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:	Fox's Lane Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	15 May 2024
Centre ID:	OSV-0002366
Fieldwork ID:	MON-0034853

About the designated centre

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

This designated centre is a community based home which provides full-time residential care and support for up to five adults both male and female with varying degrees of intellectual and physical disabilities. The centre consists of a six-bedroom bungalow with two sitting rooms, a kitchen/dining area, shower room and two bathrooms. It is situated in a mature residential cúl-de-sac with coastal views and a variety of local amenities such as shops, churches, restaurants, pubs, beauticians, a medical centre, pharmacies, hairdressers, barbers, banks and local beaches. There is a vehicle to enable residents to access local amenities and leisure facilities in the surrounding areas. Residents in the centre are supported by a staff team comprising of a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Wednesday 15 May 2024	10:45hrs to 18:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This was an announced inspection. The purpose of the inspection was to inform a registration renewal recommendation for the designated centre. While the centre was registered to provide service for five residents, there were currently four residents living in the centre. The provider's most recent application to renew registration, included a reduction in the number of beds available (from five to four).

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff and management, to inform judgments on the residents' quality of life.

Overall, the inspector found that that the person in charge and staff were striving to ensure that residents living in the designated centre, were provided with a quality and safe service. The inspector observed that the residents, and where appropriate their families, were consulted in the running of the centre and played an active role in the decision making within the centre.

However, the inspector found that improvements were needed to the staffing arrangements in place and in particular, at weekends. In addition, improvements were needed to behavioural supports including the timeliness of provision of such supports and the appropriate input by professionals. The deficits in both these areas were, at times, impacting on the quality of care and support provided to residents.

The designated centre comprised of a detached bungalow, located in a suburb in North County Dublin. On walking around the premises, the inspector observed it to have a homely feel to it. The house provided residents with a spacious kitchen/dining area and a large sitting room and quiet/relaxation room. The centre included two separate bathing/toilet facilities, a staff office space and an enclosed garden area to the rear. Laundry facilities were provided in a large built shed located in the rear garden area. The shed was observed to require some upkeep and repair to the floor and walls.

The inspector observed each resident's bedroom to be individually decorated and took into account their likes, interests and preferences. For example, one bedroom was decorated with photographs, posters, bedding and cushions that were of a resident's favourite singer. Another resident's bedroom contained sensory and relaxation lights, that changed colour and reflected soft lighting onto the walls and ceiling. On the day of the inspection, a staff member turned on the lights while the resident was in the room and the inspector observe the resident to smile and appear content.

Some of the residents living in the designated centre required supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with appropriate manual handling aids and devices to support

residents' mobility and manual handling requirements. One resident was provided an en-suite bathroom that was supplied and fitted with various assistive aids; overhead tracking hoists were also available. Where appropriate, residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs.

In advance of the inspection, residents had been supported by staff and family to complete a Health Information and Quality Authority (HIQA) survey. Overall, the four questionnaires relayed positive feedback regarding the quality of care and support provided to residents living in the centre. Residents enjoyed living in their home and were happy with the food provided. Surveys relayed that residents felt safe in their home and that staff were kind to them. Surveys noted that residents got along with the people they lived with. It was also noted on the surveys that residents knew the staff team and that staff provided help when they needed it; staff knew what they liked and disliked.

On the day of the inspection, the inspector was provided the opportunity to engage with all four residents living in the centre. Residents had differing methods of communication; They used verbal and non-verbal communication. Where appropriate their views were relayed through staff advocating on their behalf or through staff prompting residents with expressing their views. Some residents were happy to show the inspector their bedrooms and the items within it that were of interest to them. Overall, the inspector observed residents to appear happy with the layout and design of their room. One resident expressed to the inspector that they enjoyed spending time in their room. They showed the inspector their large wardrobe and with the support of their staff, relayed how they enjoyed picking out their daily outfit from their large collection of clothes.

Two of the four residents were currently attending a community day service on a full time basis. One resident was attending a day service on a part-time basis. Another resident had chosen to retire from their day service and was enjoying a variety of activities from their home. The inspector was informed, and observed, the resident enjoy their morning routine, which consisted of heading out to the local shop to buy their daily newspaper and a beverage. The resident, with the support of their staff, relayed their love of sport and in particular, football and hurling. They showed the inspector, photographs of their attendance of sporting events, as well as tours, at national sporting stadiums.

