



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

Issued by the Chief Inspector

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| Name of designated centre: | Fair Winds |
| Name of provider: | St Catherine's Association CLG |
| Address of centre: | Wicklow |
| Type of inspection: | Announced |
| Date of inspection: | 22 March 2023 |
| Centre ID: | OSV-0005580 |
| Fieldwork ID: | MON-0038855 |

About the designated centre

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

Fair Winds is a designated centre operated by St Catherine's Association. The centre is as a large detached residential home located in County Wicklow and provides full-time residential services with a maximum capacity for three male or female residents at any one time. The current registration conditions for this centre state that only persons 18 years or older shall be accommodated at the designated centre. The centre provides residents with single bedrooms which are decorated in line with their personal tastes and interests. Communal spaces in the property include two living room spaces, a kitchen and dining area and a utility room. A garden space is located to the rear of the property. There are two separate outside cabins; a staff office and a sensory room for residents. The person in charge works in a full-time capacity and manages this designated centre and one other designated centres within St. Catherine's Association. A deputy manager also forms part of the management team alongside social care workers and social care assistants. The centre is resourced with one transport vehicle to support residents' participation in community activities.

The following information outlines some additional data on this centre.

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| 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 |
|----------------------------|-------------------------|------------------|------|
| Wednesday 22 March 2023 | 09:15hrs to 18:45hrs | Jacqueline Joynt | Lead |

What residents told us and what inspectors observed

This inspection was a registration renewal inspection and it was announced. Throughout the inspection, the inspector spoke with the person in charge, the deputy manager, staff members and some of the residents living in the centre. In addition, a review of documentation as well as observations, throughout the course of the inspection, were used to inform a judgment on residents' experience of living in the centre.

The three residents living in the centre had been admitted to the centre when they were children and had been supported to stay in the same designated centre together as they moved in to adulthood in 2020 and 2021, during which time the provider had submitted the appropriate applications to vary the registration conditions of the centre to reflect the change of service provision from children to adult.

The inspector was provided with the opportunity to meet all three residents living in the centre. As the three residents were attending adult day services during the day, the inspector met them on their return home in the afternoon.

For the most part, the residents the inspector met and greeted during the inspection were unable to verbally communicate their feedback about the service to the inspector. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using different forms of communication, it was obvious that staff clearly interpreted what was being communicated.

The physical environment of the house was observed to be clean and, for the most part, in good decorative and structural repair however, many of the kitchen cupboards, shelves and drawers including the extractor fan above the cooker hob, were observed to have peeling, chipped and blistering paint. Overall, the kitchen appeared run down and took away from the homeliness of the room.

The residents' living environment provided appropriate stimulation and opportunity for the residents to engage in recreational and sensory activities. A new timber outdoor room had been erected since the last inspection. The room provided a quiet and relaxing space for residents to enjoy time out away from other residents while supervised by staff. There was an array of sensory facilities and activities within the room for residents to enjoy. Outside there were more relaxing and sensory facilities available to residents such as a basket swing, a chair swing, a trampoline and a

sensory garden patch.

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were provided with a choice of healthy meal, beverage and snack options. Treats were also available to residents such as takeout meals and a wide variety of healthy snacks. Residents' personal plans included information on residents' healthcare assessments and supports in place. However, a number of the supports in place for residents were based on school leaver assessments. Since moving to adult services, residents had not yet been provided access to adult allied healthcare professional services.

In advance of the inspection, each resident was provided with a Health Information and Quality Authority (HIQA) survey. Three completed surveys were returned to the inspector. On review of the surveys, the inspector saw that staff members had supported residents complete the surveys. The inspector found that overall, the feedback within the survey was positive.

The surveys noted that, residents were supported to make their own choices and decisions, that they were treated with kindness and that they felt safe. Residents were positive regarding their day-to-day routines and ticked that they had choices and were supported to go out for trips, visits or events and that they could see visitors in private if they want. Residents were very positive about staff support and in particular, all surveys noted that residents knew their staff and relayed that staff knew their likes and dislikes. Surveys relayed that residents had made friends while living in the centre and that they enjoyed being with the people who lived in the house with.

