



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

Issued by the Chief Inspector

Name of designated centre:	Springfield House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	01 November 2022
Centre ID:	OSV-0005550
Fieldwork ID:	MON-0029565

About the designated centre

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

This service provides residential services to adults over the age of 18 years, diagnosed with an intellectual disability, autism, acquired brain injuries and who may also have mental health difficulties. The centre can accommodate up to six residents and is situated close to a large town in County Meath. The living accommodation for residents includes a five-bedroom two-storey house, a one-bedroom stand-alone apartment and a one-bedroom stand alone 'pod'. The main house consists of five bedrooms, two of which are en-suite, two communal bathrooms, a kitchen and utility room, and three living rooms. The apartment and 'pod' each contains a kitchen-come-living room, bedroom and separate bathroom. The centre is staffed with a person in charge, a house manager, two team leads, nursing staff and a team of direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 1 November 2022	10:40hrs to 19:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place over one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection there was six residents residing in the centre.

Four of the residents lived in a large detached two-storey house which had, maintained garden areas to the front, side and rear of the property. Each resident had their own individual bedroom and, there was also a large kitchen/dining and sitting room area, an additional second large sitting room and a sun room available. Additionally, for the other two residents there was a one-bedroom self contained apartment and a one-bedroom self contained pod on the grounds of the house.

The inspector met with four of the residents and all appeared to be in good form. The resident living in the pod invited the inspector to view their home. It was observed to be compact, warm and furnished to the individual style and preference of the resident. The resident said they were happy with their living arrangements, had everything that they wanted and had decorated the pod themselves, with the support of staff. The resident had a framed certificate on their wall and explained to the inspector it was awarded to them in recognition of their achievements in golf. The resident explained that they were a keen golfer, had entered a number of golfing competitions and showed the inspector some of the gold medals that they had won over the years.

They also told the inspector that, they had support from staff as they needed and staff checked in with them regularly. In order to support their safety in the pod, a doorbell camera had been installed which was attached to their mobile phone, the resident was familiar with the system and showed the inspector how it worked. They also said that they could ring the house at any time if they wanted to and, could speak with staff at any time if they had any concerns or issues.

The resident also informed the inspector that they worked three days a week and enjoyed their work. They had been on a foreign holiday earlier in the year, the resident said they enjoyed their holidays very much and had plans to go again in January 2023. Later on in the evening the resident went shopping, to get some items for their home and, on return to the house they reported that they had enjoyed their evening out shopping.

Another resident said they were very happy living in the centre. They said that the staff team were excellent and the food was fantastic. They told the inspector that they couldn't be happier in their home and loved the house. They also liked to go to a nearby hotel on a regular basis and meet family members there.

A third resident spoken with reported that everything was fine in the house. They said that at times however, they could be anxious about certain things. When asked do they speak with staff about this they said that they did and that staff supported

them. They also liked to listen to music and had their own portable music device to do this.

One resident liked to walk freely about the house and staff were observed to be kind and caring in their interactions with this resident. On a number of occasions, the resident sat for short periods in the same room as the inspector and appeared happy and content in their home. The resident required some verbal assurances over the course of the day and, there was always a staff member available and present to support them.

From reviewing a sample of personal plans and speaking with the house manager, the inspector observed that some residents attended a day service (hub) on certain days throughout the week. There they would engage in social and learning activities of their choice, such as, baking, computer skills, arts and crafts. One resident was also a member of a club where they were learning woodwork and daily living skills.

Just before the completion of the inspection the inspector observed a resident they had not spoken with during the day relaxing and listening to music and, they appeared happy and content in their home.

Over the course of the day the inspector observed staff interacting with the residents in a kind, caring and patient manner. Residents were also observed to appear happy, content and relaxed in the company of the house manager and staff team.

Notwithstanding, a number of issues were identified with a number of regulations assessed as part of this inspection process which are discussed in more detail in the following two sections of this report.

Capacity and capability

While the residents met with by the inspector appeared happy and settled in their home, issues were identified with the monitoring of the centre, staffing arrangements and the complaints process.

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation and in this centre. They were supported in their role by a house manager, two team leaders, a member of the senior management team and a number of assistant support workers.

The person in charge was not working in the centre on the day of the inspection and, the house manager facilitated the inspection process. It was observed that they were aware of the requirements of the regulations, were responsive to the

inspection process and, were aware of the assessed needs of the residents living in the house.

The house manager explained to the inspector that there was always five direct support workers on duty during the day and, three live waking night staff. On the day of this inspection there were adequate staffing levels in place to support the residents living in the service and in line with their assessed needs.