The inspector observed that each resident was provided with picture format notice board of their 'goals for 2024'. The pictures and photographs on the notice board demonstrated that residents were supported and encouraged to engage in the community in a way that was meaningful and enjoyable to them. Residents attended, or were planning to attend, a variety musicals and concerts in large theatres and concert halls. Residents had also made plans to go on overnight holidays with staff and/or their families.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings. Some of the topics on the agenda included fire safety, privacy, personal safety, personal belongings ,

rights, complaints, and household matters, but to mention a few. Meetings were inclusive and included photographs of those who attended. Where appropriate, residents were encouraged to complete household tasks in their home to promote and encourage independence skills and provide meaningful roles.

Residents were supported by a team of social care workers who were managed by the person in charge. On speaking with staff, the inspector found that they were familiar with the residents' different personalities and were mindful of each resident's uniqueness and different abilities. There was an atmosphere of friendliness in the centre and resident's modesty and privacy was observed to be respected. Where appropriate, and to ensure the dignity of each resident was promoted, residents' personal plans included clear detail on how to support each resident with their personal and intimate care needs.

On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident.

Where appropriate staff advocated on behalf of residents. Staff feedback in the provider's annual review, raised the issue of staffing levels at weekends so that all residents were provided with meaningful activities during these times. On speaking with staff, the inspector was informed that, during times when behavioural incidents occurred, one to one staff support was required for one resident. This often left one staff supporting three residents, some of who also required one to one support during meal times and personal care.

In summary, the inspector found that the person in charge and staff were striving to ensure that each resident's well-being and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the designated centre. The inspector found that, for the most part, there were systems in place to ensure residents were safe and in receipt of good quality care and support. However, improvements were needed to the areas of staffing and behavioural supports. This was to ensure that appropriate arrangements were in place so that all residents received adequate supports, (and in a timely manner), to meet their assessed care and behavioural needs.

The next two sections of the report present 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 service being delivered to each resident living in the centre.

Capacity and capability

The registered provider and person in charge were striving to ensure that residents

living in the designated centre were in receipt of a good quality and safe service. Overall, the inspector found that the care and support provided to residents was person-centred, and that for the most part, residents' needs and wishes were taken into account. On the day of the inspection, there was a clearly defined management structure in place. The service was led by a capable person in charge, supported by a person participating in management and a staff team, who were knowledgeable about the support needs of each resident. However, improvements were needed to the arrangements in place for staffing and the provision of behavioural supports.

The inspector found at times there were inadequate levels of staffing in place to meet the needs of residents, at all times. In addition, the timeliness of the provider to respond to a resident's ongoing behavioural support needs, was not satisfactory. As a result of both of these issues, residents' lived experience in their home was not always positive. Most in-house and community activities required a vast degree of planning to avoid behavioural incidents escalating into safeguarding incidents. This impacted on the level of flexibility and, at times choices available to residents. As a result, residents were being provided a service that was becoming increasingly restrictive in nature.

The registered provider was striving to ensure that the number, qualification and skill-mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre. However, on review of the on-going escalation of behavioural incidents and of residents' assessed support needs, the inspector found that a review of staffing levels, and in particular at weekends, was needed.

On the day of the inspection, there was a social care worker vacancy. The inspector was advised that the provider was activity recruiting for the vacant position. In the interim, the person in charge was endeavouring to employ the same relief and agency staff to cover the gaps and to ensure continuity of care.

The provider and person in charge promoted a positive and rights based culture in relation to behaviours that challenge. However, improvements were needed to the timeliness of the provision of behavioural supports during times where there was an increase in behavioural incidents. This was to ensure that staff were provided with effective strategies to enable and support residents manage their behaviours and overall, reduce the risk of recurrence. This is addressed further in the quality and safety section of the report.

Overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective service for residents living in the centre.

The registered provider had implemented systems for monitoring and reviewing the service provided in the centre. Annual and six monthly reviews of the quality of care and support provided in the centre were taking place as required. In addition, the person in charge completed monthly audits relating to the safety and quality of the service provided to promote positive outcomes for residents.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Overall, there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge ensured that incidents were notified in the required format and with the specified time-frames.

