Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dolmen House 2
Name of provider:	Barrow Valley Enterprise for Adult Members with Special Needs CLG
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	09 June 2022
Centre ID:	OSV-0005769
Fieldwork ID:	MON-0034889

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.

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 (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 9 June 2022	10:00hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, the main purpose of which was to follow up on findings from the centres most previous inspection and to review the centres ongoing levels of compliance with the Health Act (2007). There were two people living full time in the centre and one person living in the centre part time. Management and staff were responding to an emergency high risk situation for one resident on the day of inspection. This affected all residents using the service and measures were taken to keep all three residents safe from potential safeguarding risks. One resident was enjoying a night away from the centre in a hotel with support from staff on the day of inspection and another resident was residing at home with their family. Therefore, only one resident was present in the centre.

The premises was a bungalow located in a town in Co.Carlow. The centre was spacious and homely and each resident had their own bedroom which had been personalised to suit their preferences. The centre also had communal areas including a kitchen and living room. The centre was connected by a conservatory to another residential home run by the same provider. This area was also used by residents at times and the inspector noted a couch and a treadmill which staff commented was regularly used by one resident. The centre was surrounded by a large back garden and the inspector noted a vegetable patch, which a staff member communicated was a project recently undertaken by staff and residents.

The inspector observed and engaged with the one resident present in the centre on a number of occasions during the inspection day. The resident was observed eating their breakfast in the morning and walking around their garden in the afternoon. While the resident was going through a difficult period, they appeared at ease on these occasions in their home and with the staff supporting them.

Residents had high staff levels in place to support them with their assessed needs. Staff spoken with appeared knowledgeable regarding residents and their individual care needs and preferences. A number of kind and respectful interactions were observed between staff and the resident present on the day of inspection. There was a regular management presence in the centre and the staff team appeared consistent. The COVID-19 pandemic was ongoing on day of inspection and staff were observed adhering to national guidance for residential care facilities by wearing face masks and carrying out regular hand hygiene.

Residents appeared to enjoy regular individualised activation. All residents had individualised weekly planners in place which details their preferences regarding activities and menu choices. Residents had access to service vehicles and attended activities of their choosing on a daily basis. Residents all had personal goals in place that they were working towards and staff were supporting them to achieve these. Goals focused on developing the residents skills and achieving personal outcomes. Residents had recently enjoyed a holiday away with support from staff.

Overall, there were positive findings on the inspection day. While the service was experiencing some new challenges on the day of inspection, it was evident that the residents appeared to enjoy living in their home. The residents were experiencing consistent staff, a homely environment and regular activation. However, some improvements continued to be required in areas including fire safety, staff training and infection control as detailed in the below sections of the report.

The following sections of the report detail the inspectors findings regarding the levels of compliance with the regulations and the providers capacity and capability to provide a safe and effective service

Capacity and capability

Inspection findings indicated that the registered provider was demonstrating the capacity and capability to provide an appropriate service to the residents living in Dolmen 2. The registered provider had ensured the designated centre and provision of care and support was in line with residents' needs and individual preferences. Residents appeared content living in their new home. As previously outlined, management and staff were responding to an emergency high risk situation for one resident on the day of inspection. This affected all residents using the service and measures were taken to keep all three residents safe from potential safeguarding risks.

There was a clearly defined management structure in place. The provider appointed a full time, suitably qualified and experienced person in charge who had regular oversight of the centre. The person in charge was regularly present in the centre and provided regular supervision of the care and support. There was an effective governance system in place and evidence of regular oversight of the quality of care provided in the centre. Regular audits and reviews of the service being provided were taking place. An annual review had been completed for 2021 by a member of senior management and an unannounced six monthly audit had been completed by an external auditor. Action plans had been devised by the service following these audits and reviews.

There was a clear staff rota in place that accurately reflected staff on duty. There were appropriate skill mixes and staff numbers in place to meet the assessed needs of the residents. All staff had access to appropriate training, including refresher training, as part of a continuous professional development program. However, some staff members were noted as requiring initial or refresher training in a number of key areas including fire safety, manual handling, behaviour management, infection control and safeguarding.

Regulation 15: Staffing

There were high levels of staff support in place and appropriate skill mixes to meet the assessed needs of the residents. There were clear actual and planned staff rotas in place that were well maintained by a named staff and identified who was on duty day and night in the centre.

The inspector reviewed a sample of staff personnel files and found that all files reviewed had the required Schedule 2 documents in place, including references, up-to-date proof of identification, and Garda vetting and re-vetting. This had been an action which had been appropriately addressed by the provider since the centres most previous inspection. The centre had an administration staff member who regularly reviewed staff files and training needs.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and found that not all staff had evidence of up-to-date mandatory training. This included initial or refresher training in areas including fire safety, manual handling, behaviour management, safeguarding and infection control.

There was a schedule in place for supervision of staff to take place in the service six monthly. The person in charge was also regularly completing informal one to one supervisions with all staff. One staff member was noted as having never received any formal supervision with a line manager.

