



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

Issued by the Chief Inspector

Name of designated centre:	Fox Cottage
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 November 2021
Centre ID:	OSV-0006672
Fieldwork ID:	MON-0034488

About the designated centre

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

Fox Cottage is a full-time residential service, which is run by Dundas Ltd. It is a two storey community house situated in a village in, Co. Louth. Residents have access to amenities such as shops, chemists and a café. The centre provides a service for adults both male and female over the age of 18 years with intellectual disabilities, some of whom have acquired brain injury, autism or require mental health supports. The centre provides a service to five residents, there are five bedrooms, two of which have ensuite bathrooms. There are two additional bathrooms, one on each floor. The centre also consists of a kitchen, utility room, lounge/dining room, a sun room and an additional lounge. The staff team in the centre comprises social care workers and direct support workers who provide 24hr support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 November 2021	10:30hrs to 18:20hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the residents had a good quality of life in this centre and staff supported residents to be actively involved in the community and to have meaningful days. There were numerous examples found where residents' rights were being supported in the centre. Some improvements were required to the premises.

The inspector got the opportunity to meet four of the residents on an informal basis. None of the residents wished to speak to the inspector about the quality of services provided because they either chose not to or were out of the centre for most of the day doing planned activities.

The inspector had a brief chat with one resident who spoke about their hobbies. An avid football fan, they spoke about their favourite football team and appeared very happy and relaxed in their home.

Residents had monthly meetings with their key worker (a staff assigned to support the resident) to talk about their lives and what they were happy with or wanted changed. The inspector reviewed a number of these records and found that residents reported that they were happy living in the centre and felt safe. At this meeting residents were also encouraged to speak about any concerns they had.

Weekly meetings were also held with residents as a group to talk about issues in the centre. A review of these records showed that at this meeting, informal education was provided to residents on issues such as staying safe, how to raise a concern, fire safety and how to access advocacy services if they wished too.

There was a number of other examples where residents were kept informed about things going on in their lives and the world. For example; social stories were used to inform residents about a number of topics in line with their needs. Easy read information was available on COVID-19, including how to get a test and hand hygiene. One resident had recently completed hand hygiene training with the person in charge.

Some of the residents were in the process of opening bank accounts, one resident who was planning a trip in the near future had been supported by an external advocate to ensure that the resident was happy to consent to using their money to pay for this trip. All of this information informed the inspector that residents were supported with their rights.

Throughout the inspection the residents were very active. Three were attending day services on the day and two of the residents were getting ready to go out for a drive and their lunch when the inspector arrived in the centre. In the afternoon, two residents went to a salt cave. One of the residents talked to the inspector about this and said that they really liked going there. Three residents also went out for dinner

that evening.

The staff were observed supporting the residents in a kind and patient manner. They appeared to know the residents very well and were observed implementing some of the supports outlined in the residents' personal plans in order to support them. For example; staff were observed ensuring that specific routines and schedules were followed for some residents who liked them to manage their anxieties.

The premises was for the most part clean, homely and decorated well. Some improvements were required to some areas as discussed further on in this report. Residents had their own bedrooms, one resident liked to have their bedroom door locked when they were not at home and this was observed to be respected. Some of the bedrooms had recently been decorated to a very good standard. There was evidence that residents got to pick their chosen paint colour for their bedrooms.

As stated the residents appeared to live very active lives. While three residents were currently attending formal day services, another had recently been successful with their application to attend a day service. One resident was supported to engage in activities that they chose on a daily basis by the staff in the centre. Their personal plan contained activities that they liked doing to guide staff. The residents' easy read plan also included pictures of some of the activities they liked to do. This included baking, some gardening, numerous community outings and arts and crafts. In fact, a number of the residents really enjoyed arts and crafts and there were a number of projects they had completed displayed in the centre.

Residents had been supported to develop goals they would like to achieve. One resident was being supported to go to England to see their favourite football team. This trip was also being used as an opportunity for the resident to meet up with a family member who they had not seen in a long time. Another resident was going to Belfast and had left written instructions for the person in charge outlining the day they were leaving for this overnight stay.

Overall, the inspector found that the care provided here was person centred and residents appeared to enjoy a good quality of life.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

Overall this centre was well resourced and care was provided by a consistent staff team. The governance and management systems in place were ensuring a safe quality service to the residents. As stated some improvements were required to the

premises.

There was a defined management structure in place. A new person in charge had recently been appointed to the centre who was a qualified social care professional with the appropriate management qualifications and managerial experience working in the disability sector. They were employed on a full time basis and were also responsible for another designated centre under this provider. They had the support of two team leaders in this centre in order to ensure effective oversight of the care and support provided here.