The provider and person in charge were aware of their roles and responsibilities regarding the management of records. The person in charge was aware that record keeping was a fundamental part of practice which was essential to the provision of safe and effective care. Records, including records relating to schedule 2, 3 and 4 were made available to the inspector on the day.

Overall, records in the centre were up-to-date and included all of the required information. The person in charge had an auditing system in place to ensure that records were up to date, of good quality and accurate at all times and that they supported the effectiveness and efficient running of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked and was based in the designated centre on a full-time basis. The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and fostered a culture that promoted the individual and collective rights of the residents living in this centre.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and it was maintained appropriately by the person in charge. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and of their individual likes and preferences.

There was one social-care worker vacancy in the centre. The person in charge was endeavouring to provide continuity of care when filling the gaps on the roster. For example, permanent staff covered many of the day-time gaps and, for the most part, the same relief and agency covered night-time shifts.

The inspector reviewed residents' personal plans. The plans included residents' current assessed support needs, for example, if they required one to one support or more, at meal times, during personal care and with their mobility needs. Alongside this, the inspector reviewed a sample of incident report forms during the period of 2023 up to May 2024. Due to ongoing escalation of behavioural incidents occurring, the inspector found that the current levels of staffing in place, and particularly during the weekends, was not adequate or safe. This meant that there was a potential risk that not all residents' support needs could be met at all times.

For example, one resident required 2:1 (staff: resident) support for personal and intimate care. Two residents required 1:1 support at meal times. On review of incidents logs and support strategies in place, the inspector saw that during times of behavioural incidents, one staff was needed to specifically support the resident de-escalate. At the same time, one other staff was required to support the needs of three residents, some who also required 1.1 support. On speaking with staff, the inspector was advised, that behavioural incidents were more manageable during times, where there were three residents living in the centre. (The inspector was advised that one resident chose to spend most weekends at home with their family).

Overall, the current staffing arrangements in place meant that residents were at risk of not having their support needs met at all times which had the potential to impact on their right to dignity and privacy during mealtimes and personal care times.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were provided with training as part of their continuous professional development and to support them in the delivery of effective care and support to residents living in the designated centre.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff to ensure the delivery of quality, safe and effective service for the residents. Overall, staff training was up-to-date

including refresher training.

On a review of the training records, the inspector saw that, staff were provided with training in, safeguarding and protection of vulnerable adults, fire safety, managing behaviours that challenge, safe medicine practices, epilepsy, food hygiene, feeding, eating and drinking (FED), infection prevention and control, but to mention a few.

Staff who spoke with the inspector were found to be knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. On speaking with staff, it was clear that they were invested in the wellbeing of residents and were continuously endeavouring to empower residents achieved goals that were meaningful to them.

Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability. Staff who spoke with the inspector informed them that they found the meetings beneficial to their practice.

Judgment: Compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, records reviewed were appropriately maintained and overall, reflected practices in place.

On the day of the inspection, the person participating in management organised for staff records to be brought to the designated centre (from the provider's main office off-site).

On review of a sample of five staff files (records), the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to HIQA and found that it ensured

that the building and all contents, including residents' property, were appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were striving to ensure that service delivery was safe and effective through the on-going audit and monitoring of its performance.

The person in charge completed a monthly data report on the governance and management of the centre. The report provided relevant information to the service manager and director of service to support their oversight of the centre.

The registered provider had carried out an annual review and completed unannounced six-monthly visits to the centre as required. These were completed to review quality and safety of care and support provided to residents in the centre and to implement improvement where required.

The annual review of the centre completed in December 2023, included comprehensive consultation with residents, their families and staff members. The feedback was very positive of the service and complimentary of the staff working in the centre. Where feedback referred to areas for improvement, this had been acknowledged and an action plan was in progress.

However, the inspector found that, in relation to governance and management systems in place that ensured the timeliness and provision of positive behaviour supports, improvements were required. There had been a number of reports submitted to the provider by local management and multidisciplinary team, highlighting the escalation of behavioural incidents in the house. However, the provider's response to date was not adequate or timely. This meant that residents were at risk of continued behavioural incidents as well as further negative impacts as a result of them.

