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:	Drombanna
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	14 January 2025
Centre ID:	OSV-0002652
Fieldwork ID:	MON-0045772

About the designated centre

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

Drombanna consists of a detached two-storey house located in a small housing development, in a rural area, but within a short driving distance of a city. It also consists of an apartment located within a residential apartment complex, in the same city. The centre provides full-time residential support for a maximum of five residents, all adult males between the ages of 18 and 65. The two-storey house can support four residents, with one resident living in an apartment. The centre can provide services for residents with intellectual disabilities and autism. All residents have their own bedrooms, while other facilities in both the apartment and the house include bathrooms, sitting rooms/lounges, kitchens and staff rooms. Residents are supported by a team comprised of the person in charge, team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 14 January 2025	09:30hrs to 18:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced risk inspection completed to monitor the provider's compliance with the regulations and to meet with residents who were in receipt of residential services the designated centre on the day of the inspection. This centre was registered as a designated centre in October 2018. The most recent renewal of the registration of this designated centre had occurred on 17 September 2023. This designated centre was last inspected in April 2023 by inspectors of social services on behalf of the Chief Inspector.

There were four residents living in the designated at the time of this inspection. One resident lived alone with staff support in an apartment and three residents lived in the large house. On arrival to the house, the inspector was informed by staff on duty that no residents were present in the designated centre. One resident had been staying at home with relatives for a planned visit the previous night. The other two residents had already left to attend their day service. The person in charge arrived to meet with the inspector a short time later.

During the inspection the inspector was informed that they had been invited to meet with one resident in the afternoon who lived alone with staff support in the apartment located approximately seven kilometers away. The inspector had been informed in advance that the resident preferred not to have too many people in their home and this was respected. The person in charge introduced the inspector to the resident before they then left the apartment. The resident greeted the inspector, repeating the inspector's name after they were shown the inspector's identification. The resident sat down on a chair in their sitting room and indicated they were happy for the inspector to sit down also when asked if it was OK with them. The staff member supporting the resident assisted and encouraged the resident to explain to the inspector what activities they participated in during the morning. The resident smiled as they spoke about how they had enjoyed a visit to a local pet farm earlier in the day and had plans to go shopping in the evening with the support of a named staff member.

The resident assisted the staff member to bring out a number of folders for the inspector to review. While the purpose of the visit was to engage with the resident, staff outlined how the resident had brought out their daily notes folder to show the inspector what their daily routines were like. The inspector was informed that the resident attends day service each weekday and usually walks to the location. During the recent poor weather day service staff supported the resident in their apartment. The inspector was informed staff and a peer resident from the house in the designated centre arranged for a social outing together on one of the days as the weather conditions improved. During the visit, the resident was observed to engage in a relaxed manner with the staff member, independently getting themselves a drink and then re-locate to their bedroom. The staff member explained how the resident would indicate periods of time they wished to be alone or when they

wanted to be in the company of others.

The apartment was found to be homely, warm and there was evidence of regular cleaning taking place. The resident assisted with household chores and had their own cook book from which they made favourites dishes. The inspector noted that the internal fire doors in the apartment were being held open by furniture. The resident was observed to place a chair in front of their bedroom door to keep it open while the inspector was present. The staff explained the resident did not like to have the doors closed during the day time. All of the doors were fitted with magnetic door closures connected to the fire alarm. A fault with the magnetic door closures had been reported by a staff member who had been on night duty the previous night via email to the person in charge before the staff member finished their shift earlier on the morning of the inspection. The servicing of the fire equipment within the apartment was the responsibility of an external contractor. This will be further discussed under Regulation 28: Fire precautions. The inspector thanked the resident for meeting with them before leaving the apartment. The resident acknowledged this and was observed to wave to the inspector from the sitting room window as they left the complex.

