



**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:	Na Driseoga
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	02 June 2022
Centre ID:	OSV-0002573
Fieldwork ID:	MON-0028068

## About the designated centre

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

This designated centre provides residential based respite services to adults with either intellectual or physical disabilities (both male and female) over the age of eighteen years. The centre provides 24 hours respite care and currently can accommodate up to six adults each night. The service offers 24 hour nurse led care provision with 24 hour care assistant support. The centre is a bungalow in a large town in Co. Meath. The premises includes a kitchen/dining room, sitting room, two offices, six en suite bedrooms and additional bathroom facilities and pleasant gardens. The centre also had its own car and transport is available on request which is wheelchair accessible.

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

Number of residents on the date of inspection:	4
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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
Thursday 2 June 2022	10:00hrs to 17:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor compliance with the regulations, and to inform the renewal of registration decision. Several of the documents submitted in support of the application to renew the registration of the centre required review, and these were rectified during the course of the inspection.

The designated centre provides a respite service for up to six people at a time, and at the time of the inspection there was an emergency admission on a short term residential basis. This admission was within the conditions of registration based on a statement of function and purpose which allowed for this type of emergency admission. Due to the identified needs of the person admitted under these circumstances, there was a temporary reduction in the capacity of the centre to accept respite service users. However, there were clear plans to rectify the situation and return to full capacity for respite service users.

On arrival at the designated centre, the inspector conducted a 'walk around' and found that the centre was spacious and well maintained, and that there was provision for the various needs of service users. There was a nicely furnished living area with patio doors leading to a pleasantly landscaped outside area. The individual bedrooms were well appointed, and there was equipment in some of the rooms for people with additional mobility needs, including overhead hoists and assistive bathrooms.

Where the inspector found that improvements were required, for example in the toilet area in the lobby, and in the flooring by one of the exits to the outside area, these issues were either addressed during the course of the inspection, or had been identified by the provider and included in a reasonably time-framed action plan.

The inspector had the opportunity to observe residents' morning routine. Residents were observed to enjoy their morning breakfast or snacks, and then to engage in their preferred activities. Some people went on to enjoy activities, and the inspector observed people being supported in watching their favourite television shows, and shouting out the answers to some of the questions in their shows, and commenting on the programmes. Residents were seen to have their favourite chairs or areas of the house to relax in, and all appeared to be comfortable and at home.

Questionnaires had been filled in by some service users or their families, and overall the replies to these questionnaires were positive. Responses included comments such as 'Staff have the residents' best interests as a priority', 'Resident is so happy when on respite' and 'Staff are approachable, and go above and beyond'. Where comments were not as positive, they mostly referred to hoping for more frequent respite stays. Some comments referred to the bedrooms being 'too clinical', whilst understandable, the inspector found that the premises were laid out in accordance with the needs of the majority of residents, and that all efforts had been made to create a pleasant and homely environment within the constraints of meeting the

needs of all respite service users.

Easy-read information had been made available to residents, and significant efforts had been made to ensure effective communication with residents, for example, pictorial social stories and communication cards had been developed to optimise engagement with residents.

In summary, the inspector found residents' safety and welfare was supported. The systems and arrangements that the provider had put in place in this centre presented a comfortable and valuable respite for service users and their families.

The next two sections of the 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 the quality and safety of the service being delivered.

## Capacity and capability

There was a clear management structure with established lines of accountability and a regular staff team including a staff nurse on each weekday. Various monitoring processes were in place to ensure effective service delivery.

Both six monthly unannounced visits on behalf of the provider and an annual review had been completed in accordance with the regulations. The annual review included reference to the management of the pandemic, and included clear reference to concerns of families, and detail as to how concerns had been addressed. It was a detailed and meaningful document giving a clear overview of the service, including both those aspects of care delivery that were effective, and those areas that required improvement. An action plan based on the findings of the annual review had been developed, and all identified actions were complete.

A suite of audits had been undertaken in accordance with the policy of the organisation. Audits of various issues including medication management, personal finance of residents, complaints and communication had been conducted. There was also a detailed audit of infection prevention and control. Any action plans resulting from these audits were monitored, and either complete or within the identified timeframes.

Staff numbers and skills mix were appropriate to meet the needs of residents. Both planned and actual rosters were reviewed by the inspector, and it was clear that rosters were well managed, and that any shortfalls in the roster were filled by staff who were familiar with the needs of the residents. There was always a nurse on duty, in accordance with the assessed needs of residents.

The person in charge had clear oversight of staff training, all of which were found to be up to date. A training matrix was presented to the inspector, and a sample of

certificates of training indicated that this was a true record of training.

Formal staff supervisions were undertaken regularly, and records maintained. Staff engaged by the inspector were knowledgeable about the support needs of residents, and could respond appropriately to all the queries raised by the inspector, for example in relation to safeguarding, dietary requirements of each resident, fire safety and infection prevention and control (IPC).

#### Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

<b>Regulation 19: Directory of residents</b>
The directory of residents included all the required information.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
There were contracts in place which clearly laid out the services offered to residents and any charges incurred, and a well defined admissions process.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose included all the required information and adequately described the service.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
All the necessary notifications had been made to HIQA within the required timeframes.
Judgment: Compliant



## Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained, and complaints were recorded and responded to in a timely manner.

