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:	Wyattville DC
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	11 May 2023
Centre ID:	OSV-0002893
Fieldwork ID:	MON-0039990

About the designated centre

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

Wyatville DC is a designated centre operated by St. John of God Community Services CLG. Wyatville DC is based in a suburban area of South County Dublin and is comprised of one community based residential unit and one community based respite unit. Residential services are provided to four adults, while respite services are provided for up to five adults at one time from a respite use group of 83. The residential service is provided through a four bedroom detached house while the respite service is provided through a four bedroom terraced house. While residential services are provided on a 24 hour basis over 365 days, respite services are provided on a 24 hour basis across 363 days of the year, with provision to of funding to remain open 365 days in the event of an emergency admission in the centre. There is a person in charge, two social care leaders, and a staff team in place in the centre to support residents and respite users.

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
Thursday 11 May 2023	09:30hrs to 18:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor compliance with regulations. The inspection was also carried out in response to an slight increased pattern of notifications relating to peer-to-peer safeguarding incidents, submitted to the Health Information and Quality Authority (HIQA) as well as the receipt of unsolicited information from a concerned person.

The inspector was provided with the opportunity to meet with two of the five residents living in the centre. During the day, the inspector spoke with the person in charge, two supervisors, staff, and two residents. The residents the inspector met and greeted during the inspection did not communicate their views or feedback about the service . As such, conversations with local management and staff, observations and a review of documentation relating to the care and support provided to residents were used to inform a judgment on residents' experience of living in the centre.

On the day of the inspection, the inspector visited both houses. In one house, the inspector was advised that the resident could find it difficult for an unfamiliar person to be in their home with them. To accommodate the resident's potential anxieties, the inspector completed a walk-around of the resident's home while they were in their day-service. The inspector asked staff to ascertain if the resident would like to meet with them on their return from day service. The inspector provided a copy of the HIQA "nice to meet you" document to support the conversation with the resident and to provide information about the inspector and their reason for being there.

In the second house, the inspector was advised there had been a major issue with one of the bathrooms and contractors were currently in the process of fixing the issue and undergoing an upgrade. While these works were underway residents had moved to another location for a number of days. The inspector was informed by staff during that time one of the residents had come back to the centre for a brief visit and had spent time relaxing in the house and chatting with staff while the upgrade works were ongoing.

Subsequent to the inspection, the person in charge advised the residents returned to the centre the day after the inspection and also submitted photographs to HIQA of the upgraded bathroom which included a new shower. The bathroom was large in size and spacious. The inspector was informed that this bathroom was of particular preference to the two residents and supported their behavioural and personal care needs.

On a walk around of the two houses, the inspector found that, overall, there was some upkeep and repair needed to the designated centre. The required upkeep and repair posed a potential risk to the infection, prevention and control measures in

place in each house.

In one house, the inspector observed that the resident's living environment provided appropriate stimulation and opportunity for them to rest and relax and engage in recreational activities. The design and layout of the house was minimalistic in style however, this was in line with the resident's assessed needs and preferences. There were a number of large family photographs on the walls of the residents sitting room. The resident had their own bedroom which was large in size and included a double bed.

The house also provided two bathrooms and a toilet facility, one upstairs and one downstairs. There was a small laundry room off the kitchen and a staff office at the foot of the stairs. The garden was not in a good state of repair. This had been identified on the last inspection and there had been an action to upgrade it. However, in line with the resident's assessed needs and potential anxieties around unfamiliar workers, including potential increased noise levels, the garden work had been put on hold.

The inspector observed that two of the bedrooms in the house upstairs were locked. On opening them, the inspector saw that the bedrooms were being used as storage rooms. The items in the rooms were not stored appropriately and there was a lot of clutter in each room. The rooms were being sorted on a daily basis, where staff stayed back an hour per day, tidying and de-cluttering the rooms.