The person in charge had a very good knowledge of the residents' needs was responsive to the inspection process and was aware of their responsibilities under the regulations. They reported to an assistant director of community services who they met monthly to review the care and support of the residents there.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre. However, while this review did not include the views of the residents or their representatives the inspector was satisfied that residents views were collated through other forums in the centre. The person in charge agreed to follow this up and include their views going forward in the annual review.

A six-monthly quality and safety review had also been completed, along with other monthly audits in other areas such as medication management. Overall the findings from these audits were for the most part compliant. For example, the inspector found that there had been no medication errors recorded in the centre following these audits. Where areas of improvement had been identified they had been addressed.

From a review of a sample of rosters over the last number of months, there was a consistent staff team employed in the centre. There were sufficient staff on duty to meet the needs of the residents and a number of relief staff were consistently employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times. The provider was in the process of recruiting an additional relief staff at the time of the inspection to support residents.

A senior manager was also on call in the wider organisation 24/7 should staff need support around the needs of residents. Where residents required the support of nursing staff, this was provided by community nurses.

Staff met with they said that they felt supported in their role and were able to raise concerns, if needed, to the person in charge, through regular staff meetings and supervision. A sample of staff meetings showed that staff were informed about changes in the regulations or guidance from the HIQA and public health advice relating to COVID-19. Incidents that occurred in the centre were also discussed and reviewed at these meetings.

A sample of supervision records viewed, showed that staff were able to raise concerns and to talk about their career progression and training needs. The inspector followed up on some of the training needs identified and these had been

completed. For example; one staff had requested training to support people with autism and this had been provided.

A sample of staff files reviewed were found to contain the information required under the regulations. For example; staff had Garda vetting in place.

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents. This included, positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication and first aid. Some staff had additional training in first aid (certified first aid) and one of these staff was always assigned to work on each shift during the day and night. This meant staff had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

The person in charge had also notified HIQA in line with the regulations when an adverse incident had occurred in the centre.

Regulation 14: Persons in charge

The person in charge is a qualified social care professional with the appropriate management qualifications and managerial experience working in the disability sector. They were employed on a full time basis and were also responsible for another designated centre under this provider. They had the support of two team leaders in this centre in order to assure effective oversight of the care and support provided here.

The person in charge had a very good knowledge of the residents' needs was responsive to the inspection process and was aware of their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

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

of training sessions to enable them to support the residents. This included, positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication and first aid. A sample of records viewed indicated that all staff had completed these. This meant staff had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well resourced and the governance and management arrangements in place to oversee the centre were assuring a safe quality service to the residents who lived there.

There was an annual review of the quality and safety of care available in the centre. However, while this review did not include the views of the residents or their representatives the inspector was satisfied that residents' views were collated through other forums in the centre. The person in charge agreed to follow this up and include their views going forward in the annual review.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose available in the centre which had been updated to reflect recent changes to the management structure in the centre. A number of small improvements were required which the person in charge agreed to change.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre over the last year, informed the inspector that the person in charge had notified HIQA as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided in this centre was to a very good standard. In particular residents were supported to have meaningful lives and with decisions around their care and support. Some improvements were required to the premises.

The premises was for the most part clean, homely and decorated well. Some improvements were required to some areas in the centre. The person in charge had already highlighted a number of these issues to the maintenance department through their own audit systems. However, the inspector observed the wooden floors in the sitting room, hallway and stairs were worn in areas. One shower in the en suite downstairs and a bathroom upstairs required the grout to be cleaned and the shower tray to be cleaned. The inspector also found that when walking up and down the stairs it was extremely noisy. While the residents had not raised a complaint about this, the inspector was not assured that the noise would disturb residents during the night when staff were going up and down the stairs. The person in charge agreed to follow this up with the residents.

Each resident had a personal plan which had been developed into an easy read version. Residents records were also stored on a computer database which all staff had access to. The inspector observed a sample of these records and found that residents health care needs were assessed, monitored and reviewed on a regular basis. Community nurses were also available in the wider organisation to provide assistance and support to the staff and residents in the centre around specific health care needs.

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

Residents were also supported to enjoy best possible mental health and where required had access to the support of allied health care professionals. Staff were knowledgeable around the residents' needs in the centre. Residents were supported with social stories in order to enable them to manage their anxieties around upcoming events. One resident had a wellness and recovery action plan (WRAP) to support them with their anxieties. Some of the supports included the resident

meeting with the person in charge to talk about their feelings.