Judgment: Not compliant

Regulation 23: Governance and management

There was a suitably qualified full time person in charge in the centre and a team leader had also recently been appointed in the centre. The service was in the process of registering a new designated centre on the day of inspection and following the registration being granted, the person in charge planned to divide their time evenly between the two centres.

Marked improvements were noted in the providers systems to audit and review the service they were providing to the residents. The provider was appropriately self-identifying areas in need of improvements in the centre and developing action plans with set time lines to address any identified issues. An annual review of the care and support provided had been completed by a member of management for 2021 and a report was developed following this review. A six monthly unannounced inspection

had also been completed by a person nominated by the provider. The person in charge was regularly reviewing infection control measures in place in the centre.

However, the provider had not fully addressed all actions from the centres most previous inspection. Improvements continued to be required in areas including fire safety, staff training and infection control. Therefore systems in place were still not fully ensuring that the service provided was safe at all times.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The centre had a clear system in place for recording any use of physical, chemical or environmental restraint. However, these had not been notified to the chief inspector, as required, for quarter one of 2022. The person in charge submitted this notification following the inspection day.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included conducting a review of risk documentation, fire safety documentation, residents personal care plans and staff records. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents. The management systems in place ensured the service provided appropriate care and support to the residents. Oversight systems were in place to regularly review the quality and safety of care and support in the service. It was evident that the provider and staff were endeavouring to keep all residents safe at all times. Recent new safeguarding risks had presented in the centre and the provider had taken immediate action to address these risks.

The house was suitably designed and equipped to support the residents and their needs. The premises was clean and in a good state of repair both internally and externally. Actions from the previous inspection regarding premises had been appropriately addressed by the provider. Risk management systems were in place to ensure residents' safety and the service risk management policy had recently been reviewed by senior management.

Some improvements were required in the area of fire safety, specifically containment. This had been an issue highlighted during the centres two previous inspections. Fire doors were noted open on the day of inspection, with items

including phone books and door stoppers holding the doors open. Safe mechanisms were not in place to hold these doors open when required. Some improvements were also required in the area of infection control, as detailed under regulation 27.

Regulation 17: Premises

The centre was spacious and homely and each resident had their own bedroom which had been personalised to suit their preferences. The centre was maintained in a good state of repair internally and externally. Painting works had been completed recently in the centre, this was an area which had been identified in need of improvement during the centres most previous inspection and the provider had appropriately addressed this in line with their action plan. Staff had a maintenance folder in place in the centre which was used to highlight any outstanding maintenance issues to management and maintenance staff.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place in the centre for the assessment, management and ongoing review of risk. There was a service risk register in place which listed all potential and actual risks in the centre, this was subject to regular review. The service had a health and safety committee in place which comprised of a health and safety representative and members of management. Residents all had individual risk assessments in place. Regular health and safety checks were being completed by staff in the centre. Service contingency plans were in place for in the event of adverse incidents. The service risk management policy had been reviewed since the centres previous inspection.

Judgment: Compliant

Regulation 27: Protection against infection

Some good practices were observed for the prevention of healthcare associated infections in the centre. The provider and staff continued to ensure measures were in place to protect residents from COVID-19. This included regular temperature checks and wearing personal protective equipment (PPE). While improvements were noted in infection control practices, some minor areas continued to require improvements:

- All staff did not have evidence of up-to-date training in infection prevention

and control.

- Resources in place for drying hands required improvements to ensure appropriate hand hygiene practices were carried out by staff.
- The storage area in place for mops in the centre was temporarily out of use on the day of inspection and therefore, mops and mop buckets were being stored in an unused bedroom. Mops head were observed in basins on the kitchen floor. This did not ensure that mops heads were dry between uses.
- Care plans, key working sessions and residents meeting minutes did not evidence that COVID-19 or infection control practices were regularly discussed with residents in line with Standard 1.1.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Containment systems in place required improvements. This had been a concern highlighted during the centres two previous inspections and had not been appropriately addressed by the provider. Two fire doors were observed wedged or propped open on the day of inspection. One of these doors accessed the centres living area. Staff communicated that one resident preferred to keep this door open, however there was no mechanism in place to facilitate this. Both of these doors were closed following the inspector highlighting this concern on the day of inspection.

Fire drills were being completed a regular intervals including day and night time simulate fire drills. These evidenced that residents and staff could evacuate from the centre in an efficient manner in the event of a fire. All residents had personal emergency evacuation plans in place and these were regularly reviewed by staff. Regular fire safety checks were completed by staff and these included checking alarm systems, means of escape, emergency lighting and fire fighting equipment.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents all had personalised assessments of need and personal plans in place. These were subject to regular review and guided staff on how best to support residents in their daily lives. Residents healthcare needs were regularly reviewed by their general practitioner (GP).

Residents all had an assigned key worker. Residents all had personal goals in place that they were working towards and staff were supporting them to achieve these. Goals focused on developing the residents skills and achieving personal outcomes.

Goals included action plans, clear time-lines and persons responsible.