Walking around the house, the inspector observed peeling paint on the kitchen ceiling and throughout the house, there were a number of walls that required painting. In addition, areas of the staircase was observed to have chipped and peeling paint, and a number of paper notices and signs, (which were stuck up on the walls and staircase with sticky-tape), were grubby, peeling off and needed replacing. Repair work was needed to the shower upstairs including repair to the door seal which was hanging off. The inspector observed ingrained dark water stains in the bowl of the two toilets which required a deep clean. The provider had completed an infection control audit of the house and had identified most of the observations made by the inspector.

In the other house, each resident was provided with their own bedroom and they were laid out in a design that met residents' needs and preference. Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms. Some of the rooms included framed photographs, pictures and memorabilia that were of interest to them.

There was a communal sun-room and the inspector observed that the room required attention so that it provided a comfortable and homely environment for residents. There was a number of items of furniture, mobility equipment as well as laundry baskets inappropriately stored in the room. The kitchen and dining area were large in size and provided a bright and spacious environment. The inspector was informed by staff that the room was where the residents mainly gathered as a group.

However, the inspector observed that there were a number of upkeep and repair

works needed in the house and as with the other house, some of it was potentially impacting on the infection, prevention and control measures in place. There was upkeep and repair work needed to the shower base and tiles in the upstairs bathrooms, not all bathroom bins included plastic bags and in a resident en-suite the inspector observed the floor lino coming away from the wall in place. Some of the residents rooms required painting as there was chipped and peeling paint observed on the wall. An infection prevention and control audit had been completed for this house also and again most of the observations had been identified in the audit however, there remained a number of actions to be completed.

In one of the houses there had been an increase in peer-to-peer incidents where a resident's behavioural incidents was having an impact on the lived experience of other residents. Safeguarding plans and restrictive practices had been put in place to reduce the risk of the continuation of incidents however, as a result it was, (at times), impacting on residents' right to independence and choice in their own home.

During the day the inspector observed residents, supported by their staff to be coming and going from the centre. In the morning one resident headed out with their staff for a drive and to stop off at a café for a treat. Another resident was support to attend a medical appointment in the morning and latter to attend their community day-service. The inspector was informed by that there was a music session planed for the evening's activity.

During different times of the day, the inspector spoke briefly with two residents. One resident was lying in bed after their morning activity relaxing and listening to music. The inspector, supported by staff, spoke to the resident about the music they were listen to. 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.

Earlier, the inspector had met with another resident. At the time the resident appeared upset to see a member of staff and another resident leave the house. However, the inspector observed how the staff member supporting the resident was knowledgeable in how to support the resident around their upset. Within a short period, the resident appeared calm and content. Residents appeared to be content and familiar with their environment.

On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated. 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.

Residents were supported by a team of front-line supervisors, staff nurses and social care workers. On the day of the inspection, there were six vacancies across the two houses within the designated centre. Staff from other centres run by the provider, as well as agency staff were working to cover gaps in the roster. On the day, the inspector observed staff to provide support that was person-centred. Staff were kind, supportive and jovial in their interactions with residents and residents

appeared relaxed and comfortable in the presence of staff.

In summary, through speaking with management and through observations and a review of documentation, it was evident that the management team and staff were striving to ensure that residents lived in a supportive and caring environment. However, there were some improvements needed the area of staffing, premises and residents' rights.

These are discussed in the next two sections of the report which 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

On the day of the inspection, the inspector found that 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.

For the most part, the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the resident's needs and wishes were taken into account.

There was a clearly defined management structure in place and 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 capable person in charge, supported by two supervisors, (one in each location), who were knowledgeable about the support needs of the residents living in the centre. The provider was endeavouring to ensure that the designated centre was resourced in accordance with the statement of purpose however, as of the day of inspection, there was a high number of staff vacancies in the centre. Overall, this meant that continuity of care and support to residents could not always be assured.