There were systems in place to manage and respond to risk in the centre. Where incidents had occurred, they had been reviewed with the staff team, allied health professionals and the person in charge to ensure that appropriate controls were in place to mitigate the risks. Risk assessments were in place which outlined these controls measures. There was also evidence of the team implementing learning following an incident. For example; following one incident with a resident, the staff team had agreed that in future the resident would require a social story prior to a specific event occurring in the future.

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

Infection control measures were also in place to prevent/manage and outbreak of COVID-19. Staff had been provided with training in infection prevention control, the use of personal protective equipment (PPE) and hand washing techniques. One resident had also completed training in hand hygiene. PPE was available in the centre and staff were observed using it in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There was adequate hand-washing facilities and hand sanitising gels available throughout the house and enhanced cleaning schedules had been implemented. Staff were observed adhering to cleaning schedules during the inspection. Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. Residents' plans had arrangements in place to support them if they were suspected or confirmed of having COVID-19. There was a senior management team in the organisation to oversee the management of COVID-19. Residents had been provided with easy read information about COVID-19. They had also been supported to decide whether they wanted to receive the vaccinations for COVID-19.

All staff had been provided with training in safeguarding adults and staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents said they felt safe through meetings in the centre and with their key workers. They had also been provided with informal training at weekly residents meetings about staying safe.

There were fire safety systems in place. Fire fighting equipment, the fire alarm, emergency lighting and fire doors were regularly serviced or inspected by the staff team to ensure that they were in good working order. Each resident had an evacuation plan in place to outline the supports they needed in the event of a fire. Fire drills had been completed to assess these supports and to ensure a safe evacuation of the centre. The records viewed indicated that the residents and staff could evacuate the centre in a timely manner in the event of a fire; including when staff numbers were reduced in the centre.

Regulation 13: General welfare and development

Residents were supported to have active and meaningful lives and maintain links with their family and their community.

Judgment: Compliant

Regulation 17: Premises

The wooden floors in the sitting room, hallway and stairs were worn in areas.

One shower in the en suite downstairs and a bathroom upstairs required the grout to be cleaned and the shower tray to be cleaned.

The inspector also found that when walking up and down the stairs it was extremely noisy. This warranted review with the residents in the centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents guide available in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks and keep residents safe in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures were in place to prevent/manage and outbreak of

COVID-19 in the centre.
Judgment: Compliant
Regulation 28: Fire precautions
There were fire safety systems in place to respond to a fire occurring in the centre and to ensure a safe evacuation of the residents and staff.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident had a personal plan which included an up to date assessment of need. Plans of care were in place to outline the support residents needed and to guide staff practice. Residents were supported to develop goals in line with their personal preferences.
Judgment: Compliant
Regulation 6: Health care
Regular and timely access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, an occupational therapist, dietitian and a speech and language therapist. Care plans were also in place to support residents in achieving best possible health and to guide staff practice.
Residents were also supported to enjoy best possible mental health and where required had access to the support of allied health care professionals.
Judgment: Compliant
Regulation 8: Protection
All staff had been provided with training in safeguarding adults and staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents said they felt safe through meetings in the centre

and with their key workers. They had also been provided with informal training at weekly residents meetings about staying safe.

Judgment: Compliant

Regulation 9: Residents' rights

As already stated earlier in this report there were a number of examples of where residents' rights were respected in the centre. Informal education was provided to residents on issues such as staying safe, how to raise a concern, fire safety and how to access advocacy services if they wished too. Residents were supported to seek the advice of external advocates to support some decisions.

Residents had been provided with easy read information about COVID-19. They had also been supported to decide whether they wanted to receive the vaccinations for COVID-19.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fox Cottage OSV-0006672

Inspection ID: MON-0034488

Date of inspection: 11/11/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1) The wooden floors in the sitting room, hallway and stairs were worn in areas. Action plan has been agreed with maintenance to replace the wooden floors in the hallway and front sitting room by 20/12/21</p> <p>2) One shower in the en suite downstairs and a bathroom upstairs required the grout to be cleaned and the shower tray to be cleaned. Shower tray and grout has been cleaned since inspection. Areas needing replacement grout scheduled with maintenance for attention on or before the 10/12/21</p> <p>3) The inspector also found that when walking up and down the stairs it was extremely noisy. This warranted review with the residents in the centre. Action plan has been agreed with maintenance to remedy the noisy stairs and fit carpet to the stairs by 20/12/21. Residents meeting held on the 20/11/21 discussed the noise level of the stairs with residents and it was agreed with residents that maintenance would remedy same.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	20/12/2021