In addition, the provider had not adequately ensured that there were appropriate resources in place, at all times, to meet the assessed needs of residents. A review of the staffing levels was required and in particular, in light of the on-going and escalating behavioural incidents occurring in the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room function.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

It was evident that the centre strived for excellence through shared learning and reflective practices. Where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the centre that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. The inspector observed an easy-read poster displayed on the centre's hall notice board regarding the complaints procedure and details of the complaint's officer.

Residents' surveys demonstrated that residents and their family were aware of who they could make a complaint to and that their complaint would be listened to and appropriately dealt with by management or staff.

On review of residents' weekly household meetings, the inspector saw that it included the topic of complaints on their agenda which allowed residents an opportunity to raise a concern or issue if they so wished.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

On a review of the centre's Schedule 5 policies, the inspector found that all policies and procedures had been reviewed in line with the regulatory requirement.

As such, the register provider had ensured that that all policies and procedures were consistent with relevant legislation, professional guidance and international best practice relating to delivering a safe and quality service.

Judgment: Compliant

Quality and safety

The provider and person in charge were endeavouring to ensure that residents well-being and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was of good quality, however, improvements were needed to the timeliness of the provision of behavioural supports as well as oversight of same. This was to ensure that residents changing supports needs were addressed in timely manner so the risk of further escalation was effectively mitigated.

Where appropriate residents were provided with positive behavioural support plans. For the most part, they had been developed with the resident and included appropriate oversight. On review of a sample of plans, the inspector saw that not all plans included clinical or healthcare professional oversight. In addition, on review of a resident's behavioural support plan in April 23, where strategies were proving to be ineffective, time timeliness to review the plan was not satisfactory. Incident reports recorded that the proactive strategies within the plan were proving to be ineffective. This in turn saw some behavioural incidents escalate into safeguarding concerns.

There were a small number of restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals. There had been a recent review of

restrictive practices in the centre which had resulted, in some restrictive practices being reduced or ceased completely. The inspector was informed that this had come about following staff attending a restrictive practice information webinar.

The inspector reviewed a sample of residents' personal plans. The person in charge ensured that there was a comprehensive assessment for each resident, taking into account their changing needs. The assessment informed residents' personal plans which guided the staff team in supporting residents with identified needs and supports. Plans were reviewed annually, in consultation with each resident, and more regularly if required. There was an accessible version of plans available to residents.

The organisation's risk management policy met the requirements as set out in regulation 26. For the most part, there were systems in place to manage and mitigate risks and keep residents and staff members safe.

The inspector found that individual and location risk assessments were in place and were endeavouring to ensure safe care and support was provided to residents in their home and in the community. The risk register was reviewed regularly and addressed risks relating to the centre and residents.

Staff were provided with appropriate training relating to keeping residents safeguarded. The provider, person in charge and staff demonstrated a high level of understanding of the need to ensure each resident's safety. For the most part, residents living in the designated centre were protected by appropriate safeguarding arrangements. However, due to current staffing arrangements, as well as deficits in positive behavioural support arrangements, there was a potential risk of behaviour incidents impacting on other residents and as such, escalating into a safeguarding concern.

There were infection, prevention and control (IPC), measures and arrangements to protect residents from the risk of infection however, some improvements were required to meet optimum standards.

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure in the house. The inspector observed the physical environment of the house to be clean and tidy and in good decorative repair. However, there were a number of upkeep and repairs required to the premises. which were impacting on the infection prevention and control measures in place.

Regulation 17: Premises

The premises was located with good access to local amenities and services that supported residents' autonomy to engage and connect with their local community. The house was wheelchair accessible which met the needs of all residents who

required such supports.

Overall, the premises was observed to be comfortable, warm, bright, and generally well maintained. The inspector observed the premises to provide a homely and accessible living environment so that a 'home-like' environment, that promoted activities of daily living and encouraged residents to undertake everyday tasks, was in place.

For the most part, the physical environment of the house was clean and in good decorative and structural repair. Where there were some improvements needed to the upkeep of internal and external areas of the premises, these have been addressed under regulation 27.