The inspector found, that, despite the provider's on-going active efforts through an array of initiatives to recruit new staff, there was seven staff vacancies in the centre. There was an on-going use of external agency staff. The person in charge was endeavouring to ensure continuity of care by employing agency staff who were familiar to the residents. In addition, staff who worked in other designation centres, run by the same provider and who were familiar to the residents, were also employed to cover vacancies. However, due to the high number of vacancies it was not always possible to ensure continuity of care at all times.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and

effective services for the residents. The inspector found that for the most part, staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date. Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

The governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. A six-monthly unannounced review of the centre had taken place in March 2023 of the quality and safety of care and support provided to residents and there was an action plan in place to address any concerns regarding the standard of care and support provided.

The provider had implemented a quality enhancement plan, which was regularly reviewed and updated by local and senior management. The plan was an effective governance and management tool used by the provider, senior and local management. The plan identified actions required to ensure compliance with the regulations and included persons responsible, time frames and current status of the action.

There was a robust local auditing system in place by the person in charge, supported by the two supervisors, to evaluate and improve the provision of service and to achieve better outcomes for residents. The outcome of the audits formed part of the quality improvement systems in place.

The previous inspection of the centre, found that the provider had not been compliant under regulation 17, premise, due to significant upkeep and repair work required in the back garden of one of the houses. The provider had committed to complete this work and since the last inspection an assessment had been completed by an occupational therapist, a plan had been drawn up and funding sourced.

However, the work had been delayed due to a required change in the function of the centre. The outstanding action was included on the provider's quality improvement plan however, the evidence, status and time frame required updating to reflect the current position. In addition, the planned actions and time frame had not been included.

The provider had procedures and a plan in place in case of an emergency in the centre. On review of the site-specific emergency plan, the inspector found that it was not in line with the provider's procedures and had not included sufficient information regarding an alternative location for the residents to stay in, if needed. The person in charge had made a number of amendments to the plan on the day of the inspection however, an overall a review of the provider's procedures and plan was required.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy service, to ensure residents had access to

information which would support and encourage them express any concerns they may have. Complaints procedures and protocols were evident and appropriately displayed and available to residents and families. The current complaint's log was reviewed on inspection where one complaint remained open.

Regulation 15: Staffing

Additional resources had been allocated to the centre to ensure the safety of residents. The staffing levels in both houses, within the centre, had increased by two (one in each house). This was to support safeguarding plans and night-time fire evacuations.

The provider was in the process of activity recruiting staff however, as of the day of inspection, there were seven staff vacancies in place. The person in charge was endeavouring to ensure continuity of care by employing staff who were familiar to the residents. For example, as much as possible, the same agency staff were employed. In addition, staff who worked in other centres run by the provider and who were familiar with the residents' needs and the supports to meet those needs, were also employed on a regular basis.

In one of the houses, there was two staff to support the resident during the day and night-time. In the other house, there were three to four staff assigned per day to support the residents including two waking-staff providing support at night-time. The person in charge advised the inspector, that where there were four staff employed, this ensured that residents were provided with a meaningful day. Where there were three staff employed, it meant that there was sufficient staffing to ensure residents' safety. On review of the roster, the inspector found that the person in charge was endeavouring to ensure four staff per day, as much as possible however, at times, this was impacted by the current level of staff vacancies.

For the most part, vacancies were covered by the above staffing arrangements with minimal gaps on the roster. However, there were two occasions where the appropriate staffing was not in place which, at the time, impacted on the preferences and potential safety of residents. A complaint had been made by a staff member, advocating on behalf of a resident, regarding a community activity they missed due to staff shortages. On another occasion, where the appropriate night-time staff levels were not in place, it had resulted in a potential safety risk to residents. In regard to the latter gap in the roster, subsequently, the person in charge updated the necessary on-call protocols and procedures to mitigate the risk of a similar situation occurring again.

While there were two new supervisors recruited in the centre since early 2023, in one house, this was the third change of supervisor within the space of twelve months. This meant that the provider had not ensured appropriate continuity of care by local management during that period.

Overall, the inspector found that while the current high number of staff vacancies

were in place, continuity of care could not always be assured.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were provided with the organisation's mandatory training in fire safety, managing behaviours that challenge, safeguarding vulnerable adults, infection prevention and control and food hygiene, but to mention a few. Staff had also been provided with training relating to the specific needs of residents, for example, training related to dysphagia and epilepsy.

Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue. These training deficits had been identified on the provider and local monitoring systems in place and where training such as fire-safety training was due, staff had been allocated training dates within the month.

Staff who spoke with the inspector demonstrated good understanding of the resident's needs and were knowledgeable of the procedures which related to the general welfare and protection of residents.

Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability. There was a supervision schedule in place, for both houses within the centre, to ensure staff were provided with these support meetings on a regular basis.

Judgment: Compliant

Regulation 23: Governance and management

On the day of the inspection, there was a clear management structure in place and lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence in each of the houses within the centre.

There were two new supervisors in place since March and April 2023. The inspector met and spoke with both supervisors in detail and found that the they were knowledgeable of the needs of the residents and the supports in place to meet those needs as well as having a good understanding of their role in supporting the person in charge with the local operational oversight, administration and governance and management of the centre.

There was a schedule of audits in place which were completed on a monthly basis. For example, there were audits in place to monitor, practical care and support, staff

training and development and supervision, medication management, fire safety checks, infection prevention and control measures, residents' finances and residents' person possessions.

As a result of the change in function of one of the houses, (respite to single occupancy residential), and in line with the resident's assessed needs, the provider was unable to complete the required garden works to bring Regulation 17: Premises; back in to full compliance.

However, a new location for the resident to live in had been sourced and subsequent to the inspection, the provider submitted an application to register the new location. The inspector was informed that when the house became free, the upgrades to bring Regulation 17: Premises; back in to compliance would commence and the function of the house would return to providing a respite service.

In the other house within the centre, to ensure the assessed needs and preference of all residents were met, the provider and person in charge arranged for two residents to move to another location for a number of days while a bathroom in their home underwent required repair work and upgrade.

However, the location the residents were staying at had not been included in the provider's emergency plan nor was in line with the provider's emergency procedures. Overall, a review of the provider's emergency procedures and site specific emergency plan was required to ensure it reflected the requirements for residents in this regard.

Judgment: Substantially 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.

The person in charge ensured that incidents were notified in the required format and with the specified time frames to the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern.

The inspector found that where a complaint had been made, they had been dealt with in an appropriate and timely manner with actions followed up on and overall, satisfaction levels noted.

A resident was supported, by their staff member, to make a complaint regarding missing out on an activity due to staff shortage. The complaint had been followed up by the person in charge, however, had been left open due to current staffing levels.

Judgment: Compliant

Quality and safety

The inspector found that it was evident that the person in charge, supervisors and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times, but some improvements were required.

A number of environmental restrictive practices had been implemented however, while endeavouring to ensure residents' safety, they had, at times, impacted on residents' rights. Some of the restrictions meant that residents' independence in their own home, including access to some of their personal possessions, was limited at times. The inspector also found that there were a number of improvements needed to the upkeep and repair of both houses within the centre, which overall, posed a potential risk to the safety of residents, in terms of infection control.

The previous inspection of the centre found the premises to be non-compliant due to the poor state of repair of the back garden in one of the houses. The state of the garden had meant that not all respite residents could easily access the garden and that there was also a potential falls risk to some residents. However, while post-inspection, there had been some traction to upgrade the garden, this had been put on hold due to change in function of the centre. During this time respite residents were not availing of the service in the centre.

An emergency admission meant that the house was providing a single occupancy residential service on a temporary basis. In line with the residents' assessed needs, the planned garden upgrade was put on hold. However, on the day of the inspection, the person in charge advised that alternative single occupation living arrangements had been sourced for the resident and that the function of the service would be returning to a respite service. In addition, senior management informed

the inspector that plans were in place, including funding, to commence the garden upgrade, in advance of respite residents returning to the centre.