Surveys also noted that residents felt listened to and that they were included in the decisions that were made about them in their home and that things that affect them were always discussed with them. Residents fed back that they knew who to go to if they were unhappy or had a problem.

In summary, the inspector found that overall, the well-being and welfare of the residents living in the centre was maintained to a good standard. For the most part, the inspector found that there were systems in place to ensure the residents were in receipt of good quality care and support.

Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that the provider, person in charge and staff were striving to ensure that the residents enjoyed living in a centre where their choices and wishes were met.

However, to ensure residents were provided appropriate healthcare, improvements were needed to ensure that all residents were provided access to adult services such as allied healthcare professionals.

The next two sections of the report, presents the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impact on the quality and safety of the service being

delivered to each resident living in the centre.

Capacity and capability

For the most part, the provider had satisfactory governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents.

Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a new person in charge, who was knowledgeable about the support needs of the residents and this was demonstrated through safe care and support. Improvements from the last inspection had been completed and had resulted in positive outcomes for residents. However, on the day of the inspection, the inspector found that a number of improvements were needed. These primarily related to the organisation's timely review of policies and procedures, to the staffing arrangements in place and to the provision of appropriate healthcare services for residents.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. However, on review of the centre's Schedule 5 policies, the inspectors found that a substantial number of policies and procedures had not been reviewed in line with the regulatory requirement. As such the register provider could not ensure that all policies and procedures were consistent with relevant legislation, professional guidance and international best practice relating to delivering a safe and quality service.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. The person in charge was endeavouring to ensure continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Where relief and agency staff were employed, the person in charge endeavoured to employ the same members of staff as much as possible. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

However, the inspector found that a review of staffing arrangements in place was needed. This was to ensure continuity of care at all times as well as ensuring that there was sufficient staff in place to meet the needs of the residents, and in particular, to ensure residents' choice to accessing the community was not limited.

Since the last inspection, there had been three changes of person in charge in the

centre. A new person in charge had commenced their role in the designated centre on March 2023. They divided their role between this centre and one other. Subsequent to the inspection, the provider submitted additional information regarding the person in charge's management experience and qualifications. On review of the additional information, the inspector found that the person in charge had the appropriate qualifications and skills and overall, sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff to ensure the delivery of quality, safe and effective services for the residents. Overall, staff training was up-to-date however, some staff refresher training courses were overdue.

Where residents' assessed needs demonstrated they required adult allied healthcare professional services the provider had not ensured that access to such services were being provided. Limited access for residents to adult allied healthcare professional services had been identified as an issue in the provider's own six monthly unannounced visit to the centre, where it noted that a more proactive approach from local management was required, including making a complaint on behalf of the residents.

Overall, this meant, that as of the day of the inspection, residents living in the centre had not yet been provided access to adult allied healthcare professional services. This is addressed further in the quality and safety section of the report.

Registration Regulation 5: Application for registration or renewal of registration

Overall, the application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge appointed by the provider met the regulatory requirements of Regulation 14 in terms of their management experience and qualifications.

The person in charge was familiar with the residents' needs and was endeavouring to ensure that they were met in practice.

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by a deputy manager and the provider, fostered a culture that promoted the individual and collective rights of the residents

living in this centre.

Judgment: Compliant

Regulation 15: Staffing

There was one staff vacancy in the designated centre. Agency and relief staff were covering the vacancy as well as any staff sick leave and/or annual leave that arose. Where appropriate, members of the core staff team were also covering shifts when needed.

The person in charge was endeavouring to provide continuity of care through employing the same two agency staff and a core relief panel of seven staff. However, there was a high dependency on agency and relief staff. On review of the roster, the inspector observed that for three weeks in February 2023 and three weeks in March 2023, an agency staff member was employed to work between one and two days per week and a relief staff member was employed for at least three to four days a week.

In addition, despite the above cover arrangements in place, there were a number of gaps found on the roster where work-shifts had not been filled. For example, from 3rd to 21st of March 2023, there had been eight days where there were staff deficits. Where there were gaps, this potential impacted on residents' access to the community.

Furthermore, while there were positive changes to the local governance and management structures within the organisation (including this centre), the recent number of changes of persons in charge, further impacted of the provision of continuity of care in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with mandatory training in fire safety, managing behaviours that challenge, safe medicine practices and food hygiene but to mention a few. Overall, staff training was up-to-date however, some staff refresher training courses were overdue.