Residents' bedrooms were nicely decorated and personalised and overall, the main living areas were homely and personal to residents. Residents were happy to show off their bedrooms to the inspector and pointed out some of the posters, bedding and memorabilia that were important to them.

The residents' home was decorated to meet their needs and wishes. During the walk around the centre, the inspector observed that communal spaces, such as the kitchen and dining area, were decorated in line with residents' likes and wishes. The rooms were spacious and well laid out so that when required, there was ease of access for mobility equipment.

There were information posters and notice boards in the house that were part of residents' everyday life and as such made it more individual to them. For example, in the main hallway, the information board included notices relating to complaints, house meeting minutes, information on residents' rights as well as photographs of staff and the days they were working in the centre. The board also included information on the HIQA inspection as well as the 'nice to meet you' inspector poster and photograph.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaint's procedure.

The guide was written in easy to read language and was located in an accessible place in the designated centre; There was a copy of the residents' guide at the front door available to everyone in the house.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations.

There was a risk register specific to the centre that was reviewed regularly. There was an array of individual and location risk assessments in place to ensure the safe care and support was provided to residents.

The person in charge had completed a range of risk assessments, which included appropriate control measures, that were specific to the resident's individual health, behavioural and personal support needs.

Residents were supported to part-take in activities they liked in an enjoyable but safe way through innovative and creative considerations in place. Where residents chose activities such as holidays, sporting events, concerts and musicals, for example, a high level of planning and risk assessing was needed. Where this was the case, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector observed the residents' house to require a level of upkeep so that all areas of the house could be effectively cleaned to provide the best possible protection against infection.

For example, the inspector observed the follow issues during the walk-around of the centre;

A number of residents' bedroom doors and frames was observed to have chipped timber.

A number of walls in rooms throughout the house included small holes, some with old raw plugs inside them. The holes required filling so that the area could be effectively cleaned.

There had been improvements made to the storage of residents' medicines. A new space had been renovated with convenient storage and counter tops installed. Overall, the new space enabled a quieter and safer place to prepare and dispense

medicine. However, some upkeep to the walls of the room was needed. For example, there were chunks of plaster removed from one of the walls. The bin, which was observed to have used personal protective equipment in it, (gloves), had no lid. The flooring that raised up towards the walls included gaps and impacted on the effective cleaning of it.

The flooring and walls of the external laundry room required upkeep so that they could be effectively cleaned. There were gaps between the floor covering and the walls. The walls had grey staining on them and it was unclear if this was due to mould build-up.

In a smaller shed, where personal protective equipment was stored, a review of the flooring was required, as this also, was observed as a surface that could not be effectively cleaned.

The shower in the staff bedroom required upkeep. There was grime and mould observed on the bottom tiles as well as the bottom of the shower doors. There was no toilet roll holder in place.

The person in charge had identified a number of the deficits above and recorded them in the centre's maintenance book. In addition, the provider's most recent unannounced six monthly review of the quality and care and supported provided to residents, also identified some of the above issues.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that there was effective fire safety management systems in the centre that ensured the safety of residents in the event of a fire.

Staff completed daily, monthly and quarterly fire checks. The emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required timeframe.

The person in charge had prepared fire evacuation plans and resident personal evacuation plans for staff to follow in the event of an evacuation.

Staff had also completed fire safety training and were knowledgeable in how to support residents evacuate the premises, in the event of a fire.

Fire drills were carried out to test the effectiveness of the fire evacuation plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of each residents' health, personal, and social care needs had been carried out. The inspector reviewed a sample of the assessments and found that they were reviewed on an annual basis or more frequently if required.

The person in charge had ensured that personal plans were developed for residents. The plans were informed by the assessments and reflected the supports required to meet the resident's needs. The plans viewed by the inspector were up-to-date and readily available to guide staff in the appropriate delivery of care and support interventions. (Where plans included positive behaviour support plans, this had been addressed under regulation 7).

Residents were provided with an assessable format of their personal plan. This meant that residents were provided with a plan that they understood and that was in a communication format that was of preference to them.

