



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

Issued by the Chief Inspector

Name of designated centre:	Springfield House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	13 October 2021
Centre ID:	OSV-0005550
Fieldwork ID:	MON-0029570

About the designated centre

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

This service provides residential services to adults over the age of 18 years, diagnosed with an intellectual disability, autism, acquired brain injuries and who may also have mental health difficulties. The centre can accommodate up to six residents and is situated close to a large town in County Meath. The living accommodation for residents includes a five-bedroom two-storey house and a one-bedroom stand-alone apartment. The main house consists of five bedrooms, two of which are en-suite, two communal bathrooms, a kitchen and utility room, and three living rooms. The apartment contains a kitchen-come-living room, bedroom and separate bathroom. The centre is staffed with a person in charge, two team leads, nursing staff and a team of direct support workers.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 October 2021	10:05hrs to 18:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service comprised of a large detached house and a self-contained one bedroom apartment in County Meath. It was walking distance to a large town and was in close proximity to a number of nearby villages.

The inspector met and spoke with four residents and one family representative (over the phone) so as to get their feedback on the service provided. Written feedback from four family representatives on the quality and safety of care provided in the house was also reviewed as part of this inspection process.

On arrival to the service, the inspector observed that the premises were clean, spacious, warm and welcoming. Residents were engaged in their daily morning routines and appeared happy and content in their home.

One resident was looking forward to Halloween and the inspector observed that parts of the premises had been decorated for this occasion. The inspector asked the resident were they happy in their home and they responded by smiling and giving the inspector a 'thumbs up'. This resident liked to move freely about their home and it was observed that staff were at all times kind and professional in their interactions with them.

Another resident had recently moved into the house and told the inspector that so far, they were very happy living there. They had their own room and said they were happy with the way it was decorated. They also said that the staff team were great and that they would talk to any staff member if they had any issues in the house.

Later in the inspection process another resident informed the inspector that they were very happy living in the house. The inspector observed that the resident made their own decisions on how to live their life and, staff were respectful and supportive of their choices. The resident also said that they got on well with all staff members.

The house and apartment were situated on their own private grounds with garden areas to the front, side and rear of the properties. The inspector observed that one resident had made their own small private garden area to the side of the house, with flowers and plants.

On reviewing the apartment the inspector observed that it was designed to meet the assessed and complex needs of one resident. The resident had been in hospital for some time and, was due for discharge at the time of this inspection. The person in charge explained to the inspector that a specialised bed for this resident had been ordered and a team of multi-disciplinary professionals (to include speech and language therapy/occupational therapy) would further assess the environment so as

to ensure it was adequate to meet the resident's needs.

A family representative spoken with was complimentary and positive about the quality and safety of care provided in the house. They said that their relative was very happy living there and that their assessed needs (to include their mental health and wellbeing) were being supported. They said their relative was happy with the house, their room was exactly the way in which they wanted it to be and, it was like a 'home from home'.

They also reported that the staff team were great and, were very respectful and supportive of the individual choices and rights of their loved one. They concluded by saying their relative had a great social life in the service and they couldn't ask for a better placement for them.

Written feedback on the service from four family members was generally positive. For example, one family member reported that although they would like more communication from the multi-disciplinary team, they were happy with their relatives accommodation and, the staff team were dedicated. Another relative said that their loved one had everything they needed, they were happy, healthy and safe and they found the person in charge to be excellent.

The other two family representatives were equally as positive in their feedback with one saying their relative seems very happy in the house and the other reporting that they were happy with the care provided to their loved one. This relative also reported that although there could be a high turnover of staff at times, staff were always professional and courteous.

Towards the end of the inspection one resident spoke to the inspector about their experience of living in the house. They had been out for the day (supported by staff) where they met up with relatives. The resident said that they very much enjoyed their day. They also said that they were happy in the house and got on well with that staff team. They were planning to go to Tenerife for a holiday in January 2022 and said, they were very much looking forward to this trip.

