Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dawn House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	18 June 2024
Centre ID:	OSV-0002635
Fieldwork ID:	MON-0034924

About the designated centre

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

Dawn House is a designated centre operated by the Health Service Executive. It provides a community residential service for a maximum of five adults with a disability. The centre is located in a town in Co. Wexford. The designated centre is a detached bungalow which consists of a dining room, kitchen, laundry room, living room, activity room, sensory room, five individual resident bedrooms, office, and a number of shared bathrooms. The premises has its own internal gardens and all areas and facilities are accessible to the residents. The staff team consists of a Clinical Nurse Manager 1, nursing staff and multi-task workers. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 June 2024	10:00hrs to 17:45hrs	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.

The inspector had the opportunity to meet four of the five residents over the course of the inspection. One resident was spending time with their family on the day of the inspection. Some residents used non-verbal methods to communicate and the inspector endeavoured to determine residents experience living in the centre through observations, engaging with residents, speaking with the staff team and reviewing documentation regarding the care and support provided.

On arrival to the designated centre, the inspector meet with three residents who were preparing for the day in the sitting room and activity room. One resident had left the centre to access the community. The inspector observed the three residents present listening to music and interacting with staff. The residents appeared comfortable in their home. Later in the morning, the three residents were observed accessing the community to go for a walk and have lunch out in the community.

In the afternoon, the inspector met with four residents as they returned to the centre from the community. Two residents were observed relaxing and spending time in the sitting room. One resident was receiving a hand massage. The other two residents were observed being supported to have a snack and tea in the kitchen. Overall, the residents appeared content in their home and in the presence of the staff team.

The inspector carried out a walk through of the premises accompanied by the person in charge. As noted the designated centre is a detached bungalow which consists of a dining room, kitchen, laundry room, living room, activity room, sensory room, five individual resident bedrooms, office, and a number of shared bathrooms. Overall, the designated centre was decorated in a homely manner with the residents belongings and pictures of the residents located throughout the house. There was a large well maintained garden to the rear of the premises which residents could access if they wished. The previous inspection noted that there were some areas of the premises in need of attention. This had been addressed.

The inspector also reviewed five questionnaires completed by the residents with the support of staff describing their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

In summary, the residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, improvement was required in residents' finances.

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, there was a defined management structure in place to ensure that the service provided was safe, consistent and appropriate to residents needs. On the day of inspection, there was appropriate staffing levels in place to meet the needs of the residents in line with the size and layout of the centre.

The centre was managed by a full-time and suitably experienced person in charge. There was evidence of quality assurance audits taking place which included the annual review for 2023 and six-monthly provider visits. In addition, local audits were being routinely completed in areas including health and safety and personal plans. The audits identified areas for improvement and action plans were developed in response.

The inspector found that there was appropriate staffing levels to meet the assessed needs of residents. There were appropriate arrangements in place to ensure continuity of care and support to residents. The inspector observed positive interactions between the residents and the staff team on the day of inspection.

From a review of training records, it was evident that the staff team in the centre had up-to-date training and supervision. This meant that the staff team had up-to-date skills and knowledge to support the resident with their identified support needs.

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 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably experienced. The person in charge was also involved in the management of one other designated centre. The person in charge was supported in their role by a Clinical Nurse Manager 1. They demonstrated a good knowledge of

the residents and oversight of the designated centre.

Judgment: Compliant

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. The residents availed of their day services from their home.

At the time of the inspection, the centre was operating with one whole time equivalent on approved leave. There were systems in place to ensure continuity of care. For example, the staff team, regular agency staff and student nursing placements covered required shifts. The five residents were supported by five staff members during the day. At night, the five residents are supported by two waking night duty staff.

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 staff team had up-to-date training in areas including safe administration of medication and safeguarding, de-escalation and intervention techniques, fire safety and manual handling. The provider also identified additional training to be completed to ensure the staff team had the knowledge and skills to meet the residents needs. For example, the staff team had completed training in feeding, eating and drinking supports and human rights.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: 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 was involved in the management of one other designated centre and was supported in their role by a Clinical Nurse Manager 1.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review for 2023 and six-monthly provider visits. The annual review included consultation with the resident and their representatives as required by the regulations. In addition, local audits were in place for medication practices, health and safety and personal plans. The audits identified areas for improvement and action plans were developed in response.