The inspector observed well laid out and colourfully designed picture format of residents' 2024 goals and in some cases, achievements of goals to date. One resident, with the support of their staff, showed the inspector a folder that contained pictures of goals achieved. The resident was smiling when showing the inspector the folder.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements were required to ensure residents, where required, had documented, evidence-based and allied health professional informed behaviour support plans in place.

For example, where a resident was engaging in self-injurious behaviours, the inspector saw that they were provided with a support plan to manage this behaviour. The plan endeavoured to guide and support staff manage the resident's behaviours however, it was not written by, or had oversight by, an appropriate allied health professional or clinician. This meant that the provider could not be assured that evidence-based specialist and therapeutic interventions were effectively implemented in line with national and centre policies.

In addition, the timeliness of review of a resident's positive behavioural support plan was not satisfactory and overall, posed a increased potential risk of the recurrence of behavioural incidents. For example, on review of a resident's positive behaviour support plan, the inspector saw that the plan had been reviewed, with multidisciplinary input, in April 2023. The week before the inspection, a further

review of the plan took place. However, due to the amount of behavioural incidents occurring during this period, the time between reviews was not satisfactory.

For example, on review of behavioural incident forms from April 2023 to May 2024 for the same resident, the inspector saw that there was on-going and escalating behavioural incidents occurring during this period. On 17 of the 18 incident reports, it was noted that positive behaviour strategies had not been effective or had no impact. (A sample of incident reports reviewed for August, Sept and October, also demonstrated similar trends). However, there had been no review of the strategies within the resident's behavioural support plan subsequent to the incident reports indicating the ineffectiveness of the strategies.

This meant that the provider had not taken appropriate steps to reduce the likelihood of behaviours of concern recurring. Proactive strategies were proving ineffective, and as a result, on many occasions, the resident was administered PRN (as required) medication, which in some cases was also found ineffective.

Incident forms showed that the resident's distress often resulted in long periods of shouting, screaming, negative talk and crying. On two occasion in 2024, this had a negative impact for other residents living in the house and resulted in a safeguarding concern. On review of the safeguarding plans in place, the inspector saw that overall, they resulted in a level of constraint regarding travelling on the bus and mealtimes.

Judgment: Not compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding and protection of vulnerable adults. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Staff who spoke with the inspector, were aware of the safeguarding policies and procedures in place to protect residents. Staff were aware of the different types of abuse and of the reporting procedures in place as well as who to contact.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

Where safeguarding incidents had occurred in the centre, the person in charge had followed up appropriately and ensured that they were reviewed, screened, and reported in accordance with national policy and regulatory requirements.

Where appropriate, residents were provided with safeguarding plans and these were regularly reviewed and updated when required.

However, the inspector found that due to the current staffing levels in place, alongside on-going and escalating behavioural incidents, that there was a potential risk of further safeguarding incidents occurring and likeliness of an increase in trend of such incidents. This meant that the provider was not ensuring that supports and arrangements in place in the centre, were promoting residents' safety at all times.
Judgment: Substantially 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Fox's Lane Residential OSV-0002366

Inspection ID: MON-0034853

Date of inspection: 15/05/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: · 1 SCW Vacancy: Ongoing recruitment process- 30/8/2024 · Review of roster completed on the 13/6/2024- Identified need for staffing to support resident during periods of Behaviors that challenge and to enable supported activities for all. · DSMAT resubmitted to HSE for approval regarding specific Purpose contract requirements 27/6/2024 · Organisational WTE review scheduled for the 27/6/2024 · Utilisation of Regular relief and agency staff until Vacancies can be filled 30/8/2024 · Staff team in Foxes Lane are to complete a bespoke 6 hour staff training on 9th and 23rd July to support staff caring for residents with complex needs. This training will be based on the CAPDID training model which is a trauma informed approach to caring for people with a personality disorder and intellectual disability (CAPDID). 23/7/2024 · Alternate Location sourced for the evenings within the locality to allow residents scope to engage in their own specific activities 13/6/2024	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1 SCW Vacancy: Ongoing recruitment process- 30/8/2024 · Review of roster completed on the 13/6/2024- Identified need for staffing to support resident during periods of Behaviors that challenge and to enable supported activities for all. DSMAT resubmitted	

