



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

Issued by the Chief Inspector

Name of designated centre:	Knock House
Name of provider:	Dundas Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	24 March 2021
Centre ID:	OSV-0005766
Fieldwork ID:	MON-0030410

About the designated centre

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

Knock House provides high quality living accommodation for five residents. It is a two-storey community house in County Dublin. Its design and layout replicates a family home and the comfortable and welcoming feel of the house is consistent with a home-like environment. There are five individual bedrooms for residents, two bedrooms are on the ground floor and one of these are en-suite. There is an additional shower room with WC on the ground floor also. The remaining three bedrooms are on the first floor and are all en-suite. There is also a full bathroom on the first floor as well as storage. All bedrooms are fitted out to a very high standard and residents are encouraged to decorate and furnish to ensure their environment is as homely as possible. The house is also equipped with a domestic kitchen and dining room where residents are encouraged to get involved with the grocery shopping and with the preparation of meals and snacks. There is a living room and a sun room leading to the garden. Additionally, there is a large gallery/TV area on the first floor. Knock House is surrounded by a large garden and a private driveway with ample parking outside. The centre is staffed by direct support workers, team leads and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 March 2021	10:30hrs to 16:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

Through speaking with the residents, their families and their direct support workers, and observing interactions during the day, the inspector found evidence indicating that the residents living in this designated centre were supported to be safe and happy in their home. The inspector found good examples of how the residents' choices, assessed needs, preferences and routine were central to the operation of the house and the delivery of care and support.

The residents had been advised that someone would be visiting their home. While some residents did not wish to meet with the inspector, all five residents expressed what they did and did not like of their experiences in this house through a feedback survey issued the previous day. The inspector met with three residents in the house, who told them what they had planned for their day around the house and in the local area.

All five residents were supported on a one-to-one basis by allocated direct support workers. The day structure was clearly outlined for residents to know with whom they would be working. The staff changed support roles every few hours, to break up the day and so that residents could plan their activities based on who was supporting them at certain times. Throughout the day, the inspector observed positive, encouraging and trusting rapport and interactions between the residents and staff. Staff exhibited a clear understanding of each resident's needs and communication styles. Examples of these included supporting the resident to express their own views to the inspector instead of speaking on their behalf, and encouraging the resident to engage with their daily plan without pressuring anyone.

One resident sat with the inspector and talked through their personal support plan, which described how they were supported with their health and social needs, and projects they had been working on to stay busy during lockdown. The personal plan was composed with input and consent from the resident and was signed by them at review periods. They told the inspector about their job, and proudly showed the inspector their bedroom which they had recently repainted and refurnished with money saved up from their wages. Other residents were also in the process of redecorating their bedrooms and showed the inspector photos of them painting the walls and picking out their furniture.

Residents told the inspector their plans for the day and what hobbies they were working on, including going for long walks in the countryside, fishing, working with computers, writing, and doing artwork. Some residents were interested in DIY and woodworking projects, and the garden was featured with homemade wooden benches, planter boxes and a chicken coop built by the residents and their support workers.

Residents commented that they were looking forward to the easing of social restrictions and being able to return to a normal routine. One resident expressed

that they felt miserable not being able to meet their friends or go to their day service and wanted things to go back to normal. One resident expressed that they appreciated the honesty of staff when talking about ongoing restrictions. Residents were supported to stay busy and to keep in contact with their families by phone and video calls. Residents were being supported to prepare for their COVID-19 vaccination in the coming days, and were observed using face coverings going out, and sanitising their hands.

Residents spoke highly of the staff team and felt safe and supported in their home. They would feel comfortable if they felt unsafe or wished to make a complaint. Residents also commented that they liked how their privacy was respected, and the inspector observed that residents had the option to lock their bedroom doors when they wished.

The two-storey house was spacious and laid out in a suitable manner for residents' needs and preferences. Photos of residents with their friends and families or on outings were framed in the hallway, and residents had multiple communal areas to relax, watch TV and play videogames. Residents were also involved in household chores and gardening. A shed in the garden was used to store and work on DIY projects.

