



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:	Announced
Date of inspection:	18 August 2022
Centre ID:	OSV-0002442
Fieldwork ID:	MON-0028935

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 an apartment located in County Tipperary on Health Service Executive 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 managers, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Thursday 18 August 2022	09:15hrs to 17:15hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision. This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

Since the last inspection in 2021, the provider has implemented a planned reconfiguration of the designated centre to reduce the capacity and size of the centre from supporting 12 residents in five units to supporting seven residents in three units. The inspector had the opportunity to meet six of the seven residents over the course of the inspection, albeit briefly.

On arrival to the first house, the inspector was warmly greeted by the two residents. The residents were observed in the living room, listening to music and preparing for the day. Later in the morning, the residents were observed being supported to access the community. The house consisted of living room, kitchen/dining room, utility room, two individual resident bedrooms, visitors room, staff room and office. Overall, the house was observed to be well maintained. The inspector was informed that there were plans in place to update one room in the centre to a visitors room. The previous inspections found that significant work was required in the upkeep of the premises. It was evident that some work had been completed including external ground works. The inspector was informed of plans in place to address the remaining issues.

Later in the morning, the inspector visited the apartment which was home to one resident. The resident showed the inspector pieces of woodwork they had completed which included outdoor seating and a gazebo. They also spoke of caring for a number of chickens, planting vegetables and plans to plant a hedge in their garden. The resident told the inspector they were happy in their home. The apartment consisted of a dining room, kitchen, sitting room, resident bedroom, office and bathroom.

The inspector visited the second house in the afternoon. The inspector observed two residents engaged in table top activities while one resident was accessing the community. One resident proudly showed the inspector their bedroom which was decorated in line with their interests. The house consisted of living room, kitchen/dining room, four individual resident bedrooms and laundry room. The house was decorated in a homely manner. However, some general upkeep was required. For example, the inspector observed large cobwebs around some external light fittings which impacted on the homeliness of the house. In addition, areas of paint were observed to be in need of attention throughout the house. The flooring in areas of the house also required attention as it was worn in places. For example, the

living room and laundry room.

The inspector also reviewed three questionnaires completed by residents' representatives and family members describing their views of the care and support provided in the centre to their family members. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported their family members.

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, the placement of a resident following a review of the compatibility and suitability of the living arrangements for each resident remained outstanding. In addition, there were some areas for improvement were identified including training and development, premises and infection prevention and control. The next two sections of the report present the findings of this inspection in relation to the 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 the annual review and staff training and development.

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 is supported in their role by two experienced clinical nurse managers. There was evidence of quality assurance audits taking place including the annual review for 2021 and the six monthly provider visits to ensure the service provided was monitored. 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. This is a nurse-led service with nursing support available at all times. 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. The inspector reviewed staff training and found that the majority of the staff team had up to date mandatory training. However, some of the staff team required refresher training in areas including fire safety, infection control, manual handling and safeguarding.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

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 seven residents were supported by eight staff members during the day and five staff members on waking night shifts at night. As noted, this is a nurse-led service with nursing support available at all times. The person in charge maintained a planned and actual roster. The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the resident 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. However, a number of the staff team required refresher training in fire safety, infection control, manual handling and safeguarding. This had been self-identified by the provider and plans were in place to ensure all staff had up to date skills and knowledge to support the residents with their assessed needs.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received supervision in line with the provider's policy.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

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 Area Director of Nursing. 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 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.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: 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, improvements were required in the

premises, compatibility of residents and infection prevention and control.

The previous inspections found that the centre was not appropriate to provide care for one of the residents. This issue of compatibility of residents remains outstanding. In November 2019 the provider reviewed the compatibility and suitability of the living arrangements for each resident and identified one placement in this designated centre as not suitable. The provider outlined in their compliance plan to the previous inspection that the proposed transfer was postponed due to COVID-19 and will be completed by March 2022. This remained in process at the time of the inspection. The inspector found that while there were systems in place to manage compatibility concerns this remained a high priority.