The inspector went back to the house to meet with the other three residents on their return from their day service later in the afternoon. The person in charge had outlined the preferred routines for each of the residents and the inspector met with each resident individually in different locations in the house. For example, one resident liked to complete a check of different areas throughout the designated centre upon their return. They were introduced to the inspector as they completed their check of the staff office. They acknowledged the inspector and continued on their way. They were later observed to have their dinner in the kitchen and then enjoy a hot drink in the sitting room while seated next to a peer resident.

The inspector was introduced to another resident as they spent some time in an upstairs room that had been designed as a games room for their use. The resident had been asked by staff if they would like to meet with the inspector. They stated they would and this was immediately facilitated. The room had a desk and chair, a couch, television and many personal items with which the resident had interests. The resident was completing a jigsaw at the time and spoke of the many activities they liked to do in the evenings which included walks, visiting named public houses, going swimming with a relative and walking on a particular beach. Later on the resident was observed to be having a hot drink with a peer in the sitting room before going out to participate in a game of bowling in the community with another peer and staff.

The fourth resident did not engage with the inspector on the two occasions that the the inspector was in their vicinity. The resident was observed to be relaxed as they lay on their couch in the sitting room with their preferred personal belongings near them. On the second occasion the resident was observed to be out in an additional garden room which was decorated to suit the assessed needs of the resident. The resident was listening to music and appeared to be content to be on their own. Staff advised that this resident was going to be leaving shortly to go bowling with a peer.

The inspector was informed by the person in charge of the details surrounding the discharge of one resident from the designated centre on 31 October 2024. Some of the resident's personal possessions remained in the designated centre. These were located in the resident's bedroom and private sitting room which were secured by keypad access. The inspector was provided with documentation to review during the inspection pertaining to the discharge. This will be further discussed in the quality and safety section of this report.

The inspector completed a walk around with the person in charge during the morning when no residents were present in the designated centre. It was found to be warm, homely and there was evidence of regular cleaning taking place. All rooms were observed to have ample space to meet the needs of the current residents. While some areas of the communal hallways were found to be darker than other areas there was light to ensure the safety of the residents as they mobilised in these areas. Some upgrade works had been completed which included the replacement of the carpet on the stairs, flooring in the sitting room and in an upstairs bedroom had also been replaced.

The person in charge outlined there were plans to have the exterior of the main house re-painted and plans for upgrade works were being finalised for two bathrooms that required renovation. Issues identified in the April 2023 inspection with the bathrooms such a silicone around the shower and grouting around tiles were observed to have been addressed. The inspector did observe some damaged internal paintwork for example, in the sitting room and some items of furniture had damaged surfaces including a couch located in one of the resident's bedrooms. The inspector also observed a medication fridge which was unplugged and not in use that required cleaning and a clothes airer was placed in front of the kitchen window. This will be further discussed in the quality and safety section of this report.

The inspector met with staff from both the day and night shift during the inspection. All staff spoken to demonstrated their awareness of their responsibilities to ensure the safety and well being of the residents. For example, ensuring each resident was able to follow their preferred routine on return to the designated centre. Arrangements around meal times and the locations of where residents preferred to eat their meals was known by all staff. Residents were observed to be offered choice regarding meals, planned activities and engaging with the staff team. For example, while the inspector was talking with one resident the staff present encouraged the resident to talk about their interests. The staff explained how the team ensured the resident was given choice each evening and supported to engage in different activities as per their visual schedule which the resident managed themselves.

Staff demonstrated how they ensured individualised personal routines were provided to each resident. For example, the morning routine for one resident was described by a staff member to the inspector and reflective of the easy to read posters that were located in the resident's bathroom. Another resident who usually spent one weekend a month in the designated centre had a specific routine supported by staff who were familiar to them and the rostered hours for these staff were reflective of the resident's routine. Staff also ensured the will and preference of the resident was

established where possible and time was given to explain any unplanned changes to activities to ensure residents understood.