Judgment: 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 was up to date and 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 incidents and accidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, there were established management systems in place to monitor the quality of care and support provided to the residents. The inspector found that the centre presented as a comfortable home for the residents. However, improvement was required in the management of resident finances.

The inspector reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the resident with their personal, social and health needs. In addition, personal goals had been identified for each resident based on their interests and plans in place to achieve same. However, the inspector found that there remained areas for improvement in the oversight and support of residents to manage their own financial affairs.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. There was evidence of regular fire evacuation drills taking place in the centre including an hour of darkness fire drill. The person in charge informed the inspector of upcoming plans to carry out another hour of darkness drill when all residents were in bed.

Regulation 12: Personal possessions

The provider's policy and systems in place to support residents to manage and protect their finances required improvement.

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre by the staff team.

However, improvement was required to ensure that money was always accessible and residents retained an element of control of their own finances. For example, some residents' income was deposited into a central fund which was managed by an administrative function of the organisation. Staff then requested a specific sum of money each week which was kept in the residents' wallet. If larger sums of money were required a specific request form had to be filled in, approved by the person in charge and submitted to the centralised office.

There was also no information on residents' finances other than what was in their wallet. Although the person in charge could ring the administrative office and request balances it was unclear what systems where in place to ensure that activities and purchases were planned in line with residents' financial means. This also meant residents had limited access to their own financial information.

In addition, the oversight systems in place to support residents to manage their monies and/or savings in circumstances where residents were supported by others required improvement. For example, one resident was supported by a family member to manage their finances. However, the provider was not aware of the specific financial arrangements in place and did not demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

Judgment: Not compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs of the residents. The centre was decorated in a homely manner with the residents possessions and pictures. The residents bedrooms were decorated in line with their preferences. Overall, the inspector found that the premises was well maintained.

The previous inspection noted some areas which required attention including areas of laminate worn on kitchen cabinets and areas of damp stains on one resident's bedroom wall. This had been addressed. The provider had installed a new kitchen and addressed the cause of the damp stains in the resident's bedroom.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable 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 which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking

place in the centre including an hour of darkness fire drill in the last year. The person in charge informed the inspector of upcoming plans to carry out another hour of darkness drill when all residents were in bed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place for the administration, documentation and disposal of medicines. There were arrangements in place for the safe secure storage of medication. The inspector reviewed the medication, prescription and administration sheet and found that it contained all the the relevant information including photo, name, name of medication, dose and route. The inspector reviewed the medication records and found that for the sample reviewed that medication was administered as prescribed. In addition, the inspector reviewed a sample of the residents' medication and found that it was readily available and was in-date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents personal files. The residents had up-to-date comprehensive assessments which identified the residents health, social and personal needs. These assessment informed the residents' personal plans to guide the staff team in supporting the residents with identified needs, supports and goals. Overall, the inspector found that the plans in place were up to date and suitable guided the staff team in supporting the resident with their assessed needs.

There was evidence of person centred goals identified for each resident and included exploring their interest in sport, art, travelling and developing family relationships. There was evidence of regular review and progression in achieving the residents' goals.

Judgment: Compliant

Regulation 6: Health care

The residents' health-care supports had been appropriately identified and assessed. The health care plans appropriately guided the staff team in supporting the residents with their health needs. The provider had ensured that the residents were

facilitated to access appropriate allied health professional as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were supported to access behaviour therapy, psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practices committee. There was evidence of efforts to reduce or remove identified restrictive practices. For example, the historical practice of night-time checks had been reviewed. They had been removed or reduced in line with individual risk assessments.

Judgment: Compliant

Regulation 8: Protection

Notwithstanding the concerns in relation to oversight of residents' finances which is discussed under Regulation 12, the provider had systems in place to safeguard residents.

There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home and in the presence of the staff team and management. All staff had up-to-date safeguarding training and staff spoken to demonstrated good knowledge on the systems in place to safeguard residents.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dawn House OSV-0002635

Inspection ID: MON-0034924

Date of inspection: 18/06/2024

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 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The provider has secured monthly statements from both the Resident's central PPP account and local bank account. This information will be stored on a shared managers folder for ease of access and assurances. The Provider and PIC are working with the family of one resident to agree an arrangement for oversight of their savings accounts.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/08/2024