



# 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:	Short Notice Announced
Date of inspection:	27 January 2021
Centre ID:	OSV-0002635
Fieldwork ID:	MON-0031055

## About the designated centre

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

The provider's statement of purpose details that the centre provides full time long-term care to 6 adult residents, both male and female with severe to profound intellectual and physical disabilities and behaviours that challenge. Care is provided to residents who require high support and the staff team comprises of full time nursing staff and support workers. The centre comprises of a single story house on its own grounds located in Co.Wexford. It is accessible to all services and all amenities in the local area. The premises has its own internal gardens and all areas and facilities are easily accessible to the residents

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

6

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 27 January 2021	10:30 am to 5:00 pm	Sinead Whitely	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with five residents living in the centre on the day of inspection. One resident was not residing in the centre on the day. Residents met with, presented with high support needs and used non verbal methods to communicate. The inspector endeavoured to determine the residents thoughts and experience living in the centre through observation throughout the inspection day, documentation review, observing non verbal communication methods and conversations with staff supporting the residents.

The inspection occurred during the COVID - 19 lock down period and therefore the inspector, management, staff and residents adhered to specific infection control measures throughout the day. Personal protective equipment (PPE) was worn in line with national guidance for residential care facilities and all interactions with the inspector were kept to a time limit of fifteen minutes.

The centre was warm and visibly clean on arrival. The centre was well spaced out with two large living areas, a sensory room, a communal kitchen and dining area, a laundry room, communal bathrooms and toilets and four bedrooms. Following a walk around the centre with the person in charge, it was observed that a large number of signs were in place around the centre. These included signage with regulatory information, infection control information, food safety and fire safety measures. While some of these were a requirement, it was noted that there was a lack of personalised pictures in place and this in turn did not support a homely environment for the residents in all areas of the centre. It was noted that bedrooms had been painted and personalised. However, there continued to be one shared bedroom in use in the centre. One of the residents who shared the bedroom was not residing in the centre on the day of inspection. This continued to impact residents right to privacy, dignity and choice.

Residents normal daily routines had been impacted due to COVID-19 and an in-house activation schedule had been developed for residents. Residents were observed engaging in a range of person centred activities throughout the inspection day with support from staff, including getting massages in the morning. Another resident was observed playing a game with a staff member in the afternoon and laughing and smiling. Some residents were going for drives and walks throughout the day. The centre also had a sensory room available to residents which one resident was observed using, and an internal garden with accessible swings for residents to use. A number of residents appeared to enjoy sensory activities and this was promoted and supported by staff by regularly facilitating a range of different sensory activities. One resident had a goal in place to visit a reptile zoo and touch a snake to explore more sensory stimuli when restrictions allowed this.

The registered provider was providing residents meals through a central kitchen that was located a considerable distance away from the centre. This meant that residents were not supported to buy, prepare and cook all of their own meals in the centre.

Some risk assessments in place identified some residents as being at a high risk of choking during meal times. This meant that some resident needed full support during meal times and some residents received food and fluids with an altered texture. However, appropriate referrals to multi-disciplinary healthcare professionals were not evident to mitigate and sufficiently assess this risk. The inspector noted that staff in the centre were making efforts to make meal times an enjoyable experience for residents with accessible pictures being used with residents to communicate menu choices and snacks. The inspector observed one resident happily enjoying a packet of crisps they had chosen in a quiet area of the centre in the afternoon.

The staff team consisted of full time nursing staff and support workers and there were appropriate numbers of staff in place to meet the assessed needs of the residents. Warm and friendly interactions were observed between staff and residents numerous times during the day. Staff and management spoken with appeared familiar with the residents individual needs and plans in place to support residents.

The inspector observed some comments and compliments from family members of residents how had thanked staff for their care, support, kindness and compassion in recent months.

The purpose of this inspection was to monitor the centres levels of compliance with the regulations. Overall, while residents appeared happy and safe living in the centre, findings suggested that some improvements were needed to ensure higher levels of compliance with the regulations in areas including governance and management, food and nutrition, risk management and residents rights.

## Capacity and capability

The purpose of this inspection was to monitor the centres ongoing levels of compliance with the regulations. While the inspector found clear management systems and lines of accountability in place, the registered provider had failed to adhere to the compliance plan submitted to the Chief Inspector on the centres most previous inspection including plans to reduce the shared bedrooms in place in the centre to single rooms. This continued to impact the centres levels of compliance with the regulations in specific areas detailed in other sections of this report.

There was evidence that the service provided was regularly audited and reviewed with regular thematic audits, six monthly unannounced inspections and annual reviews taking place by members of management. Reviews identified actions with persons responsible for them and clear time lines.