The resident also said that they liked to have goals to work towards achieving and, had an interview upcoming for a new job soon. They were also part of a sporting club and were hoping to go to Russia in the future to represent their club at an international sporting event.

While the resident said they were happy living in the house, they also said that their long-term goal was to move to their own pod or apartment at some stage in the future. They had spoken with the chief executive officer of the organisation about this goal, and the process of seeking planning permission to build this apartment for had already commenced.

Over the course of this inspection the inspector observed that staff supported the residents in a professional, dignified, caring and person centred manner. Staff understood the communication needs of each resident and it was observed that residents were comfortable and at ease in the presence of staff.

While some issues were found with the complaints process and staffing arrangements, residents reported that at the time of this inspection, they were happy in their home and feedback from a family representative spoken with over the phone was positive and complimentary.

The following two sections of this report discuss the above points in more detail.

Capacity and capability

Residents reported that they were happy and content in their home and at the time of this inspection, the provider ensured that supports and resources were in place to meet their assessed needs. However, some issues were identified with the complaints process and staffing arrangements.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the centre. They were supported in their role by two team leads who worked in the house on a regular basis. The person in charge was an experienced, qualified social care professional and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

This person in charge was also found to be responsive to the inspection process, aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and aware of the assessed needs of each resident in their care.

Systems were in place to ensure staff were trained and supervised in the service. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, first aid, positive behavioural support, manual handling and infection prevention control.

It was observed that staff did not complete practical assessments for both first aid and manual handling as this training was completed in totality online. As one of the residents had a number of health-related issues (to include issues with swallowing), the inspector asked management if they were satisfied the training was adequate in ensuring staff had the skills required to respond to the assessed needs of the residents. They responded that they believed this training to be adequate as it included theory, video and pictorial demonstrations with an online assessment which staff were required to complete and pass. If required, additional support and training was also provided from a Speech and Language Therapist (SLT), or where there was mobility issues, an Occupational Therapist (OT) and/or Physiotherapist.

Notwithstanding, the staffing arrangements required review. While the service was

operating with a shortfall of two full time staff members at the time of this inspection, the inspector saw evidence that these posts were to be shortly filled. While acknowledging that staff were courteous and polite, one family member also raised some concerns about the level of turnover of staff in written feedback observed by the inspector. It was also observed that at times, the actual rota was not being maintained as required by the regulations.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. While one minor issue was identified within the statement of purpose, this issue was addressed prior to completion of inspection.

On a review of the complaints process the inspector observed that a complaint was made by one resident in January 2021 about behaviours exhibited by another resident. The resident making the complaint said that at times, they would spend time in their room because of this issue. A referral to an independent advocate was also arranged for a resident who felt unsafe in the house at times. In March 2021 a parent of a resident also complained about this issue, expressing concern about the impact it was having on the mental health and wellbeing of their relative. In May 2021, two more complaints were made by other parents also expressing concerns about the same issue.

While acknowledging that the senior management team of the service had made efforts to address these concerns and all residents spoken with reported that they were now happy and content in their home, the issue wasn't addressed in a timely manner and wasn't fully resolved until August 2021.

Systems were in place to ensure the house was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports and a number of local audits. These audits were ensuring the service remained responsive to the regulations and responsive to the needs of the residents. For example, the auditing process identified that a change in procedures regarding open medications was to be implemented in the centre. This procedure was in place at the time of this inspection.

Regulation 14: Persons in charge

The person in charge was an experienced, qualified social care professional and provided leadership and support to their team. They were also found to be responsive to the inspection process, aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and aware of the assessed needs of each resident in their care.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements required review. While the service was operating with a shortfall of two full time staff members at the time of this inspection, the inspector saw evidence that these posts were to be shortly filled. Notwithstanding, while acknowledging that staff were courteous and polite, one family member raised some concerns about the level of turnover of staff in written feedback observed by the inspector. It was also observed that at times, the actual rota was not being maintained as required by the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Systems were in place to ensure staff were trained and supervised in the service. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, first aid, positive behavioural support, manual handling and infection prevention control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the centre. They were supported in their role by two team leads who worked in the house on a regular basis. Systems were in place to ensure the house was monitored and audited as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives

of the centre and a statement as to the facilities and services which were to be provided to residents. While one minor issue was identified within the statement of purpose, this issue was addressed prior to completion of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A number of complaints concerning the quality and safety of care had been made in the centre by both a resident and three family representatives between January 2021 and May 2021. While this issue was addressed at the time of this inspection, it wasn't addressed in a timely manner and wasn't fully resolved until August 2021.