In summary, residents appeared to be happy and content in the company of familiar staff during the inspection. The atmosphere was relaxed and homely. Staff were observed to consider individual preferences and interests of each resident when planning activities during the inspection. At the time of this inspection not all staff had completed training in human rights but this was in progress. Residents were being supported to maintain links with family members including video calls, engaging in regular activities and visits. There was documented evidence the provider was seeking to ensure all residents were being supported to have access to their finances in line with their will and preference. However, some improvements were required which included to ensure the consistent safe storage of food, the management of laundry and ensuring the rights of residents in particular regarding their finances were being consistently and effectively supported

The next two sections of this report will 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 provided.

Capacity and capability

Overall, the findings of this inspection found evidence that the provider had effective systems in place for the oversight and monitoring of the designated centre. The provider had adequately addressed the actions identified in the previous Health Information and Quality Authority (HIQA) inspection that took place in April 2023. This included ensuring issues identified relating to the premises were rectified, information for residents relating to the terms and conditions of their residency was updated in the residents guide.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. However, following a review of the actions identified in the 2023 and 2024 annual reviews some actions were noted to be repeated. This included team building and communication with relatives around changes to the staff team. The inspector acknowledges that due to unplanned leave of a number of core staff members during 2024 that it was difficult to resolve/address these actions.

The provider also ensured six monthly internal provider led audits had been completed as per the regulatory requirements. These audits had taken place in February and August 2024. The detailed audits were noted to have some repeated findings, this included identifying all risks within the designated centre. The inspector acknowledges that issues pertaining to the bathrooms had been reviewed and upgrading of two bathrooms was being planned/ in progress to ensure the re-design met the future assessed needs of the residents. The barriers to addressing

some actions were documented by the person in charge which included the staff supervision and training requirements. The inspector was informed the planned commencement of a new team leader working full time as part of the core staff team the week after this inspection would assist the person in charge to address these and other actions that had been identified through internal audits.

The inspector was aware prior to the inspection that the provider had identified not all incidents had been reported to the Chief Inspector in line with the regulatory requirements. During an internal audit in August 2024 the requirement to submit two retrospective notifications relating to incidents that had occurred in May and June 2024 had been identified and submitted to the Chief Inspector in August 2024. A review of the systems in place and the oversight of the team leader following the audit findings provided assurance that the risk of a similar situation occurring again was reduced in this designated centre. The inspector was informed that the new team leader's delegation of duties would also include regular review of incidents occurring within the designated centre ensuring the timely reporting as required to all relevant bodies. In light of this information the inspector did not review Regulation 31: Notifications of incidents during this inspection.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to the designated centre and that they held the necessary skills and qualifications to carry out their role. They worked full time and their remit was over this designated centre and a day service which the residents in this designated centre attended at the time of this inspection.

- The person in charge was aware of their role and responsibilities, including their legal remit with regards to the regulations.
- The person in charge was observed to be familiar to the residents during interactions observed during the inspection.
- The person in charge was aware of the assessed needs, preferred routines and preferences of each of the residents.
- Throughout the inspection they demonstrated their ability to effectively manage the designated centre. They were able to demonstrate the oversight and review of services being provided in the designated centre while ensuring the voice of the resident was listened to.
- On review of documentation during the inspection including staff meeting notes, internal audits and resident forums, the person in charge had ongoing/regular communication with all parties including, residents and their family representatives, the staff team and management.
- They were supported in their role in this designated centre by a small group of consistent core staff. Some duties were delegated among team members with oversight by the person in charge including, key worker reports. The

person in charge outlined to the inspector plans to further delegate duties among the staff team which included reviews of personal plans and personal goals following the implementation since January 2025 of a new person centred planning template by the provider.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. The inspector reviewed staff rotas for the month of January 2025. Staffing resources were found to be in line with the statement of purpose and the number of residents being supported within the designated centre. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota.

Details contained within the rotas included colour coding to identify which location and shift the staff member was working, along with the hours of commencement and completion of each shift. Scheduled training of staff and other leave were clearly identified in the rotas reviewed during the inspection.

