



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

Issued by the Chief Inspector

Name of designated centre:	Bower House
Name of provider:	Dundas Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	06 April 2023
Centre ID:	OSV-0005608
Fieldwork ID:	MON-0030430

About the designated centre

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

Bower House is a community-based respite service for up to six male or female adults with an intellectual disability. It is situated on the north side of Co. Dublin within walking distance of a local village and its amenities such as shops, cafés, restaurants, and a shopping centre. The centre is close to public transport links including a bus and train service which enable residents to access neighbouring areas. The building is a large, two-storey house in a coastal area of Dublin county. There are six private bedrooms for residents, and three shared bathrooms, two with a bath and shower. The kitchen is domestic in nature and residents are encouraged to participate in grocery shopping and the preparation of meals and snacks. There is one dining room, one living room and two sitting rooms in the house. The property is surrounded by a large garden. Staff encourage residents to partake in activities in the local community. The staff team comprises a person in charge, staff nurses and direct support workers and a household staff. Staffing resources are arranged in the centre in line with residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 6 April 2023	10:00hrs to 17:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet with the residents currently on respite breaks in this designated centre, observe interactions between residents and their support staff, and review documentation regarding their care and support.

The residents were encouraged and facilitated to stay busy and active during their time in the centre. Two of the residents were attending their day service and the third resident was enjoying their time in the house and local area. Residents presented as comfortable with staff members and there was a relaxed and comfortable atmosphere in the house. Staff demonstrated a good knowledge of the residents' preferences, communication styles, food choices, and hobbies.

Residents were observed watching and laughing along with comedy shows, playing video games, or browsing the internet. There was sufficient space and multiple communal areas in the house to facilitate residents to pursue their own routines and interests without interrupting those of others. The provider had set up multiple computer stations and hangout spots to maximise options where residents preferred not to share the space. Each resident stayed in a large bedroom which was appropriately furnished. The communal areas and external grounds were safe and suitable to navigate. The provider had addressed findings of audits and inspections, and had repaired or replaced furniture and flooring to maintain the homely aesthetic of the centre. Photographs of different combinations of residents hanging out together and going on trips decorated a wall of a living room. A CCTV camera was identified in a bedroom hallway which had never been utilised in the time this centre has been registered, and its removal to further retain a homelike environment was discussed.

The centre is located on the coast and within walking distance to local amenities. Residents who wanted to go for a walk were supported to come and go without delay. A small number of restrictive practices were in use on the premises, and in the main these were implemented only where identified risk applied for specific residents. Where there had been safety incidents or incidents in which residents did not get along with or upset one another, the provider had identified how respite schedules could be arranged to ensure they were not using the service at the same time. Checks were in place to ensure that residents arrived and left with their own belongings and money.

This inspection was announced in advance, and residents and their representatives were invited to provide feedback and commentary in writing. Five service users provided commentary to the inspector in this way. Commentary was generally positive regarding staff, that they were friendly, funny and supportive with preferred routines. Some commentary noted that staff sometimes did not try to understand what a resident was saying to them or asking them to do. Residents noted that they would feel confident to make a complaint in the centre and it be taken seriously.

Residents described what they liked to do when they stayed in the house, such as going to the airport to watch planes, going bowling or swimming, as well as what they would like to do more of when they attended next time. Residents expressed that their choices were respected and that they felt safe in the house.

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.

Capacity and capability

The provider had suitable governance arrangements in place to effectively manage this designated centre and oversee the quality of resident support. The provider was also proactively identifying deficits in standards or areas in which service could be further enhanced. The inspector observed examples of areas for improvement which were completed or in progress in a timely fashion.

The service was sufficiently resourced with a front-line team who demonstrated a good knowledge of residents' assessed needs and interests. The person in charge was based in the designated centre in a supernumerary capacity to ensure that they had sufficient time to supervise team members and implement improvement strategies. The inspector observed where the person in charge had identified audit findings which were relevant to themselves and the team to ensure these were addressed promptly. Arrangements were in place for leadership and deputation when the person in charge was absent.