The staff team consisted of nursing staff and support workers. The inspector reviewed a sample of staff files and found that in general, all Schedule 2 documents were in place as required. The provider had recently reviewed their policy regarding

renewal of Garda vetting for staff and were in the process of renewing Garda vetting where required. From the sample of staff files reviewed by the inspector, it was found that one staff member required re-vetting following a number of years since initial Garda vetting was completed. The person in charge contacted the case holding inspector following the inspection day with assurances that this staff member who was outstanding had submitted their application for review.

Some refresher mandatory staff training was out of date on the day of inspection. The inspector acknowledges that this was partially due to COVID-19 restrictions in place.

There was a clear complaints procedure in place which was prominently displayed in the designated centre. The inspector found that complaints were treated in a serious and timely manner.

#### Regulation 14: Persons in charge

A new person in charge had recently been appointed to the centre. This person was found to have the skills and experience necessary to meet the requirements of the regulation and effectively manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staffing levels in place to meet the assessed needs of the residents and there was a staff rota in place that was well maintained and identified all staff on duty.

Staff spoken with appeared familiar with the residents individual needs and their role in the designated centre. The person in charge was completing regular formal one to one supervisions with all staff working in the centre.

While the majority of Schedule 2 documents were in place as required, one staff member required re-Garda vetting.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Staff training was provided in areas including fire safety, behaviour management,

manual handling, safeguarding and infection control. Some refresher mandatory training was out of date in manual handling and behaviour management on the day of inspection. The inspector acknowledges that this was partially due to COVID-19 restrictions in place. Regular audits on training needs were completed by the person in charge.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was clear management systems in place and clear evidence of regular auditing and review of the service. The organisation used a nursing management structure with a director and assistant director of nursing in place, along with clinical nurse managers. There was a full time person in charge who was a clinical nurse manager 2 within the organisation. This person had had recently been appointed to the centre. This person was found to have the skills and experience necessary to meet the requirements of the regulation and effectively manage the designated centre. A six monthly audit had been completed by a member of management on behalf of the provider and this used the regulation as a tool for making judgements. An annual review of the quality and safety of care and support in the designated centre had also been completed by the service director of nursing. Some issues identified on inspection had been already recognised by the provider and included in an actual plan.

However, the provider had failed to adhere to the compliance plan submitted to the Chief Inspector on the centres most previous inspection.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All incidents required to be notified to the Chief inspector had been notified within the required timeframes including quarterly reports of the use of restrictive practices and adverse incidents.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place which was prominently displayed in



the designated centre. The inspector found that complaints were treated in a serious and timely manner.

The person in charge had advocated for residents who did not communicate verbally and had recorded and responded to complaints on their behalf.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that while the provider was striving to provide a safe service, some improvements were needed to ensure that the service provided was in compliance with all regulations and to ensure that residents rights were always upheld.

There was one shared bedrooms in use in the centre, meaning two residents living in the centre were sharing a bedroom. This continued to impact residents choice, control and privacy in their daily lives. Some measures had been implemented since the previous inspection to promote more privacy in the shared bedrooms for the residents. One resident who shared the bedroom, was not residing in the centre on the day of inspection.

The provider had clear systems in place for the assessment, management and ongoing review of risk in the designated centre. The inspector observed safe systems in place for fire safety management, infection control, behaviour management, and the safeguarding of residents.

The provider was providing meals through a central kitchen that was located a considerable distance away from the centre. This meant that residents were not supported to buy, prepare and cook their own meals in the centre.

Residents living in the centre were safeguarded. Residents appeared to be a compatible group of individuals and safeguarding concerns were treated seriously and in line with national policy.

## Regulation 18: Food and nutrition

The provider was providing meals through a central kitchen that was located a considerable distance away from the centre. This meant that residents were not supported to buy, prepare and cook their own meals in the centre. The inspector noted that staff in the centre were making efforts to make meal times an enjoyable experience for residents with accessible pictures being used with residents to

communicate menu choices and snacks.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The provider had clear systems in place for the assessment, management and ongoing review of risk in the designated centre. A monthly health and safety audit was completed which included checking the centres electrics, fire safety arrangements, equipment and emergency arrangements. Residents all had individualised risk management plans in place which were subject to regular review. Residents at risk of falls and at risk of malnutrition had these risks assessed and control measures were implemented when necessary. Emergency arrangements had been identified for in the event of adverse incidents such as flooding, gas leaks, and loss of heating or electricity.

Risk assessments in place identified some residents as being at a high risk of choking during meal times. Some residents received a diet and fluids with altered textures as a result of this. However, appropriate referrals to multi-disciplinary healthcare professionals were not evident to sufficiently assess this risk of choking and subsequently develop an evidence based plan to appropriately mitigate this risk.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider and members of management had implemented measures in the centre for infection prevention and control. The centre had also implemented enhanced measures for infection control in light of the COVID-19 pandemic. The provider had identified plans and protocols for in the event of an outbreak of COVID-19 in the designated centre. Staff were observed wearing PPE in line with national guidance for residential care facilities and staff and residents were completing regular temperature checks to monitor for symptoms of COVID-19.