For example: managing behaviours that challenge (x 3 staff) for refresher and (1 x staff) for full training. Safe medical management, (1 x staff) full training course and (1 x staff) for on-site assessment. Infection prevention control (1x staff).

While the majority of staff had completed on-line training on autism awareness (1 x

staff yet to complete), overall, the inspector found that, taking in to account the assessed needs of the residents living in the centre, additional training in this area would enhance the knowledge and skills of the workforce in providing care and support to the residents.

Good quality supervision meetings, to support staff perform their duties to the best of their ability, took place on a regular basis. On review of the minutes of the most recent meetings, the inspector saw that there was meaningful engagement during meetings and that it provided a space where staff could relay any issues or concerns that they had.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that for the most part, there were satisfactory governance and management systems in place which enabled service delivery to be safe and of good quality.

The provider had completed an annual report in August 2022 regarding the care and support provided to residents during 2021.

The provider has also completed two six monthly unannounced reviews of the quality of care and support provided to residents during 2022, where action plans were put in place to follow up on any improvements needed. In addition the person in charge carried out local monthly audits to ensure better outcomes for residents living in the centre.

However, as of the day of the inspection, improvements were needed by the provider to bring regulation 4 and regulation 7 in to full compliance. For example, while a number of policies and procedures reviews were in progress, overall, the provider had not ensured that all of the designated centre's Schedule 5 policies and procedures had a review completed within the required time frame associated with the regulation.

While there had been numerous efforts and attempt to secure referrals for residents to adult allied health care services these had been unsuccessful to date. This was

not in line with the centre's statement of purpose or with residents' contracts of care.

The registered provider had not fully ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had been provided within agreement (contract of care) that provided for and was consistent with each residents assessed needs, their associated personal plan and the statement of purpose.

However, on review of the contracts of care in the residents' personal plans, the inspector saw that the contract related to children's service and were dated since 2017 and 2018. Residents had move to adult services in August 2020 and April 2021.

On the day, the inspector was shown updated contracts which had yet to be reviewed by person in charge. In addition, it was not demonstrated that residents or their families, had reviewed the updated contract or, (for residents), been supported to understand the matter contained in them.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Where services were included in the statement of purpose but were not in place for the residents, these are addressed under regulation 23 and regulation 6.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to

ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

While there were written policies and procedures in place in the centre and some were undergoing review, overall, a substantial number of the policies and procedures had not been reviewed within the required regulatory time frame.

For example; not all reviews had been completed for policies and procedures relating to admission and discharge, provision of behavioural support, use of restrictive practice, communication with residents, visitors, recruitment, staff training, nutritional intake, maintenance of records, health and safety, risk management.

Judgment: Not compliant

Quality and safety

The inspector found that the provider and person in charge were endeavouring to ensure that residents well-being and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was overall, of good quality.

Since the last inspection there had been a lot of improvements in the centre which resulted in positive outcomes for residents. However, on the day of the inspection, the inspector found that further improvements were needed to ensure that all residents were provided with access to allied healthcare services. This was to ensure that the healthcare provided to residents supported their current assessed needs and where appropriate, to ensure the effectiveness of other support plans in place.

Residents' healthcare plans demonstrated that each resident had access to a general practitioner (GP). However, where residents required services provided by other allied health professionals, in line with their assessment of need in their personal plan, access to such services was not provided to them.

Some of the residents healthcare support plans were working from their school leaver assessment recommendations. On the day of the inspection, an appointment for an occupational therapist had been secured for three residents however, the provider had been unsuccessful in their attempts to refer all three residents to other

allied healthcare professional services since their move to adult services. In addition, in some cases, this also potentially impacted on the effectiveness of other support plans, such as safeguarding plans, in place for residents.

The inspector found that, for the most part, medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each resident's life. Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve each resident's health and well-being. Medication was reviewed at regular specified intervals as documented in residents' personal plans. Overall, the practice relating to the ordering; receipt; prescribing; disposal; and administration of medicines was appropriate. However, some improvements were needed to ensure that safe medical management practices were in place at all times and in particular, in relation to the appropriate storage of medicines.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

Overall, where safeguarding incidents had occurred, for the most part they had been followed up appropriately and were in line with national policy and procedures and best practice. However, on review of the documentation that followed up on an incident in 2022, the inspector found that some of the actions, that had been marked as complete, required further attention.