Further to the required upgrade to the garden, during a walk-around of both houses that made up the centre, the inspector observed a number of areas of both houses that required upkeep and repair. Some of the required works meant that areas of the centre could not be effectively cleaned appropriately which meant that there was a potential risk to the infection, prevention and control measures in place. Furthermore, a review of the storage systems in place was needed to ensure household, furniture and residents equipment were appropriately and safely stored at all times. This was to minimise any potential fire or infection control risk.

On review of floor plans and through observations, the inspector saw that exit routes from the open plan kitchen and dinning room in one of the houses potentially compromised the means of escape. A review the plans to consider the layout of the room, to ensure the most optimal means of escape, (in the case of fire), was needed. However, on the day of the inspection, the inspector was advised of the planned structural change to the room, (a new external exit from the dinning area of the kitchen), which was planned as part of the garden upgrade works.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. From a small sample of positive behavioural support plans reviewed, the inspector saw that the person in charge and staff were endeavouring to implement residents' behavioural support plans in an effort to lessen the impact on residents and overall, support the reduction in behavioural incidents occurring in the centre. The inspector found that staff had been provided with specific training relating to behaviours that challenge to enable them provide care that reflected evidence-based practice.

There was a number of environmental and physical restrictive practices in place in the designated centre. For physical restrictions, the inspector found that where applied, they were clearly documented and were subject to review by the appropriate professionals. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis. However, on review of the environmental restrictions, the inspector found that improvements were needed to ensure that they were provided with the same oversight by the appropriate professionals. This was to ensure that all restrictive procedures were applied in accordance with national policy and evidence based practice, at all times.

There had been a recent increase of the submission of notifications from the designated centre regarding alleged safeguarding incidents. There had also been unsolicited information submitted to HIQA, from a concerned person, regarding the reporting and follow-up of alleged safeguarding incidents (in one of the houses within the centre). These matters were reviewed as part of the inspection.

On speaking with management and staff and on a review of the documentation in place, the inspector found that all incidents had been followed up appropriately and notified to the required services and agencies. The provider and person in charge had followed up on resident or staff related safeguarding allegations that had

occurred in the centre and on the day of the inspection, internal investigations and processes were on-going with staffing arrangements put in place while investigations were underway. Alleged safeguarding incidents had also been referred and notified to the relevant stakeholders and, where appropriate, safeguarding plans had been put in place in an effort to reduce the risk of safeguarding incident reoccurring.

Where management had identified issues with the recording of some incidents, new guidance and procedures had been put in place to ensure improved and better quality reporting systems were in place.

The inspector was informed there had been a recent change in the assessed needs of a resident living in the centre which was resulting in an increase of behaviours that challenge and which at times, was impacting on the lived experience of other residents. The resident was supported through on going multi-disciplinary professional support.

However, the inspector found, that while the safeguarding plans had for the most part ensured residents' safety, they had in turn impacted on promoting the rights of residents. Where environmental restrictions were in place as part of safeguarding plans, or as a way of ensuring residents safety, it also impacted, at times, on some residents independence in their home including access to food and personal possessions.

Regulation 17: Premises

Senior management advised the inspector, that, in advance of changing the function of the centre the upgrade to the garden would be completed. The works included a new exit route from the kitchen and dining area to provide improved access to the garden space. However, on the day of the inspection, there was no documentation to provider actions or timelines for the completion of this plan of works.

There was a number of upkeep and repair works needed to the internal sections of the both houses, with one house requiring more work than the other. Some of the required works were impacting on the infection prevention and control measure in place and meant that there was an increase risk to the spread of healthcare-associated infections in the houses.

For example, there was peeling and blistering paint observed in one of the kitchens, shower doors, tiles and base trays required upkeep and sealing, and a number of walls, and areas of a stair case include chipped and peeling paint.

Furthermore, two rooms in one house and one room in another house were being used a storage and in some cases, due to the amount of clutter, posed a potential fire and infection prevention control risk.

For example, in the two upstairs rooms of one house there was a large amount of

household items, including electrical equipment, stored in the space. These had previously been used for the respite service and had been stored while the service had a different function.