However, on reviewing a sample of actual rosters from August 2022 to October 2022 the inspector observed that at times, these rosters did not reflect that, the full compliment of staff was present in the centre. For example, on the actual rosters it was recorded that at times there were only two staff working lives nights as opposed to three and, four direct support workers available during the day as opposed to five. Additionally, there were a number of occasions where staff were required to work a sleep over shift instead of a live night and the house manager explained that when this happened, it was to cover staff shortages. It was also observed from reading a sample of staff meeting notes, that an issue was recently raised about the suitability of the staffing arrangements as one resident was not able to visit home to walk their dog due to insufficient drivers being available.

In turn, the staffing arrangements in the house required review so as to ensure they were at all times appropriate and adequate to meet the assessed needs of the residents.

The staff team were adequately trained and supervised so that they had the required skills to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, medication management, online basic first aid, fire safety, behavioural support, and safeguarding.

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents.

Systems were in place to manage complaints however, the complaints process required review. From viewing a sample of complaints made about the service in 2022, the inspector observed that some of the paperwork was not being adequately completed on same. For example, a number of complaints had been made about the service in 2022 and, management had taken number of steps and actions to address the issues raised. However, the section on some complaints forms indicating whether the complainant was satisfied or dissatisfied with the way in which the complaint was dealt with, had not been completed as required by the regulations.

The provider had systems in place to monitor the service and take on board feedback from both residents and family members. An annual review of the quality and safety of care and a six monthly unannounced visit to the centre had been carried out in May 2022 (the next six monthly unannounced visit was due at the time of this inspection and the house manager informed the inspector that it had been organised for November 2022). At times, these audits were effective in bringing about change in the centre. For example, the annual review and audits

identified that a number of issues regarding the premises and these issues had been actioned and addressed at the time of this inspection.

However, the management systems regarding the maintenance of safeguarding plans required attention so as to ensure they were consistently and effectively monitored.

Regulation 15: Staffing

On reviewing a sample of actual rosters from August 2022 to October 2002 the inspector observed that at times:

- the full compliment of staff were not always present in the centre
- there were a number of occasions where staff were required to work a sleep over shift instead of a live night
- at a recent staff meeting an issue was raised about the staffing arrangements as one resident was not able to visit home to walk their dog due to insufficient drivers being available.

Judgment: Not compliant

Regulation 16: Training and staff development

The staff team were adequately trained and supervised so that they had the required skills to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, medication management, online basic first aid, fire safety, behavioural support, and safeguarding.

Judgment: Compliant

Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation and in this centre. They were supported in their role by a house manager, two team leaders, a member of the senior management team and a number of assistant support workers.

However, the management systems regarding the maintenance of safeguarding plans required attention so as to ensure they were consistently and effectively monitored.

For example, on the day of this inspection the inspector was provided with a safeguarding folder containing two open safeguarding plans. One safeguarding plan dated back to July 2021 concerning a peer to peer related issue and the other dated back to January 2022, concerning an issue to do with a staff member.

- the issue raised in July 2021 had long been resolved at the time of this inspection as one of the residents involved had transitioned to another service over a year ago. However, the associated risk assessment and safeguarding plan the inspector was given to review on the day of this inspection, had not been updated to reflect this development.
- it was also observed that the safeguarding team did not agree with the informal safeguarding plan put forward by the service regarding the issue raised in January 2022. However, no information was made available to the inspector as to how this was dealt with. Notwithstanding, this issue had also been resolved a number of months prior to this inspection as the house manager informed the inspector the staff member in question, no longer worked in the service. The interim associated risk assessment and safeguarding plan the inspector was given to review on the day of this inspection had not been updated to reflect this development.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre was notifying the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Systems were in place to manage complaints however, the complaints process required review as:

- the section on some complaints forms indicating whether the complainant was satisfied or dissatisfied with the way in which the complaint was dealt with, had not been completed as required by the regulations.

Judgment: Substantially compliant

Quality and safety

The residents living in this house were supported to have a meaningful and active life within their home and community (based on their individual preferences) and systems were in place to meet their assessed needs. However, some issues were identified with the safeguarding process, risk management and health-care plans.

The individual needs of the residents were being supported and encouraged. Residents were supported to attend day services where they engaged in activities of their choice and interest. They were also supported to engage in community based activities based on their expressed interests and preferences. For example, one resident attended a social farming programme and, was reported to very much enjoy this activity. Residents also liked to go for drives, shopping and trips out. The inspector viewed a sample of residents plans and found that they were also supported to keep in contact with their families, have meals out, go to the cinema and go for walks.

Residents were being supported with their healthcare needs and, as required they had access to a range of allied healthcare professionals. Supports were also in place to support residents with their emotional wellbeing and mental health. From a small sample of files viewed, the inspector observed that residents had access to general practitioner (GP) services, a dentist, chiropodist, dietitian, physiotherapy, occupational therapy and psychiatry services. Care plans were also in place to support continuity of care. However, one dental care plan required review/updating to reflect the measures taken and supports provided when a resident refused to attend their appointments. Additionally, a follow up dental appointment was not arranged in a timely manner for another resident.