Judgment: Compliant

## Quality and safety

There were detailed personal plans in place for each resident, which included reference to healthcare needs, social needs and personal safety needs. There was clear information in relation to the dietary needs for each resident, including the recommendations of the relevant members of the multi-disciplinary team (MDT). Individual dietary plans were maintained for each person, and displayed prominently when they were in the centre on a respite break.

Clear guidance for staff in relation to safety was documented in each person's plan, and all staff engaged by the inspector were familiar with these requirements. For example, guidance in relation to behaviours that might cause concern were clearly outlined.

Attention had been given to the compatibility of respite users to ensure that they were all safe, and comfortable on their respite breaks. The social and occupational needs of residents had been prioritised, and various social occasions had been organised in accordance with the preferences of each person. Safeguarding in relation to the mix of residents on each break was considered as part of the admissions process. The social aspect of the respite stays of each person had been considered, and there was an emphasis on ensuring that the stays were a holiday type experience for each person.

While there were some restrictions in place, these were well monitored, and the inspector found them to be the least restrictive to ensure the safety of residents. These restrictions, for example, limited access to the kitchen area, were overseen by the MDT, and were clearly the least restrictive to manage the identified risks. The inspector observed that all efforts had been made to minimise the appearance of restrictions, for example, the limited access to the kitchen was managed by half doors decorated in a way to fit in with the appearance of the rest of the kitchen.

Consultation with residents was prioritised. A residents' meeting was held on the arrival of each group of respite service users. The discussion at these meetings included house rules, advocacy, fire safety and menu preferences. Aids to communication were employed, for example, clip art and social stories. In addition, staff were aware of the concentration levels of each resident, and this was factored

into the process.

The premises were, for the most part, suitable to meet the needs of residents. There were adequate personal and shared spaces. However, residents did not have access to laundry facilities, as required by the regulations. The laundry facilities available to staff were industrial type facilities located in a nearby designated centre, and was not available for the use of residents. In addition, appropriate storage for equipment such as shower trolleys was not available within the centre.

There was a risk register in place which included all identified risks. Each was risk rated appropriately, and risk management plans were in place. There was a system of shared learning throughout the organisation, and 'learning notices' were distributed amongst the staff team. Those risk management plans reviewed by the inspector were fully implemented, and staff could outline the actions relevant to their practice. This included IPC risk management.

IPC was well managed, appropriate systems were in place. Staff were observed to be adhering to the current guidelines. Staff training was up-to-date, and staff could describe the precautions they were currently taking. There was a detailed risk assessment, and audits had been regularly undertaken.

Nutritious and varied meals and snacks were offered to residents, and food safety practices were observed by the inspector to be implemented. There was a detailed dietary plan in place for each resident, and readily available as each resident arrived for their respite breaks.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and fire doors. Staff could describe the actions they would take in the event of an emergency, and had all been involved in fire drills. Checks were in place to ensure that all residents had participated in a fire drill, and consideration had been given to residents who struggled with noise sensitivity to alarms. Each person had a personal emergency evacuation plan which was regularly updated. The emergency fire folder was updated on each admission to ensure that the information relating to current respite service users was immediately available.

Medication was well managed and the admissions policy outlined precisely the requirements prior to admission in order to ensure compliance with the regulations. Multiple checks were in place to ensure the safety of medication administration, and the inspector found that all requirements were strictly adhered to. Clear systems were in place also to ensure that all residents' moneys were accounted for during the admissions and discharge processes, and during the stay in the centre.

Overall systems and processes were in place to ensure the comfort and safety of residents during their respite breaks.

## Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences.

Judgment: Compliant

### Regulation 12: Personal possessions

A record was kept of residents' personal possessions and valuables when they arrived for their respite breaks, and these were rechecked as they left.

Judgment: Compliant

### Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents for the most part, however not all the requirements laid out in Schedule 6 of the regulations were met. There was no laundry facility available to residents, and insufficient storage space for all items of equipment used by residents.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks.

Judgment: Compliant

### Regulation 20: Information for residents

Information was made available to residents in a format accessible to them, including the residents' guide.

Judgment: Compliant

### Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant

### Regulation 27: Protection against infection

Effective infection prevention and control measures were in place, in accordance with current public health guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Structures and procedures were in place to ensure the safe management of medications.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place based on an assessment of needs which had been reviewed regularly

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where restrictions were required in order to ensure the safety of residents, they were the least restrictive available to manage the risk, and were used in accordance with best practice.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Na Driseoga OSV-0002573

Inspection ID: MON-0028068

Date of inspection: 02/06/2022

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            A washing machine and drier will be purchased for residents to launder their own clothes if they so wish. This will be available to the residents in an accessible location.            (Due for completion by the end of October 2022).</p> <p>A business case has been developed and submitted to the General Manager to request funding. The development works required to provide further storage for items of equipment used by residents will be progressed.</p> <p>A risk assessment has been developed by the PIC with existing and additional control measures in place to ensure the storage of equipment safely in line with Health and Safety and Infection Prevention Control Precautions.(Complete)</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2023