· Organisational review Of WTE- scheduled for the 27/6/2024
· Alternate area sourced for the evenings within the locality to allow residents scope to engage in their own specific activities- supported by staff
· Utilisation of Regular relief and agency staff until Vacancies can be filled 30/8/2024
· Staff team in Foxes Lane are to complete a bespoke 6 hour staff training on 9th and 23rd July to support staff caring for residents with complex needs. This training will be based on the CAPDID training model which is a trauma informed approach to caring for people with a personality disorder and intellectual disability (CAPDID). 23/7/2024

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
· Repair to door frames, chipped timber, plaster on walls, plug holes, touch up and redoing of painting: Technical Services Department informed of required works and have advised Contractors have been invited to price the redecoration works identified, once quotes received then they will need to go through the CAPEX Review/Approval Process. Subject to funding approval, works can then be scheduled in. Based on current projects/work schedule, it could be Q1 2025.

· Re the external laundry room : Technical Services Department informed of required works and have advised Contractor invited to price the supply and fit of Whiterock sheeting to the walls and replace the flooring.. Once quote received, and dependant on the funding situation/approval, this will dictate when works can be scheduled in. Based on current projects/work schedule, it could be Q1 2025.

· Re the smaller shed: Technical Services Department informed of required works and will organise a quote for the supply/install of vinyl flooring in the Barna Timber Shed and once quotes received then they will need to go through the CAPEX Review/Approval Process. Subject to funding approval, works can then be scheduled in. In the interim PPE equipment has been moved to the storage room within the DC.

· The bin, which was observed to have used personal protective equipment in it, (gloves), had no lid- This bin was replaced on the day of the inspection- 15/5/2024

· There was no toilet roll holder in place.- Staff ensuite Toilet Roll holder replaced on 20/06/2024

· Staff ensuite: Technical Services following up on request to remove silicon seal over black grim so it can be cleaned and resealed. Work to be completed by 31/07/2024. Noting if seal cannot be removed any works required will need to go through the CAPEX Review/Approval Process. Subject to funding approval, works can then be scheduled in.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

· Positive Behaviour Support Plan/ Integrated Clinical Guidelines scheduled review by Day and Residential allocated Psychologist- with both Foxes Lane residential service and day service to ensure consistency between the two settings in terms of implementing proactive strategies that are helpful for resident and staff supporting them. Scheduled for completion by 30/7/2024

· Assistant Psychologist has completed observations for resident in 30/5/2024 at various time points in their day service, which will help to inform this PBS review. In addition, they will carry out similar observations in the residential setting in Foxes lane which will further inform. 30/6/2024

· Staff team in Foxes Lane are to complete a bespoke 6 hour staff training on 9th and 23rd July to support staff caring for residents with complex needs. This training will be based on the CAPDID training model which is a trauma informed approach to caring for people with a personality disorder and intellectual disability (CAPDID).

· Alternate area sourced for the evenings within the locality to allow residents scope to engage in their own specific activities- supported by staff

· Ongoing recruitment for vacant posts- utilisation of regular relief and agency staff until these posts can be filled

· PIC has linked in with psychologist and arranged for clinical input / review of relevant Support plans to ensure clinical oversight to manage their behaviours that challenge (SIB). Meeting scheduled for: 20th June 2024.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

· All staff have completed on line safeguarding training – 21/6/2024
· All staff have completed Positive behavioral support Training
· Review of all positive behaviouiral support plans for residents with behaviours that challenge- to ensure all staff have informtion regarding the specific supports for each resident and guidance in the management of same- 30/7/2024

- Staff team in Foxes Lane are to complete a bespoke 6 hour staff training on 9th and 23rd July to support staff caring for residents with complex needs. This training will be based on the CAPDID training model which is a trauma informed approach to caring for people with a personality disorder and intellectual disability (CAPDID). 23/7/2024
- Ongoing recruitment to replace vacancies within the DC 30/8/2024
- Establishment of alternate location to allow residents time off site to engage in activities of their choosing while being supported by staff
- Continued escalation of any safeguarding concerns to senior management and principal social worker for screening and updfating of safeguarding supports

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.	Not Compliant	Orange	30/08/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/08/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	30/03/2025

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered 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.	Substantially Compliant	Yellow	30/07/2024
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	30/07/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/08/2024