The inspector spoke by phone to some family members who fed back positive comments on the team in this designated centre and how they had supported their loved ones and helped them to develop their skills. They commented that they were happy that the residents considered this service to be their home, and that they were comfortable here. They appreciated the open and honest communication from the person in charge and would feel comfortable bringing complaints or concerns to management's attention if needed.

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

Capacity and capability

The inspector found that the registered provider had measures in place to ensure that the service provided was resourced with a strong team of staff who were appropriately trained and familiar with the residents' needs, to provide a consistent and routine-focused level of care and support. Effort was made by the service provider and the person in charge to continuously monitor and evaluate the residents' lived experience and use incidents and feedback as opportunities to enhance the operation of the designated centre.

The residents were supported by a team of direct support workers, who were allocated to support residents on a one-to-one basis for a specified duration of the

day. There were no vacancies at the time of inspection and the provider had experienced an overall high retention of staff members. From reviewing the roster, the inspector was assured that the required number and skill mix of staff identified in the statement of purpose was being provided in this house. Staff worked both sleepover and waking night shifts in the house, and daily handover identified who was responsible for tasks such as getting dinner ready and taking charge in the event of an emergency. A night supervisor was available on-call for support and direction out of hours. The inspector reviewed a sample of personnel files, which included the required evidence of references, qualifications and vetting by An Garda Síochána.

Staff members were up to date on their mandatory training, as well as on training required to effectively support and protect the residents who live in this house based on their assessed needs. The inspector reviewed records of supervision, performance appraisal and probation review. These included feedback on employee competencies, where areas were in need of development, and how respective line managers could support staff in addressing concerns they have in their role. The inspector reviewed minutes of team meetings, the topics of which were inclusive of the needs of the residents and learning from adverse incidents.

The provider had maintained oversight of the service and had completed their six-monthly unannounced audits of the designated centre. The annual review for 2020 was completed in January 2021; this included acknowledgement of the success at keeping the resident and team safe from COVID-19 and the evolution of resident planners to support them during social restrictions. The annual review set out the key focuses for 2021, and the inspector found examples of how these areas were being addressed, including supporting "train the trainer" schemes to keep staff skills up to date, and to continue to focus on resident goals which were attainable in light of the pandemic.

Regulation 15: Staffing

There was a sufficient number and skill-mix of staff personnel to meet the number and needs of residents in this designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff personnel were up to date on their mandatory and supplementary training. Structures were in effect to facilitate staff supervision and professional development.

Judgment: Compliant

Regulation 22: Insurance

The provider had evidence of the required insurance against property damage and personal injury.

Judgment: Compliant

Regulation 23: Governance and management

Management and auditing systems were in effect to ensure that the designated centre provided effective delivery of support and which areas of improvement were identified, these were followed up through time-bound plans of action.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had notified the chief inspector of adverse incidents in the centre in line with the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider maintained an accessible complaints procedure and residents said they would be comfortable making a complaint if necessary. Complaints were recorded with detailed of actions taken to resolve the matter.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had updated their policies and procedures and, where relevant,

amended to reflect the impact of the ongoing health emergency.

Judgment: Compliant

Quality and safety

The inspector found that the residents' wellbeing and welfare was supported in this house and that their choices and routine were the central contributor to their care and support in the house and in the community. Personal plans and risk controls were detailed, person-centred and inclusive of input from the multidisciplinary team and the residents themselves. However, the inspector identified that review was required to ensure that support plans regarding risk behaviours was accurate and up to date.

Each resident had a detailed personal plan which was informed by an assessment of need and created in consultation with the residents and their representatives. Plans were person-centred with plenty of photos and comments to support the resident to understand their support needs and consent to the support required in the health care, personal goals, management of finances or medication, and relationships with their families, the staff, and their fellow residents.