At the time of this inspection there was a 20 hour staff vacancy to be filled. While there had been unplanned leave within the core group of the staff team in recent months gaps had been filled by staff who worked with the residents in their day services. At the time of this inspection, there were four additional day service staff in the process of completing the necessary training to be able to assist with filling gaps in the rota going forward while the core staff members remained unable to attend for duty.

There were nine consistent staff supporting the residents to deliver person-centred, effective and safe care, which included the person in charge at the time of this inspection. Seven day service staff were also available to support residents when required with additional day service staff also recently available to assist with the provision of services within the designated centre.

On the day of the inspection one new staff member was completing their induction to the designated centre. The person was known to the residents and staff team as they had worked the designated centre frequently in the past.

Staff attended regular team meetings which discussed a number of topics including, staff training, safeguarding, restrictive practices, fire safety and finances. These meetings also reviewed/discussed the findings of audits and data trends completed in the designated centre to ensure shared learning, consistent approaches and addressing actions identified in a timely manner.

The inspector met with eight members of the staff team over the course of the day. This included the person in charge, the person participating in management and

members of the social care team. All staff were observed to interact in a professional manner with the residents they were supporting. In addition, all demonstrated that they were familiar with the residents and their likes, dislikes and preferences.

The provider had also recently appointed a new team leader to the designated centre who was scheduled to commence working full time in the designated centre the week following this inspection. The person in charge outlined how shared duties and further delegation to ensure consistent governance and oversight was planned once this staff member commenced to assist the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection 17 staff members including the person in charge worked regularly in the designated centre. The inspector reviewed the training matrix for these staff which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, crisis prevention and intervention.

The provider had ensured that staff had access to training that was identified as important for this centre and in line with residents' assessed needs including medication management. While training had been scheduled to take place for staff who required refresher training in epilepsy awareness the week prior to this inspection, it had to be cancelled due to the poor weather conditions.

The person in charge ensured training was booked in advance for staff members.

The completion of training modules in human rights was in progress at the time of this inspection.

However, staff supervision during 2024 had not taken place in-line with the provider's policy. The inspector was informed that this had occurred due to a series of unplanned events during the latter part of 2024 relating to staffing resources. The inspector was informed the person in charge was planning to address the matter once the new team leader commenced their role.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured a directory of residents in receipt of services had been established in the designated centre. The information required under this regulation pertaining to all of the current residents at the time of the inspection was documented and up-to-date. This included details contained within daily notes of periods when residents were not residing in the designated centre.

However, the directory of residents had not been maintained/updated following the discharge of one resident from the service on 31 October 2024 and details of where the resident was discharged to had also not been documented. The inspector was provided with a letter to review during the inspection pertaining to the details of the discharge of the resident but these details were not updated within the provider's directory of resident's form for this resident on the day of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by a senior managers. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.

The provider ensured audits were completed in-line with the provider's own procedures. There was also as schedule of audits which included medications and finances. There was evidence of actions being taken in a timely manner when issues were identified such as the reporting retrospectively of notifications to the Chief Inspector in August 2024 following an internal review by the person in charge. A review of the reporting systems in place and changes to ensure oversight were implemented to reduce the risk of similar situation arising in the future.

The provider had also ensured an annual review and six monthly internal audits had been completed in the designated centre as required by the regulations. Actions identified had been completed or updates on their progress to date documented by the person in charge. While a small number of actions identified in the February 2024 audit were found to not have been adequately addressed in the August 2024 internal audit, the rationale, progress/barriers and completion of these actions where possible were detailed in the August 2024 action plan with the person in charge responsible to ensure all issues were being addressed and fully completed before being closed off on an electronic action tracker system being operated by the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured the statement of purpose for the designated centre had been subject to regular review to reflect the changes to local management. All of the required information as outlined in the regulation was found to be present and reflective of services being provided, including minimal staffing levels.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a compliments and complaint policy had been subject to review as required with the current version reviewed by the provider in June 2024. Details of who the complaint officer was were observed to available within the designated centre.