Residents appeared to enjoy regular individualised activation. All residents had individualised weekly planners in place with choices regarding daily activities and meal choices for the week ahead. Pictures and social stories were often used as communication tools when offering residents choice in their daily lives. Staff also completed regular one to one "significant conversations" with residents to consult with them regarding their views and choices for their weekly planners.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had a number of resources in place to support them with behavioural and mental health needs. The service was responding to one resident's mental health crisis on the day of inspection and the inspector observed staff and the person in charge had engaged with a range of multi-disciplinary supports on behalf of the resident including psychiatry, psychology and GP services. The inspector observed health and social care professionals visiting the resident in the centre on the day of inspection.

Some restrictive practices were utilised in the centre. Risk assessments were in place, which evidenced that restrictive practices were only in use when a potential risk was posed to residents. The service had a restrictive practice committee in place, who reviewed the use of restrictive practices in the service on a quarterly basis. Any new restrictive practices were also referred to the committee for review and approval. Residents had proactive strategy plans in place when required, which guided staff on how best to support residents with behaviours that challenge. The person in charge was a qualified trainer for specific behavioural support techniques. Some staff required up-to-date training in behavioural support as detailed under regulation 16. The service had a plan in place to deliver this training in the coming weeks and months.

Judgment: Compliant

Regulation 8: Protection

It was evident that the provider and staff were endeavouring to keep all residents safe at all times. Recent new safeguarding risks had presented in the centre and the provider had taken immediate action to address this risk. Appropriate staffing levels were in place to promote the residents safety. All residents had plans of care in place to support them safely with their personal care. All residents had been assessed by the service to determine their capacities with money management and

appropriate financial supports were in place where required. Some staff required up-to-date safeguarding training as detailed under regulation 16.
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 (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	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dolmen House 2 OSV-0005769

Inspection ID: MON-0034889

Date of inspection: 09/06/2022

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	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 all mandatory training is in date as part of our commitment to continuous professional development. The following training has been scheduled for the relevant staff members: • Fire Safety training • Manual Handling training • Behaviour management • Safeguarding • Infection control- HSELand modules. The above training will be completed by 3.08.2022 The Person in Charge will ensure that staff have supervision in line with organizational policy, which is twice yearly. The Person in Charge has scheduled the outstanding supervision meeting with the staff member. The supervision will be completed by 31.07.2022. The Person in Charge will schedule calendar dates for the last 6 months of 2022 for all staff within the staff team. The calendar will be completed by 31.07.2022.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The Registered Provider will ensure that management systems are in place in the designated center to ensure that the service provided is safe, consistently & effectively monitored, to ensure that it meets the needs of the residents.
The Registered Provider has invested in the staff team and has staff members who can provide behavior Management training, Fire Safety & Manual Handling training. The Registered Provider will receive mandatory training reports on a quarterly basis to ensure that all staff are trained and have access to the appropriate mandatory training. Training gaps will be identified and relevant training scheduled for staff who require training
This report will cover training mandatory training such as Infection Control, Fire Safety, Manual Handling, Safeguarding & Behavior management.
The first report will be issued on the 31.07.2022.
The Registered Provider will ensure that the designated center has adequate arrangements in place for containing fires. The Registered Provider has identified mechanisms to safely hold fire doors open, to ensure the safety of all residents. The Registered Provider has engaged a professional contractor to fit out 2 fire doors with mechanisms. These mechanisms will close automatically on the activation of the fire alarm system. The contractor will inspect the doors and mechanisms, as per regulations. This work will be completed by 31.07.2022.
The registered provider will implement the advised changes to improve infection control through the implementation of more effective hand drying practices in the designated centre. New arrangements will be in place by 11.07.22

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 will ensure that a written report is provided to the Chief Inspector on a quarterly basis in relation to the following incidents occurring in the designated centre: Any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. The Person in charge has set up quarterly reminders to ensure that the written report is received in a timely manner. The reminders will be in place by 30.07.2022.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Registered Provider will ensure that all staff have up to date Infection Control

training in place by 03.08.2022.
The Registered Provider will implement improved Hand Hygiene practices in the designated centre. This will be in place by the 11.07.2022.
The Registered Provider will ensure that the storage area for mops & mop buckets meets the needs of the designated centre and has sufficient space for the storage of mop heads. Mop heads will be dried fully between uses to ensure that the designated centre complies with the standards for the prevention and control of healthcare associated infections. This will be in place by 17.07.2022.
The Registered Provider will ensure that the Person in Charge in the designated centre will evidence all discussions in relation to Covid 19 & infection control practices with residents. This will be recorded in care plans, key working sessions & in the minutes of residents meetings. This will be completed by 31.08.2022.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Registered Provider will ensure that the designated centre has adequate arrangements in place for containing fires. The Registered Provider has identified mechanisms to safely hold fire doors open, to ensure the safety of all residents. The Registered Provider has engaged a professional contractor to fit out 2 fire doors with mechanisms. These mechanisms will close automatically on the activation of the fire alarm system. The contractor will inspect the doors and mechanisms, as per regulations. This work will be completed by 31.07.2022.

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 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.	Substantially Compliant	Yellow	03/08/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2022
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.	Substantially Compliant	Yellow	31/07/2022
Regulation 27	The registered	Substantially	Yellow	31/08/2022

	provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Compliant		
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2022
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	30/07/2022