There were satisfactory contingency arrangements in place in the event of an outbreak of infectious disease in the centre. The centre's outbreak plan included appropriate precautions to be in place for residents and staff, how to deal with suspected cases of infections, the required PPE and the safe disposal of waste. The plan also included, self-isolation plans for residents which were observed to be person centred in nature.

Staff had completed specific training in relation to infection, prevention and control and were observed wearing the appropriate PPE and regularly practising hand-hygiene throughout the day. From reviewing the person in charge's audits, the inspector found that staff were working in line and adhering with, the cleaning schedules in place. Overall, most areas of the premise were in good upkeep and repair however, upkeep and repair to many of the kitchen units were needed. The disrepair of the units meant that they could not be cleaned effectively and as such potentially impacted on the effectiveness of the infection, prevention and control measures in place in the centre.

Overall, the designated centre had appropriate fire management systems in place, for example, suitable containment measures, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and servicing with a fire specialist. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly,

which simulated both day and night time conditions. These were being completed in a timely and efficient manner. While some improvements were identified on the day, the person in charge had promptly organised the necessary works to be completed to ensure all residents' safety.

Regulation 17: Premises

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way.

The design and layout of the premises ensured that, for the most part, each resident enjoyed living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

The physical environment of the house was clean. However, in relation to decorative and structural repair, the inspector found that there were a number of upkeep and repair tasks needed, and in particular to the centre's kitchen. This has been addressed under regulation 27.

Judgment: Compliant

Regulation 26: Risk management procedures

Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. The risk register was regularly reviewed and updated when required. Where improvements were needed to the effectiveness of a risk assessment, this has been addressed in regulation 8. Subsequent to the inspection, the provider submitted a number of risk assessments associated with some of the findings on the day of the inspection, in particular regarding the risks associated with residents access to allied healthcare professional services and a risk associated with a resident wearing potentially restrictive nightwear.

There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

The risk management policy in place included all the required information as per regulation 26 however, the policy had not had a review completed within the required regulatory time frame (this is addressed in regulation 23 and 4).

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, the inspector found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents living in the centre.

However, improvements were needed to the upkeep and repair of the kitchen units. The inspector observed many of the kitchen cupboards, doors and shelving to have chipped, peeling and blistering paint and overall, to be in very poor upkeep and repair.

Cleaning equipment such as mops and bucket sets were stored in an outside storage units. Improvements were needed to ensure the appropriate cleaning of the this equipment. For example, on the day of the inspection, wet mop heads were observed to be sitting in the buckets in the storage unit.

A bathroom extractor fan was observed to have a heavy build-up of dust.

Two large wardrobe doors were missing from a resident's built-in unit and as a result there were a number of holes in the unit which overall, could not be effectively cleaned, in infection, prevention and control terms.

The lino on the floor by the sitting room door was observed to be ripped.

Overall, while some of the above had been identified by the provider and progress of the work to be completed was being tracked, (for example, quotes received in July 2022 for new kitchen units and flooring of whole house), there was no satisfactory time frame in place for the completion of the works.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that the firefighting equipment and fire alarm systems in place were appropriately serviced and checked and that overall, there were good systems in place for the prevention and detection of fire.

Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at suitable intervals. The mobility and cognitive understanding residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to

follow.

On the day of the inspection, the inspector observed the fire blanket to be open and the blanket to be grubby. By the end of the inspection, the blanket had been replaced.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Some improvements were needed to ensure that safe medical management practices were in place at all times and in particular, in relation to the storing of medicines.

Guidelines to ensure that medical equipment, (a pill crusher), was cleaned in line with the manufacturer's instructions, were needed.

The inspector observed a number of reusable syringes in the centre's medication cabinet. There was no guidance in place, in line with manufactures instructions, to support staff with the correct method of cleaning the syringes. On speaking with staff there had been inconsistencies in responses on how they should be cleaned. However, on the day of the inspection, the inspector was informed, that, in line with the provider's safe medication policy, a change from re-usable to single use syringes had been put in place during the week. After this conversation with the inspector, the staff member promptly removed all the re-usable syringes from the cupboard.