In the other house, a room that was described in the floor plans as a sun room, contained a number of items that were inappropriately stored in the room. For example, the inspector observed three wheelchairs, a picnic table, a small individual fold-up table and a number of kitchen chairs. There was also laundry baskets stored in the room. In addition, there as a sensory seating area in the room however, the top layer of the furniture was not yet in place.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Where appropriate, residents were provided with behavioural support plans. As two of the residents were not residing in the centre on the day of the inspection, only a small sample of plans were reviewed. In addition, where there were tracker systems in place (to monitor the use of restrictive practices), some of these were also not available and for the same reasons.

Of the behavioural support plan reviewed, the inspector found that it was up-to-date, comprehensive in nature and provided clear guidance to staff in supporting the resident manage behaviours that challenged.

There were a number of physical restrictions in place for some of the residents living in the designated centre. For example, there different types of safety equipment used while residents were travelling in the centre's vehicle. There were appropriate systems in place, to ensure that the physical restrictions were in line with national policy and best practice, and they were reviewed by the organisation's mechanical restraints committee on a quarterly basis.

In relation to the environmental restrictions, improvements were needed to ensure that the same oversight was in place. There were protocols in place for environmental restrictions such as locked wardrobes, locked doors and a locked fridge. There were reviews of these restrictions as a way of determining if the restrictions continued to be required or if they could be reduced or removed. However, on review of the documentation in place the inspector noted that the protocols and reviews had not included appropriate allied health professional oversight.

In addition, the reviews of the environmental restrictions were not consistent. Some restrictions had been review three times in 2021 with the next review completed in May 2023 other reviews had been completed two months in a row in 2021, one in April 2022.

Judgment: Substantially compliant

Regulation 8: Protection

Following the provider's own self-identification of required improvements to ensure that incidents were recorded on the correct documentation and that the information recorded within the documents was of good quality, a reporting procedure was developed to support and guide staff when recording incidents. For example, the procedures guided staff when to complete a body chart, behavioural support, safeguarding, or tracking document.

Where there had been alleged safeguarding incidents, the person in charge had ensured that they had been followed up appropriately and were in line with national policy and procedures and best practice. The inspector reviewed a sample of completed preliminary screening forms as well as the current safeguarding plans in place. The inspector found the safeguarding plans to be comprehensive in nature and included a number of actions that had been completed, or were in progress to support the reduction of incidents reoccurring and better ensure residents' safety. In addition, the provider had put in place the appropriate internal trust in care investigation processes in place.

To ensure the safety of all residents, safeguarding plans had been put in place. In addition, there were a number of restrictive practices in place in an effort to reduce the occurrence of incidents. While these restrictions were ensuring the safety of residents overall, they resulted in a more restrictive living environment for residents and impacted on their rights, at time, to freedom of access to certain areas or items in their home. (This has been further addressed under regulation 9).

Overall, the recent increase in safeguarding was been managing appropriately. The provider and person in charge were monitoring the trends of incidents occurring and had a potential contingency plan in place if the supports in place did not see reduction in incidents over time.

Judgment: Compliant

Regulation 9: Residents' rights

To reduce the negative impact a resident's behaviour was having on the lived experience of other residents, there were a number of environmental restrictive practices implemented in the centre. This meant that, at times, residents' right to independence and access within their own home was impacted.

For example, at times, two residents wardrobes were locked, one of the food fridges in the house was locked and the front and side exit door of the house were locked.

While these restrictions meant that residents and their personal possessions,(clothing), were kept safe and free from harm, it also impacted on their freedom to independently accessing items of food and clothing they may want.

The provider had identified that the restrictions in place impacted on residents' rights and in particular regarding, lack of autonomy to access food of choice, to exit premises as they please and potential access to own belongings in their wardrobe.

The provider had implemented a 'rights awareness checklist' to be included in residents' personal plans. However, not all checklists had been effective in identifying where residents' rights were impacted. For example, a checklist has not identified how a restrictive practice in place for one resident was impacting on other residents' rights.