Residents had support plans to keep themselves and others safe during expression of frustration or anxiety. The behavioural support plans explained how staff could identify environmental or conversational triggers which may precede risk behaviour and how to respond to these before and during an incident. The inspector observed some discrepancies in the information in these plans when comparing three of them to recorded incidents from the past year. For example, for one person, there was no reference to a type of behaviour which was identified in multiple incidents in recent months, nor to the environmental restriction used as a safety measure for it. The provider recorded that staff had used physical intervention for some residents as a last resort measure to de-escalate risk, however there was no reference to these holds in the positive behaviour support plans, or guidance on procedures for when and how they are to be used. In one example, the resident plan had been reviewed shortly after three instances of physical restraint and had not been updated to reflect this. For other environmental restrictions, there were social stories to assist the resident to understand the support and to consent to same.

The house was suitably equipped to keep people safe in the event of fire. All doors could close automatically for containment and all exit routes were clearly identified with signage and lighting. Residents and staff conducted regular drills and consistently achieved prompt evacuation times. Where one resident was identified as being a risk of not leaving, separate practice drills were done to support them. All equipment, the alarm system and emergency lighting had been serviced and tested within the required time frames.

Medication was secured appropriately in the house, and security measures and

counts were conducted for controlled drugs. All medication administration was done in compliance with prescribed doses and frequency, and expired medication was segregated pending return to the pharmacist. Medicine requiring refrigeration was appropriately stored with temperature checks.

The provider maintained a centre-specific risk register and a log of adverse incidents and accidents in the house. The provider had risk control measures in the house to ensure that the service could prevent and control potential or actual transmission of COVID-19, and a plan was in place which would allow residents to effectively self-isolate in their home if needed, and to ensure that there was cover in the event that staff or management are required to go off-duty. The house was clean and there was sufficient stock of sanitising and personal protective equipment onsite. All staff were diligently recording their temperatures before starting their shifts and correctly wearing face coverings.

The inspector observed good examples of choice-led support delivery and respect for residents' preferences and privacy. The residents were encouraged to stay busy and to pursue personal, social, educational and work goals which could be pursued in light of the pandemic. Residents were also supported to participate in the running of the house and provide feedback on their experiences and what they would like to change. For example, multiple residents were at various stages of redecorating their bedrooms to reflect their preferred style of colours and furniture. The residents were also provided accessible versions of the statement of purpose, the resident guide, contract of residency, complaints procedure, COVID-19 national guidance, and the role of bodies such as HIQA and advocacy services.

Regulation 13: General welfare and development

The inspector found evidence to indicate how the residents were supported to pursue meaningful personal development objectives, to pursue employment opportunities, and to retain personal links with friends, family and the local community in light of the social restrictions.

Judgment: Compliant

Regulation 17: Premises

The premises was safe and suitable in design and layout for the number and needs of the residents.

Judgment: Compliant

Regulation 20: Information for residents

An accessible residents guide was available to residents as well as accessible information related to the service and their support delivery.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider maintained a centre-specific risk register and suite of policies and procedures. A detailed log of incidents was maintained which outlined the actions and learning opportunities taken.

Judgment: Compliant

Regulation 27: Protection against infection

The premises was clean and equipped to control and manage infection risk. Residents were supported to understand the pandemic and how to keep themselves safe.

Judgment: Compliant

Regulation 28: Fire precautions

The house was suitably equipped to detect, contain and extinguish fire. Drills and evacuation plans provided assurance to the provider that emergency escape could be achieved quickly and safely.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored, administered, recorded and disposed of in accordance with good practice, including drugs requiring refrigeration or additional security

measures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident personal, social and developmental plans were detailed, accessible and kept under review. Plans were created and reviewed with input from the resident and the multidisciplinary team.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found some examples of where the behaviours expressed by residents, actions taken by staff to de-escalate incidents, or restrictive practices in place to keep people safe, did not correspond to the residents' prescribed behaviour support plans.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found good examples of how residents' choices, rights, privacy and dignity was respected. Resident feedback was encouraged and supported, and used to develop the service.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Knock House OSV-0005766

Inspection ID: MON-0030410

Date of inspection: 24/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Consultation has occurred between the Director of Care and the Behaviour Specialists. Amendments to the format of all Positive Behaviour Support Plans has been agreed. All Positive Behaviour Support Plans will now correspond to each resident’s individual expressed behaviours; inclusive of actions to be taken by staff to de-escalate incidents and restrictive practices in place to ensure safety.</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 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	30/04/2021