While there were daily stock checks in place for residents' medicine, the inspector found that these would be better enhance if the check included a review of expiry dates. On the day of the inspection, one of a resident's PRN medicines, (a medicine only taken as required), was found to be out of date.

There was a system in place to label medicines once they were opened. On observation of the medicines in the cabinet, the inspector found that this practice was not consistent. For example, some medicines that had been opened had not been provided with an opening date label.

The inspector observed the the shelves within the medicine cabinet were labelled with each resident's name however, some of the labels were coming lose and appeared grubby.

Improvements were needed to the double locking system in place for controlled medicines; There was a small locked box placed in the medicine cabinet which contained controlled drugs for a resident. While the medicines were labelled, there was no label on the box to clearly identify its use. In addition, a resident's PRN medication was stored in an open plastic box, however, the box did not include any labels to clearly identify that this was the resident's box of PRN medication.

Judgment: Substantially compliant

Regulation 6: Health care

The provider and the person in charge had not ensured that where residents required services provided by allied health professionals, access to such services was provided by the registered provider or by arrangement with the Executive.

On review of residents' healthcare support plans, such as speech and language, occupational therapy, physiotherapy, psychology and psychiatry, the inspector saw that many of the healthcare supports in place for residents were those that were from their school leaver assessment recommendations, some of which had been made in 2017 and 2018. Two residents entered into adult services in 2020 and one resident in 2021. On the day of the inspection, a referral to an occupational therapist had been secured for April 2023 for three residents however, referrals for other healthcare professionals had not yet been secured.

Where appropriate residents GPs were also endeavouring to secure referrals and in particular, for one resident where psychiatry input had been sought. This was to ensure that where there were changes in the resident's behaviour, that the appropriate professional was part of the resident's assessment and where required, medical interventions.

In addition, on review of two safeguarding plans, that included actions that ensured the residents and their fellow residents safety, a psychiatry review was required for the resident. This meant that until this referral had been put in place, the effectiveness of the plan could not be ensured.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. Where appropriate, residents were provided with positive behavioural support plans which were regularly updated. Overall, plans were informed by an appropriate professional and comprehensively guided staff in the delivery of care for each resident.

The inspector saw that, overall, where restrictive procedures were being used, they were based on centre and national policies. Where applied, the restrictive practices were documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the resident.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff spoken with appeared familiar with reporting systems in place, should a safeguarding concern arise. For the most part, where there were safeguarding incidents, these had been followed up appropriately and were in line with national policy and procedures and best practice.

However, not all supports that were included in associated documents had been complete. As such the effectiveness of two safeguarding plans and a risk assessment could not be assured.

For example;

On review of a resident's safeguarding plan, the inspector saw that one of the actions included on the plan, to reduce the risk of similar safeguarding incidents reoccurring, had been noted as complete. However, on the day of the inspection, this action, for a referral to psychiatry service, had not been completed.

In addition, not all control measures in place for a risk assessment regarding peer to peer behaviours that challenge, had been put in place or included in a resident's personal plans. For example, on the day of the inspection, a social story to support a resident's understanding of the impact of physical aggression towards others, (which was one of the control measures), was not included in the resident's personal plan.

Judgment: Substantially 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 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Not compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 6: Health care | Not compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Substantially compliant |

Compliance Plan for Fair Winds OSV-0005580

Inspection ID: MON-0038855

Date of inspection: 22/03/2023

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: There was one staff vacancy in the designated centre. Agency and relief staff were covering the vacancy as well as any staff sick leave and/or annual leave that arose. Where appropriate, members of the core staff team were also covering shifts when needed. This is a sector wide issue. HR are working with the Fairwinds team to facilitate an internal transfer to fill the vacancy as quickly as possible. This will be completed by 30th June 2023.</p> <p>The person in charge was endeavouring to provide continuity of care through employing the same two agency staff and a core relief panel of seven staff. The organisation has contracted two agencies to support deficits and have specified the agency staff that are required in the event of a staff deficit. The remaining core relief panel are SCA staff that all know the individuals and either work with them currently via relief work or through the Day Service, or have worked with them previously via St. Catherine's Special Needs School. Therefore continuity of care is achieved.</p> <p>Where there were gaps, this potential impacted on residents' access to the community. If such an impact occurs, the residents work with the staff and choose an alternate date for the community based activity to take place.</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: Overall, staff training was up-to-date however, some staff refresher training courses were overdue. All training has been booked to meet those deficits. SCA have instigated a training matrix which lists all scheduled training for 2023. Complete</p> | |

