

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

Issued by the Chief Inspector

Name of designated centre:	Damien House Services
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	06 March 2024
Centre ID:	OSV-0002442
Fieldwork ID:	MON-0039391

About the designated centre

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

Damien House Services is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a residential service for up to seven adults with a disability. The designated centre comprises of two houses and a self-contained apartment located in County Tipperary on HSE grounds. Each property has private gardens for residents to avail of as they please. The centre is staffed by the person in charge, clinical nurse manager, staff nurses and care assistants.

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 (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 6 March 2024	10:20hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations. The inspector had the opportunity to meet the five residents living in the designated centre over the course of the inspection.

In the morning the inspector visited the first unit of the designated centre which was home to two people. On arrival, the inspector met with one resident as they were watching TV and preparing for the day. The other resident had already left the centre to go for a walk in the community. Later in the morning, the first resident was supported to access the community while the second resident returned home and was observed spending time in their sitting room and having lunch.

The inspector carried out a walk-through of this unit. The unit was a bungalow which consisted of sitting room, kitchen/dining room, two resident bedrooms, three bathrooms, sensory room, utility room, staff room, and offices. Overall the unit was well-maintained, however, some areas required attention. For example, in one bathroom the inspector observed rust on one radiator and a mal-odour. The inspector also observed small areas of painting which required attention. In addition, some bathrooms were institutional in aesthetic and required further review. The inspector also observed the residents feeding, eating and drinking guidelines on display in the kitchen. This practice did not protect the privacy of the residents and required further review.

Later in the afternoon, the inspector visited the self-contained apartment which was home to one resident. The resident showed the inspector pictures of their activities and the projects they worked on including building a gazebo in their garden. At the time of the inspection, the resident was in the process of restoring a trailer. The resident told the inspector of their plans to get the bus into town for a coffee in the afternoon.

The inspector carried out a walk-through of this unit accompanied by the resident. The self-contained apartment consisted of a kitchen, dining room, sitting room, bathroom, office and individual bedroom. Overall, the apartment was well maintained. However, there were some areas which required review including areas of painting and camera equipment, which was not in use, throughout the apartment.

In the afternoon, the inspector visited the second unit which was home to two adults. One resident noted that they were working in the garden and tending to their chickens. The resident informed the inspector that they regularly brought the eggs home to their family. They had recently moved into the unit and were happy in their home. The second resident communicated that they did not want the inspector in their kitchen or bedroom and asked them to go into the office. This was respected. When the inspector was leaving the unit, they informed them of a birthday party they were planning for the weekend.

The inspector carried out a walk-through of this unit which consisted of a sitting room, kitchen/dining room, four resident bedrooms, a laundry, office and utility room. Again overall it was decorated in a homely manner, however the flooring in the laundry and sitting room was worn and required review. This was also identified at the time of the last inspection.

Overall the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, there were some areas for improvement which were identified including governance and management, premises, restrictive practices, personal plans and medication management.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there were management systems in place to ensure the provision of a good standard of care to the residents. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, improvement was required in governance and management.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was on leave on the day of the inspection and the inspection was facilitated by the Director of Nursing. There was evidence of quality assurance audits taking place including the annual review for 2023 and the six-monthly provider visits to ensure the service quality was effectively monitored. In addition, a local audit schedule was in place to review areas including fire safety, finances and medication management. However, some improvement was required in the annual review.

On the day of the inspection, the inspector observed that there was an appropriate number of staff to support the residents' assessed needs. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

There were systems in place for staff training and development which ensured that the staff team had up to date skills and knowledge to meet the residents' identified needs.

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the residents. In October 2023, the provider had self-identified a reliance on agency staffing to maintain the staffing complement and had taken steps to ensure consistency including ongoing recruitment to fill vacancies and the use of regular agency staff.

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. Across the three units, the five residents were supported by seven staff members during the day and five staff members on waking shifts at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up to date mandatory training including safeguarding, de escalation and intervention techniques and manual handling. Where members of the staff team required refresher training, this had been self-identified by the provider and plans were in place to address same. Overall, the inspector found that the training systems in place ensured all staff had up to date skills and knowledge to support the residents with their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported to the Director of Nursing, who in turn reported to the General Manager.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. These included the annual review and six-monthly provider audits. However, some improvement was required in the annual review, as it was not evident that the annual review provided for consultation with residents and their representatives. This was also identified on the previous inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service provided appropriate care and support to the residents. However, some improvements were required in the premises, medication management, restrictive practices and personal plans.