Judgment: Substantially compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From speaking directly to the residents the inspector was informed that they were using their community, were keeping in contact with their families, had goals they were working towards and had plans in place for social events and holidays abroad. From a review of residents meetings the inspector also observe that residents organised trips to the cinema, shops and outings to botanic gardens and zoo. Indeed, on the day of this inspection one resident walked into the nearby town with staff support, one went on a visit their brother and godson while another went for a drive. A family member spoken with also said that their relative had a great social life.

Residents were also supported with their healthcare needs and, as required, access

to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, occupational therapy, and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Access to mental health and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Systems were in place to safeguard residents and where or if required, safeguarding plans were in place. From speaking with one staff member over the course of the inspection, the inspector was assured that they had the skills, confidence and knowledge to report any concern to management if they had any. Staff also had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer and an independent advocate were available in the centre. Residents also informed the inspector that they would speak to the person in charge or any staff member if they had any concerns or issues.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk in the community, they were provided with staff support for social outings. Where required, one resident was also provided with 2:1 staff support throughout the day so as to promote their safety and wellbeing.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. Enhanced cleaning schedules were also in place.

The premises were observed to be luxurious, clean, warm and welcoming on the day of this inspection and all residents spoken with, reported they were very happy with the house. Some parts of the premises required some maintenance work (to include the garden areas) however, plans were in place to address these issues by the end of October 2021.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from both staff as/if required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Information on rights and independent advocacy was also discussed with residents at their weekly meetings. The inspector also observed that at all

times over the course of this inspection, the person in charge, team lead and staff team were respectful and supportive of the residents individual choices.

Regulation 17: Premises

The premises were observed to be luxurious, clean, warm and welcoming on the day of this inspection and all residents spoken with, reported they were very happy with the house. Some parts of the premises required some maintenance work (to include the garden areas) however, plans were in place to address these issues by the end of October 2021.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. Enhanced cleaning schedules were also in place.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, occupational therapy, and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where or if required, safeguarding plans were in place. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the skills, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer and an independent advocate were available in the centre. Residents also informed the inspector that they would speak to the person in charge or any staff member if they had any concerns or issues.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from both staff as/if required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Information on rights and independent advocacy was also discussed with residents at their weekly meetings. The inspector also observed that at all times over the course of this inspection, the person in charge, team lead and staff

team were respectful and supportive of the residents individual choices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Springfield House OSV-0005550

Inspection ID: MON-0029570

Date of inspection: 13/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In line with the Centre's recruitment strategy, two direct support workers started on 18/10/2021. Staffing levels are now in line with Centre's Statement of Purpose. Furthermore, a relief panel is in place to cover any shifts as required. The person in charge has completed a review of all roster documentation, to ensure rosters accurately reflect the staffing levels within the Centre.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: It is acknowledged that while complaints raised within the Centre were addressed, they were not addressed as quickly as required. In line with The Talbot Groups Complaints Policy, all complaints will be investigated promptly, and proactive measures will be taken to address the source of any complaint. Where complaints can not be resolved locally, these will be escalated in line with the Talbot Groups policy on complaints. The progress and status of complaints will be monitored via numerous governance arrangements. Should a complaint not be resolved to the satisfaction of a complainant, this will be reviewed in line with The Talbot Groups complaints appeals procedure.</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 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.	Substantially Compliant	Yellow	18/10/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	09/11/2021
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	09/11/2021