While the majority of staff had completed on-line training on autism awareness (1 x staff yet to complete), overall, the inspector found that, taking in to account the assessed needs of the residents living in the centre, additional training in this area would enhance the knowledge and skills of the workforce in providing care and support to the residents. The organisation appreciates the observation by the Inspector and the Training Development Officer, together with the Quality, Compliance & Training Manager are sourcing options for this additional training to be provided within the training matrix for 2024.

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| Regulation 23: Governance and management | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

However, as of the day of the inspection, improvements were needed by the provider to bring regulation 4 and regulation 7 in to full compliance. For example, while a number of policies and procedures reviews were in progress, overall, the provider had not ensured that all of the designated centre's Schedule 5 policies and procedures had a review completed within the required time frame associated with the regulation. This has been addressed under Reg 4 correct measure.

While there had been numerous efforts and attempt to secure referrals for residents to adult allied health care services these had been unsuccessful to date. This was not in line with the centre's statement of purpose or with residents' contracts of care. This has been addressed under Reg 6 corrective measure.

The registered provider had not fully ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. This has been addressed under Reg 15 corrective measure.

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| Regulation 24: Admissions and contract for the provision of services | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

Contracts of Care: On the day, the inspector was shown updated contracts which had yet to be reviewed by person in charge. In addition, it was not demonstrated that residents or their families, had reviewed the updated contract or, (for residents), been supported to understand the matter contained in them. These are in the process of being reviewed by the PIC and will be reviewed with the residents, to be completed by 31st May 2023.

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| Regulation 4: Written policies and procedures | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>While there were written policies and procedures in place in the centre and some were undergoing review, overall, a substantial number of the policies and procedures had not been reviewed within the required regulatory time frame.</p> <p>All Schedule 5 Policies have been prioritised for review by the Senior Management Team, with a commitment to having all reviewed by August 2023 and fully approved by December 2023.</p> | |
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>However, improvements were needed to the upkeep and repair of the kitchen units. The inspector observed many of the kitchen cupboards, doors and shelving to have chipped, peeling and blistering paint and overall, to be in very poor upkeep and repair. The replacement of the kitchen requires additional funding from the funding agent and has been put into a business plan. An additional maintenance person is being recruited and will prioritise any works that can be done with minimal capital outlay. 30/6/23.</p> <p>Cleaning equipment such as mops and bucket sets were stored in an outside storage units. Improvements were needed to ensure the appropriate cleaning of the this equipment. For example, on the day of the inspection, wet mop heads were observed to be sitting in the buckets in the storage unit. Complete 23/3/23</p> <p>A bathroom extractor fan was observed to have a heavy build-up of dust. A maintenance request has been submitted for fan to be replaced and routine cleaning of new extractor fan has been added to the cleaning schedule 31/5/23</p> <p>Two large wardrobe doors were missing from a resident's built-in unit and as a result there were a number of holes in the unit which overall, could not be effectively cleaned, in infection, prevention and control terms. A maintenance request has been submitted for the holes to be filled. 31/5/23</p> <p>The lino on the floor by the sitting room door was observed to be ripped. Replacement of the flooring is part of a business case plan that has been submitted to the funder. A premises risk assessment has been completed and a maintenance request has been submitted to review the rip to see if there are any remedial works that can be completed</p> | |

in the interim. 31/5/23

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Guidelines to ensure that medical equipment, (a pill crusher), was cleaned in line with the manufacturer's instructions, were needed. Guidelines were obtained, are now available and in use. 23rd March 2023 - Complete

While there were daily stock checks in place for residents' medicine, the inspector found that these would be better enhance if the check included a review of expiry dates. On the day of the inspection, one of a resident's PRN medicines, (a medicine only taken as required), was found to be out of date. An expiry date column on the meds weekly stock check form to be added. 31/5/23

There was a system in place to label medicines once they were opened. On observation of the medicines in the cabinet, the inspector found that this practice was not consistent. For example, some medicines that had been opened had not been provided with an opening date label. Review of all medications in the press was conducted and opened labels are on all medications (Complete 24/3/23). All staff were reminded of the importance of dating medications at the staff meeting on 18/4/2023.