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.

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 provider had systems in place to review and trend incidents occurring in the centre. The residents were observed to appear comfortable and content in their home.

Regulation 17: Premises

The designated centre is located in County Tipperary and comprises of three units. 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 improvements in the premises to make the designated centre more homely. This included, painting of areas of the designated centre, repair of external ground works, addressing weeds and removal of waste stored around a unit.

However, some areas of improvement were required, including:

- worn seating furniture in one unit,
- review of rain gutter for two units,
- areas of paint requiring review,
- areas of worn flooring in one unit, particularly the sitting room and laundry room,

- broken tiles in one bathroom.

In addition, the accessibility of one en-suite bathroom required review as it did not promote accessibility for the resident. The inspector was informed that the provider was awaiting an assessment by an Occupational Therapist and that a referral had been submitted. The impact on the resident was mitigated as a suitable alternative bathroom was in available while this assessment was being completed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The risk register was up-to-date and outlined the controls in place to mitigate the risks. The residents had number of individual risk assessments on file so as to promote their overall safety and well-being, where required. The individual risk assessments were also up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. An infection control audit had been carried out in March 2022 which found a number of areas for improvement and an action plan had been developed to address same. Overall, the interior of the premises were observed to be visibly clean. The staff team were observed wearing PPE as appropriate.

However, some areas required review as they posed a barrier to effective infection prevention and control, including:

- cleaning schedules in place did not appropriately guide the staff team on areas of the centre to clean,
- the cleanliness and flooring in a laundry room in one unit,
- flooring in one unit,
- worn seating furniture in one unit,
- broken tiles in one bathroom,
- rust on storage cabinet.

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 which were serviced as required. There was evidence of regular fire evacuation drills taking place and the residents had a personal emergency evacuation plan (PEEP) in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As identified on the previous inspections, the suitability of the centre to provide care for one of the residents and to address issues of compatibility remains outstanding. While, there is clear plans developed to transition the resident to a suitable placement, the transitions have yet to take place. The inspector was informed that this was due to the impact of COVID-19 and the upgrade works required to the identified premises.

Judgment: Not 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.

Judgment: 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. 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially 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	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Damien House Services OSV-0002442

Inspection ID: MON-0028935

Date of inspection: 18/08/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A review of all training compliance was conducted August 2022– a training plan was implemented regarding all outstanding mandatory training & on line refreshers to be fully completed by all staff by 14/10/22</p>	
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>The annual report 2021/2022 did not show sufficient consultation with residents and their representatives, this was brought to the attention of the registered provider who assigns a manager to complete the annual report. Future annual reports will contain evidence of in-depth consultation with residents and their representatives.</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

Funding has been secured for furniture replacement, décor and painting of houses. To be completed by 31/12/22.

Contract for repair/replacement of guttering has been issued, extensive works required we are currently awaiting plan of works – issue will be addressed by 31/12/22.
Broken tiles in residents bathroom has been reported to technical services and will be remedied by 30/10/22.

Awaiting Occupational Therapist assessment of resident’s bathroom for suitability and any associated works / recommendations will be addressed promptly – the resident in question will still have access to a suitable alternative bathroom whilst awaiting refurbishment.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
A new system of cleaning schedules and supporting/guidance documentation is currently being rolled out across the service with full implementation to be completed by 30/10/22

Flooring to be replaced in laundry room and in other areas identified In IPC inspection, to be completed by 28/2/23.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Funding has been secured to bring the identified premises ,for resident to transition, up to standard, contract has been issued and is currently going through planning phase with architects and HSE estates department. Major works are required and the HSE estates department are advising that building works are due for a completion date of June 2023 with residents transition to occur by 31/8/23.



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	14/10/2022
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	31/12/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to	Substantially Compliant	Yellow	31/12/2022

	in subparagraph (d) shall provide for consultation with residents and their representatives.			
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	28/02/2023
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/08/2023