and identified the residents' strengths and areas they required support. There was also evidence of these assessments being reviewed and updated when necessary. A review of residents' daily notes showed that residents were engaged in activities of their choosing during the stays. Some residents chose to relax in the house during their breaks, whereas others were more active outside the centre.

The residents' personal plans contained positive behavioural support sections that had been developed with the staff team and residents representatives to support positive outcomes for residents. The person in charge and the staff team were ensuring that restrictive practices were under review and that all alternative measures were considered before a restrictive practice was used.

The inspector reviewed a sample of the centres adverse incidents and observed that there had been occasions where residents had engaged in challenging behaviours towards those supporting them as well as engaging in property damage. While the provider had ensured that there was a system in place to record these incidents, the inspector found that there were inconsistencies in regards to the investigation and recording of learning following incidents. Improvements were required to support the staff team to learn from incidents and ensure that all risk control measures were appropriate.

The provider had, however, ensured that there was a local risk register in place and that this was under regular review. The policy on risk management procedures also contained the necessary information as per the regulations.

The person in charge and staff team ensured that residents' finances were being safeguarded appropriately during their respite stays. There was clear documentation on the amount of money residents brought to the centre, and there were personal spending records in place. These records were reviewed daily. The person in charge had also created and maintained a personal possessions list for each resident.

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed in line with the Health Protection Surveillance Centre's guidelines.

The provider had ensured adequate precautions against the risk of fire in the centre and that staff had access to suitable fire safety equipment. The equipment was well maintained, and the means of escape were under regular review.

Overall, residents were receiving person-centered care and supports during their respite stays that was leading to positive outcomes for residents and their representatives.

Regulation 12: Personal possessions

The person in charge and staff team were ensuring that residents' finances were being safeguarded appropriately during their respite stays.

Judgment: Compliant

Regulation 26: Risk management procedures

There were improvements required to the providers systems to review and learn from adverse incidents.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were effective fire safety management systems in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of the residents personal plans. The inspector found them to be detailed and specific to each resident and identified the residents' strengths and areas that they required support.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behavioural support plans in place to support residents during their respite stays.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Bower House OSV-0005608

Inspection ID: MON-0029680

Date of inspection: 17/09/2020

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: 2 nurses have been recruited and are currently working out their notice periods	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Arrangements are in place for identifying, investigating and learning from any incident involving residents. - Incident forms will be reviewed appropriately, highlighting what interventions worked and what did not work. Thus informing the review/implementation of risk assessments. - New/updated risk assessments will be highlighted to staff at handovers. - The learning from incidents will be on the agenda and disseminated at staff meetings.	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/11/2020
Regulation 6(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	14/11/2020