Visitation to the centre was limited and staff had supported resident to maintain contact with some family members through video calls. There was an information folder in place with the most current and up-to-date guidance regarding the management of COVID-19 in residential care facilities. This was available to staff. Staff had completed online training in infection prevention and control..

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that appropriate measures were in place for fire safety in the designated centre. These measures included detection systems, containment measures, fire fighting equipment and emergency lighting. Regular checks were being completed by staff on detection systems, exit routes and fire equipment. A fire specialist also regularly attended the centre to service fire equipment. Staff and residents were completing regular fire evacuation drills which simulated both day and night times conditions. Staff spoken with were familiar with fire evacuation procedures and residents individual evacuation plans.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

All residents had a comprehensive assessment of need in place and personal plan of care. These were reflective of the residents most current needs. A clear schedule was in place for the full review of all the residents personal plans. Residents all had individual goals in place including goals to explore different sensory stimuli and to arrange socially distant visits with family members in line with national guidance. Residents were supported to manage their health appropriately with full time nurse support in place in the centre and clear plans developed to support residents with their health needs.

Judgment: Compliant

## Regulation 6: Health care

Some residents presented with high support needs and residents were supported to manage their health appropriately with full time nurse support in place in the centre and clear plans developed to support residents with their health needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and had good access to multi-disciplinary support when required with a service behavioural specialist available when required. Rationale for the use of some restrictive practices in the

centre was clear in residents documentation.

Positive behavioural support plans were in place where necessary and these identified therapeutic and proactive strategies to support residents with their behaviours. The service had a restrictive practice committee in place where all restrictive practices were subject of regular review.

Judgment: Compliant

### Regulation 8: Protection

Residents living in the centre were safeguarded. All staff had received training in the safeguarding and protection of vulnerable adults. All residents had intimate care plans in place.

There were low levels of safeguarding incidents in the centre and any safeguarding concerns were treated seriously and in line with national safeguarding policy. Capacity assessments had been completed with residents to assess their understanding of money and finances.

Judgment: Compliant

### Regulation 9: Residents' rights

There was one shared bedroom in use in the centre, meaning two residents were sharing a room. This continued to impact residents choice, control and privacy in their daily lives. Some measures had been implemented since the previous inspection in shared bedrooms to promote privacy for the residents.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Dawn House OSV-0002635

Inspection ID: MON-0031055

Date of inspection: 27/01/2021

## 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: Only 1 staff outstanding in Garda vetting at the time of inspection, email sent to inspector confirming same. Garda vetting form had been returned with a query, same re-submitted 03/05/21 and same is now complete and present.</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:</p> <p>Training has resumed in smaller groups with the easing of COVID-19 restrictions, PIC has been liaising with trainers and has a schedule in place for all training. Manual Handling training to be completed on 14/05/21, Positive Behaviour Support training to be completed with all staff by 22/05/21. All other mandatory training scheduled to be completed by end of June 2021.</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>	

Additional property has been sourced that is owned by the HSE and will accommodate 3 residents. The property may need minor works completed to achieve compliance with regulations and standards. The HSE is currently devising plan of works for same and arranging registration of property. This will accommodate 1 resident from Dawn House thereby eliminating the shared bedroom in the centre and reducing the number of residents to 5 each with their own individual bedrooms. Variation order requested for short term extension to Condition 8.

Regulation 18: Food and nutrition	Not Compliant
-----------------------------------	---------------

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:  
 PIC has devised risk assessment and escalated it to DON re; meals being cooked onsite. As of 17/05/21 meals will be ceased from central kitchen and residents will be supported to be more involved in the preparation and cooking of all meals in their home.

Regulation 26: Risk management procedures	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
 SaLT referrals all completed by PIC on 28/01/21. PIC contacted SaLT manager to check the status of these referrals, informed that currently there is no community SaLT so these referrals cannot be met. Risk assessment devised and escalated to DON seeking funding from HSE to facilitate private appointments. DON has escalated same to Disability Manager. PIC sourced invoices for private assessments and has forwarded same to DON for approval. Same have now been approved by Head of Service.

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 1. Residents will be supported as of 17/05/21 to be more involved in the planning, preparation and cooking of all meals in their home.  
 2. Shared bedroom- additional property sourced to accommodate 1 resident from Dawn



House, this will provide each remaining resident their own bedroom in the centre.

## 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(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	13/05/2021
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	30/06/2021
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Not Compliant	Orange	17/05/2021
Regulation	The registered	Substantially	Yellow	30/09/2021

23(1)(c)	provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Compliant		
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	31/07/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/09/2021
Regulation 09(3)	The registered provider shall	Not Compliant	Orange	30/09/2021

	ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
--	---	--	--	--