The recent increase in peer to peer safeguarding incidents had impacted on residents ability and right to enjoy a night's sleep without disturbance. A complaint had been submitted by a family member around their concerns of the impact a resident's behaviour at night-time was having on their family member's sleep.

Due to the current staff shortages, residents were not always provided with sufficient staffing to ensure a meaningful day. As mentioned under regulation 15, the provider was endeavouring to provide four staff per day to ensure meaningful days for residents however, due to staff vacancies, at times, only three staff were on shift. This meant that residents were provided a safe service however, it impacted on the chance to have a meaningful day.

Notwithstanding the above, the provider had complaints and advocacy information available to residents and their families. Staff had advocated on behalf of residents' rights where they missed out on activities due to staff shortages and had supported residents to make a complaint out it. There were risk assessments in place for all residents regarding the impact restrictive practices the house was having on all residents. In addition, on review of the centre's annual report, the inspector saw that one of the actions to be completed by 30th of June 2023, included providing training in human rights to staff members. Furthermore, the centre's quality improvement plan had identified that the 'rights awareness checklist' was due a review.

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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Wyattville DC OSV-0002893

Inspection ID: MON-0039990

Date of inspection: 11/05/2023

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Active recruitment drive will continue to be progressed by the registered provider, inclusive of local advertising, social media advertising, attendance at colleges, provision of open days, consultation with oversees agencies, provision of student placements. Wyattville DC is highlighted as a high priority for staff recruitment by the PIC at management team meetings. Plan to fill staff vacancies by 31-12-2023.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Site Specific emergency plan has been reviewed by the Person in Charge and now includes the names of local hotels and preferred holiday home locations, inclusive of the need for additional staff when considering hotels. This action is completed. The Planned Garden works have been scheduled to commence by 30-08-2023. These entail levelling out of the garden and installation of patio doors in the dining area.	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: The Planned Garden works have been scheduled to commence by 30-08-2023 and completed by 30-10-2023. These entail levelling out of the garden and installation of patio doors in the dining area. The Quality Enhancement plan since inspection date, has been updated to include the updated information. The second house will cover a suite of additional works when the planned garden works are undertaken. This will include painting of the walls and re-sealing of all shower trays and toilet bases. The storage rooms in the second house have begun a process of clearing and removing excess storage. Staffa re completing this on a daily basis and will finalise this action by 16-06-2023. The sunroom in the first house will be de-cluttered by 30-06-2023. This de-clutter will include removal of the picnic table, kitchen chairs and laundry basket. Two of the wheelchairs in the sunroom in the first house will be removed when the resident has been assessed as to which one best meets his needs. The appropriate wheelchair will then be stored in his own bedroom. This will be completed by 30-07-2023.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All environmental restrictive practices will be discussed as a standing agenda on the residents MDT meeting, where feedback will be provided by the clinicians on the current situation and recommendations for future planning. This will commence by 30-06-2023. The layout of the restrictive practices protocols will be amended to ensure clarity as to the date of completion vs date of review. This action will be completed by 30-06-2023. The restrictive practices reviews will be completed on a quarterly basis. Quarter 1 review has been completed. Quarter 2 review will be completed by 30-07-2023.	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Rights awareness checklist will be amended to include information regarding the impact of the restriction on the rights of others by 30-06-2023. All rights awareness checklists in the locations will be reviewed to ensure they have identified all current restrictive practices by 30-06-2023. Active recruitment drive will continue to be progressed by the registered provider, inclusive of local advertising, social media advertising, attendance at colleges, provision of open days, consultation with oversees agencies, provision of student placements. Wyattville DC is highlighted as a high priority for staff recruitment by the PIC at management team meetings. Plan to fill staff vacancies by 31-12-2023.	

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
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.	Not Compliant	Orange	31/12/2023
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	31/12/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/10/2023

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(c)	The registered 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.	Substantially Compliant	Yellow	30/08/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/07/2023
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	31/12/2023
Regulation 09(3)	The registered	Substantially	Yellow	31/12/2023

	provider shall 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.	Compliant		