The provider's auditing and quality review systems assessed their capacity with regulatory requirements, as well as standards and their own policies and procedures. The annual report for the service was not just a tool for auditing but an opportunity to reflect on the challenges and achievements by the team and the residents in the past 12 months, including commentary from service users themselves, and set out the focus for the centre in the coming year.

Staff were supported in their role through a performance management system, with meaningful goals and career development objectives observed in a random sample reviewed. An area identified for improvement was systems for ensuring that expiring or unattended training was addressed before deadlines passed.

Other areas for improvement identified during this inspection included ensuring that centre rosters were sufficiently maintained to provide an accurate and unambiguous record of shifts worked, and that provider-wide policies and procedures were sufficient to guide the team in matters relevant to respite and short-stay services.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of this centre, and all associated supporting documents, within the required timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably experienced and qualified for their role, worked full time in this designated centre, and demonstrated a good knowledge of their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff available with the appropriate skill-mix to meet the assessed needs of residents. Staff met on inspection demonstrated a good knowledge of the residents, and a friendly and respectful rapport was observed with them.

Some improvement was required to worked rosters to ensure they were clear and unambiguous about who worked in the centre and when. In the sample reviewed, some shifts were unclear when relief or staff redeployed from elsewhere were utilised, some lines included hours worked by two separate people, and some shifts did not include full names or hours worked.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of records to indicate that supervision and performance development meetings were taking place, which aimed to improve practice and accountability, and identify areas for development in staff members' roles.

In a recent audit the provider had identified 89 training and refresher sessions which were outstanding across the team including medicines competency, infection control

and positive behaviour support. Work was in progress to update training where required and ensure this was maintained in future.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which was up to date with the latest changes and included information required under the regulations.

Judgment: Compliant

Regulation 21: Records

Records in this service were maintained, stored appropriately and were readily available for review on this inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had required insurance arrangements in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had conducted a detailed quality and safety audit in March 2023 which assessed the service against the regulations, standards, and provider policy. Where the provider had assessed itself to not be in compliance, a timely action plan was set out to address any deficits or areas in which quality of practice could be enhanced.

The provider had also published their annual report for the centre in April 2023 in which they incorporated feedback and quotes attained from residents and their representatives, and reflected on the primary achievements of the previous 12 months. The annual report set out quality enhancement goals for the year ahead, with a focus on optimising the voice of the service users in how the centre operates.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose for the designated centre which included information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had policies and procedures in place as required under Schedule 5 of the regulations. However, some review was required to policies on admissions and medicine management to guide staff on responding to identified risks.

Judgment: Substantially compliant

Quality and safety

The inspector found evidence to indicate the residents' wellbeing and welfare was supported during their respite stay and that their choices and preferences for routines and activities were respected in their daily support. The provider demonstrated means by which they intended to further enhance resident involvement in centre decisions and operations, and how staff would be encouraged to implement principles of a human right based approach to social care.

The premises was overall, clean, nicely furnished, well-maintained and free of excessive environmental restraints. The provider had replaced or repaired damaged furniture, tabletops and flooring which was identified on the previous inspection. This had greatly enhanced the homely appearance of the house, as well as facilitating effective sanitisation of spaces between respite users. The provider had also implemented actions relative to environmental hygiene and good practice following findings of a comprehensive infection control audit.

Some improvement was required to ensure that staff had sufficient guidance and protocols to follow in response to certain risks associated with respite services. Namely, guidance on what staff would do if residents' medicine does not arrive with them, and how to ensure that residents received their medicine as prescribed when attended day service during their respite stay. Where decisions were made to temporarily amend prescriptions in response to these scenarios, this had not been

done in accordance with advice of the prescriber.

Staff had person-centred instruction and guidance on how identify and prevent scenarios in which residents and others may be at risk from behaviour presentations. The management took compatibility of service users into account when planning out who would be admitted to the service and when, to avoid any known or potential risk and ensure residents had an enjoyable time while using the service.

Regulation 13: General welfare and development

The inspector observed examples of how residents were supported and encouraged to engage in meaningful recreation and social opportunities in the house and in the local community.