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. A recent safeguarding issue had been reported in the centre and the inspector saw that it was responded to in line with the providers policy and procedure. The issue was reported to the safeguarding team, HIQA and An Garda Síochána and, had been investigated. An interim safeguarding plan was in

place to promote the residents safety and this plan had been agreed with the safeguarding team. However, aspects of the safeguarding process required review and these issues were discussed and actioned under regulation 23: governance and management.

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. For example, where a resident may be at risk in the community, they were provided with 1:1 or 2:1 staffing support. However, some of the control measures in place to manage certain risks required review and/or updating. For example, a resident was supported to stay on their own in their living quarters throughout the day. In order to promote their safety, a number of control measures were in place. The resident informed the inspector that staff checked on them regularly, they had a phone where they could contact the main house if or when they needed to and they also had a security doorbell camera attached to their phone so as they could see who was at their door. Some of these measures were not explicitly stated in their individual risk assessments.

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place. Staff also had as required access to PPE to include face masks which they used as required on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage. The premises were laid out to meet the needs of the residents and were found to be generally well maintained, clean and homely on the day of this inspection.

Adequate fire fighting systems were in place to include a fire alarm, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre.

Regulation 17: Premises

The premises were laid out to meet the needs of the residents and were found to be generally well maintained, clean and homely on the day of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. However, some of the control measures in place to manage certain risks required review and/or updating. For example, a resident was supported to stay on their own in their living quarters throughout the day.

In order to promote their safety, a number of control measures were in place. The resident informed the inspector that staff checked on them regularly, they had a phone where they could contact the main house if or when they needed to and they also had a security doorbell camera attached to their phone so as they could see who was at their door. Some of these measures were not explicitly stated in their individual risk assessments.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place. Staff also had as required access to PPE to include face masks which they used as required on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual needs of the residents were being supported and encouraged. Residents were supported to attend day services where they engaged in activities of

their choice and interest. They were also supported to engage in community based activities based on their expressed interests and preferences. The inspector viewed a sample of residents plans and found that they were also supported to keep in contact with their families, have meals out, go to the cinema and go for walks.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. However, aspects of healthcare required review and/or updating

- one dental care plan required review/updating to reflect the measures taken and supports provided when a resident refused to attend their appointments
- additionally, a follow up dental appointment was not arranged in a timely manner for another resident.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place.

- a recent safeguarding issue had been reported in the centre and the inspector saw that it was responded to in line with policy and procedure. The issue was reported to the safeguarding team, HIQA and An Garda Síochána and, had been investigated. An interim safeguarding plan was in place to promote the residents safety and this plan had been agreed with the safeguarding team
- from viewing a sample of files, staff also had training in safeguarding of vulnerable adults and two staff members informed the inspector that they would report any concern or issue if they had one
- additionally, two residents also informed the inspector that they can speak with staff at any time of they had any issues in the centre.

However, the management systems regarding the maintenance of safeguarding plans required attention so as to ensure they were consistently and effectively monitored.

This issue was discussed and actioned under regulation 23: governance and management.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Springfield House OSV-0005550

Inspection ID: MON-0029565

Date of inspection: 01/11/2022

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Risk Assessment for safe staffing arrangements in the center has been reviewed by the Person in Charge .It has being updated to reflect safe staffing levels to appropriately and adequately meet the assessed needs of the residents . The actual rosters will be appropriately completed to reflect all staff on duty.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Risk Assessment for safe staffing arrangements in the center has been reviewed by the Person in Charge .It has being updated to reflect safe staffing levels to appropriately and adequately meet the assessed needs of the residents . The actual rosters will be appropriately completed to reflect all staff on duty.</p> <p>The Person In Charge has reviewed all complaints and procedures in line with organizational policy .This will include the required documentation to reflect whether the complainant is satisfied or dissatisfied with the outcome of the complaint.</p> <p>The Person In Charge has reviewed the open safeguarding plans and has submitted the actions to the safeguarding team for review and closure.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Person In Charge has reviewed all complaints and procedures in line with organizational policy .This will include the required documentation to reflect whether the complainant is satisfied or dissatisfied with the outcome of the complaint.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk assessments are reviewed by the Person In Charge and updated with all existing control measures in place for individual to promote their safety.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: All the Residents care plans have being reviewed and updated to reflect measures taken to support a resident who refuses to attend appointments.</p> <p>Any follow up appointments for residents will be arranged in a timely manner.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(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	30/11/2022
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	30/11/2022
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	30/11/2022

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/11/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/11/2022