The inspector reviewed a sample of resident's personal files. Each resident had an up to date comprehensive assessment of their social, personal and health needs. The assessment informed the residents' personal plans which were found to be up-to-date and suitably guided the staff team in supporting the residents with their assessed needs. However, some improvement was required in the documentation regarding supporting residents to achieve goals.

The previous inspections found that the centre was not appropriate to provide care for one of the residents. This issue of compatibility was addressed and the resident had been supported to transition to an appropriate long-term placement.

There were positive behaviour supports in place to support residents to manage their behaviour. The inspector reviewed a sample of positive behaviour support plans and found that they were up-to-date and appropriately guided the staff team. The staff team demonstrated good knowledge of the residents and their personal plans.

There were effective systems in place for safeguarding residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

Regulation 17: Premises

The designated centre was decorated in a homely manner and was generally well maintained. The designated centre consisted of three units located in a campus-based setting in Co. Tipperary. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

Overall, since the last inspection, there had been positive improvements in the premises, including replacing worn furniture in one unit and upgrading external works such as rain gutters.

However, some areas of improvement remained but the provider was now addressing and working on all of these areas. For example:

- small areas of internal painting requiring attention,
- rust on one radiator in a bathroom,
- institutional aesthetic of some bathrooms,
- worn flooring in one unit,
- unused CCTV cameras in one location,

These areas had been identified by the provider and plans were in place to address same.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place in the centre including an hour of darkness fire drill with minimum staffing and maximum number of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place for the administration, documentation and disposal of medicines. The inspector reviewed a sample of medication prescribed for the residents and found that it was readily available. There were arrangements in place for the safe, secure storage of medication. However, some improvement was required in the recording of opening dates on creams and liquids.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of resident's personal files and found each resident had an up to date comprehensive assessment of their social, personal and health needs. While personal plans were generally found to be up-to-date and suitably guided the staff team, some improvement was required in the documentation regarding supporting residents to achieve goals. For example, two residents reviewed did not have up to date documentation regarding personal goals in line with the provider's framework.

Previous inspections identified that the centre was not suitable to provide care for one resident based on the provider's assessment. This had been addressed and the resident was supported to transition to an appropriate long-term placement.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

There were a number of restrictive practices in use in the designated centre. There were appropriate systems in place to identify, assess and review restrictive practices. However, some practices required review by the provider's human rights committee to ensure they were not restrictive in nature including a dining room seating plan in one unit and the use of TV cabinets in two of the units.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse. All staff had received training in

safeguarding vulnerable adults. The residents were observed to appear relaxed and content in their home.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Damien House Services OSV-0002442

Inspection ID: MON-0039391

Date of inspection: 06/03/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Annual report will be updated to include consultation with residents and feedback received from family questionnaires. - 24/05/2024</p> <p>The importance of including this will also be discussed at next managers meeting 08/05/2024 to ensure future annual reports contain evidence of resident and family consultation.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • small areas of internal painting requiring attention- Request has been submitted to maintenance department for internal painting in identified areas with expected completion date 31/07/2024 • rust on one radiator in a bathroom- Following review by maintenance department, radiator was removed on 16/04/2024 • institutional aesthetic of some bathrooms- Décor items for bathroom areas being explored with residents with same to be purchased and installed where required 31/07/2024 • worn flooring in one unit- funding has been approved for replacement of worn flooring. Installation of flooring due to be completed by 30/08/2024 • unused CCTV cameras in one location- CCTV camera's, where no longer required will be removed – 28/06/2024 	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All creams and liquids have been labelled within the designated centre 22/04/2024. Specific purpose labels have been ordered from stores to ensure accurate recording of opening dates on creams and liquids with expected delivery by 20/05/2024</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: PCP dates are being scheduled in conjunction with residents and families with same to be completed by 28/06/2024</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Seating plan not in use, same removed from dining room on 19.03.2024 Restrictions due for review by restrictive practice oversight group- this will include review of restrictions currently in use and also tv cabinets in two house- 31.05.2024</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	30/08/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	24/05/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal	Substantially Compliant	Yellow	20/05/2024

	and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	28/06/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/05/2024