The inspector observed the the shelves within the medicine cabinet were labelled with each resident's name however, some of the labels were coming lose and appeared grubby. During the review of all medications in the press the labels on the shelves were renewed. Complete 24/3/23

Improvements were needed to the double locking system in place for controlled medicines; There was a small locked box placed in the medicine cabinet which contained controlled drugs for a resident. While the medicines were labelled, there was no label on the box to clearly identify its use. In addition, a resident's PRN medication was stored in an open plastic box, however, the box did not include any labels to clearly identify that this was the resident's box of PRN medication. A label was secured to the locked box stating the residents name and that it contains a controlled drug. A label was secured to the aforementioned open plastic box with the residents name. Complete 24/3/23.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: SCA have followed the required pathway to get appointments for the residents, there are

currently vacancies nationally in allied health care services.

All 3 residents required an OT assessment to be entered into the adult system for access to allied health care services. These assessments were carried out on 25th April 2023.

A formal complaint has been made by the CSM to the Senior Management Team. The Head of Operations is working closely with the HSE to address these deficits.

The PIC has been informed that a MDT for adults is currently being assembled with a provisional commencement date of 31st May 2023. It is understood that there is a significant waiting list and SCA are hoping residents will have access by 31st August 2023.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
On review of a resident's safeguarding plan, the inspector saw that one of the actions included on the plan, to reduce the risk of similar safeguarding incidents reoccurring, had been noted as complete. However, on the day of the inspection, this action, for a referral to psychiatry service, had not been completed. SCA have followed the required pathway to get appointments for the residents, there are currently vacancies nationally in allied health care services.

All 3 residents required an OT assessment to be entered into the adult system for access to allied health care services. These assessments were carried out on 25th April 2023.

A formal complaint has been made by the CSM to the Senior Management Team. The Head of Operations is working closely with the HSE to address these deficits.

The PIC has been informed that a MDT for adults is currently being assembled with a provisional commencement date of 31st May 2023. It is understood that there is a significant waiting list and SCA are hoping residents will have access by 31st August 2023.

The Safeguarding Team have been contacted and updated with the above information.

In addition, not all control measures in place for a risk assessment regarding peer to peer behaviours that challenge, had been put in place or included in a resident's personal plans. For example, on the day of the inspection, a social story to support a resident's understanding of the impact of physical aggression towards others, (which was one of the control measures), was not included in the resident's personal plan. The social story is part of the social story file onsite and has been included in each of the individuals personal plan folder. – Complete 30/03/2023

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 |
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| 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 | 30/06/2023 |
| Regulation 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 31/03/2023 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate | Substantially Compliant | Yellow | 31/03/2023 |

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| | training, including refresher training, as part of a continuous professional development programme. | | | |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. | Substantially Compliant | Yellow | 31/12/2023 |
| Regulation 24(4)(a) | The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. | Substantially Compliant | Yellow | 31/05/2023 |
| Regulation 24(4)(b) | The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose. | Substantially Compliant | Yellow | 31/05/2023 |
| Regulation 27 | The registered provider shall ensure that residents who may | Substantially Compliant | Yellow | 30/06/2023 |

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| | be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | | | |
| 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, 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. | Substantially Compliant | Yellow | 31/05/2023 |
| Regulation 29(4)(c) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal | Substantially Compliant | Yellow | 31/03/2023 |

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| | and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance. | | | |
| 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. | Not Compliant | Orange | 31/12/2023 |
| Regulation 06(2)(d) | The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive. | Not Compliant | Orange | 31/08/2023 |
| Regulation 08(1) | The registered provider shall ensure that each | Substantially Compliant | Yellow | 31/08/2023 |

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| | resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. | | | |
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