Judgment: Compliant

Regulation 17: Premises

The design and layout was safe and suitable for the needs of service users. There were suitable kitchen, bathroom, communal and private bedroom facilities for residents. The house was in a good state of repair and maintenance, and since the previous inspection the provider had repaired or replaced damaged furniture and flooring which had improved the pleasant appearance of the living environment.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had conducted a comprehensive audit by a competent person on prevention and control of healthcare associated infection in March 2023. This audit identified gaps or updates required in policies, procedures and risk assessments, as well as deficits in environmental hygiene and items not included in cleaning schedule such as bathroom vents and curtains. The inspector identified where improvements to practices had incorporated improvements based on these findings. The provider had also completed actions committed to following an infection control inspection in February 2022, primarily related to addressing worn and broken surfaces to facilitate more effective cleaning and sanitisation. Pre-admission checks related to infection control had expanded beyond COVID-19 to other potential risks such as influenza and norovirus.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The policy on medicines management did not guide staff on what to do in the event that residents did not arrive to the service with their prescribed medicines, and what to do in the event that residents were missing their doses due to being out of the house at the time prescribed. This resulted in two of the three residents present during the inspection not having their medicine administered as prescribed. The decision to temporarily pause prescriptions had not been authorised by the prescriber.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The inspector reviewed a sample of personal plans related to residents who had a risk of expressing frustration or anxiety in a manner which posed a risk to themselves or others. The inspector found concise yet person-centred guidance and risk assessments for known behaviours and how staff would identify and respond to incidents to keep residents and others safe.

The provider strived for a restraint-free environment, with the low number of restrictive practices prescribed only being implemented based on the assessed needs of the residents availing of respite at a time.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to respond to concerns related to abuse or safeguarding of residents. This included protections related to incoming and outgoing finances and delivery of intimate support.

Judgment: Compliant

Regulation 9: Residents' rights

The provider demonstrated examples of how they were ensuring that the voices of the large number of respite users were captured and used in a meaningful way to enhance the service and experiences for residents. This included commitments to increase the frequency of resident feedback meetings, and for staff to attend and explore meaningful ways to implement training in a human rights based approach to social care.

The inspector observed respectful and friendly interactions between residents and staff, and examples of residents being encouraged to choose what they wished to do with their time in the service.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bower House OSV-0005608

Inspection ID: MON-0030430

Date of inspection: 06/04/2023

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: A review of staff rosters was completed. The format of rosters has been changed to ensure that they are clear and easy to read. Rosters will clearly reflect the full name of staff on duty, their job title and the hours they are working.</p>	
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: The PIC has conducted a full review of training in the centre.</p> <p>The PIC has liaised with HR and devised a clear plan for the training to be completed.</p> <p>The PIC has ensured that all staff will have their mandatory training up to date. And all staff will be afforded time during work hours to complete any training due were possible.</p> <p>The PIC has access to the online training system and will run an outstanding training report each Monday and report the findings of this during monthly governance meetings with their assigned Assistant Director of Service.</p> <p>HR have agreed that no staff member will be allowed to return from long-term leave or transfer from another part of the service without having completed all due training.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A review of medication policy and practice was conducted across respite services within the Talbot Group and a respite specific medication protocol has been developed. This policy provides guidance to staff on what to do if residents arrive without their prescribed medication and how to support residents medication administration while absent from the centre. This protocol has been added to the medication policy and procedures manual.</p> <p>This protocol will be highlighted to all staff through staff meetings- staff responsibilities and duties will be clearly explained.</p> <p>The admissions policy will be updated to reflect changes made to the medication policy and procedures manual.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A review of medication policy and practice was conducted across respite services within the Talbot Group and a respite specific medication protocol has been developed. This policy provides guidance to staff on what to do if residents arrive without their prescribed medication and how to support residents medication administration while absent from the centre. This protocol has been added to the medication policy and procedures manual.</p> <p>This protocol will be highlighted to all staff through staff meetings- staff responsibilities and duties will be clearly explained.</p> <p>A copy of the new protocol will be sent home to all residents families with an accompanying letter stating their obligations with respect to same. This protocol will also be provided to any new referrals at the assessment stage.</p> <p>The Person in charge will conduct monthly medication audits to ensure adherence to this new policy and 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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/04/2023
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	30/05/2023
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,	Not Compliant	Orange	30/05/2023

	storing, disposal 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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/05/2023