During 2024 the staff team had received one compliment from family representatives of a resident. Five complaints had been logged during 2024. There were no open complaints at the time of this inspection. The inspector acknowledges that a number of issues were raised in two of the complaints by a complainant in June 2024. The person in charge had details of initial engagement with the complainant and subsequently from the complaint's officer within the provider 's time lines. However, delays had been encountered from external agencies that had been consulted in responding to the complainant further. The complaint's officer and the person in charge dealt with each issue in the response sent to the complainant on 30 August 2024. This was reviewed by the inspector. One issue had been identified as being upheld which was the nutritional intake of the resident, resulting in actions being taken to offer healthy alternatives for meal choices to the resident. The complainant did not respond to the outcome of the review detailed in the 30 August 2024 correspondence and the person in charge was unable to document the satisfaction of the complainant regarding the issues of concern raised.

Another complaint was received in December 2024 regarding the changes required to be made due to staffing resource issues for a planned overnight break away for a resident at short notice. The staff team had provided alternative arrangements to enable the resident to visit the planned location with a peer resident but they returned to the designated centre for the night before returning again the next day. The staff team had explained to the resident what the changes to the planned break would be in advance and this was documented as being understood by the resident. The details of the issues raised in the complaint were reviewed by the inspector and the person in charge outlined clarification provided on the contact numbers to be used by the family member to ensure a timely response from local management to

any issue they may have in the future. The satisfaction of the complainant was documented and the complaint closed out.

Judgment: Compliant

Quality and safety

Residents were encouraged to build their confidence and independence, and to explore different activities and experiences. It was evident from observations made by the inspector and a review of documentation throughout the inspection, the staff team consistently ensured each resident was being supported to engage in preferred activities, had a routine that suited their assessed needs and had their voice heard. Staff were able to outline individual goals, positive progress made recently by residents they were supporting and the overall progression of the services being provided in the designated centre.

The inspector reviewed a number of documents including individualised personal plans, money management, assisted decision making process and relevant safeguarding information. It was evidenced that these documents were subject to regular review, were reflective of the input of the resident and person centred. Measures in place within the centre demonstrated the staff teams provision of a safe service. Individualised personal plans had been updated to reflect the residents current and changing supports needs. This included a range of support needs for each resident with detailed guidance to promote continuity of care.

Regulation 10: Communication

The registered provider had ensured each resident was supported to communicate in accordance with their needs and wishes. For example, one resident had a visual schedule which they managed themselves and was reflective of the next activity which they were going to engage in. Another resident was provided with easy-to-read information and a visual support plan regarding their weekly activities. Residents were supported to have a written meal planner for the week ahead. The inspector was informed of the rationale of why a visual board displaying planned meals was not in use at the time of the inspection.

Staff outlined how three of the residents had very good comprehension skills and one resident was able to effectively communicate verbally with staff .

Staff were observed to be familiar with the preferred communication methods used by the different residents, this included the use of gestures and different sounds.

Residents had access to media and internet services as they chose.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured residents were being supported to maintain personal relationships and links with the wider community. For example, one resident met with a family member each week to go swimming. The same resident visited their family home regularly most weeks. Another resident was also supported to spend time in their family home regularly, such as the night prior to this inspection.

All of the residents attended day services each week day and were supported by the staff team to meet with peers socially. This included bowling which was planned for two of the residents on the evening of the inspection.

The staff team demonstrated a focus on community inclusion for the residents which included participating in shopping in the locality, while visiting social amenities such as local walking trails, swimming pools and restaurants.

In addition, following on from a service user experience survey completed in August 2024 in the designated centre, the activity schedule for one resident was reviewed to provide increased opportunities for them to engage in a wide range of activities in particular in the evenings. Family representatives of the same resident also provided a written update for staff after each visit home which included outlining what activities the resident had enjoyed/engaged in while at home.

To assist with the continuity of service provision by staff familiar to the residents in the designated centre, the person in charge outlined how four additional day service staff were being provided with training to enable them to provide support to the residents in the designated centre if there were future unplanned issues with staff resources. These staff already work with the residents regularly in their day service.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the design and layout of the designated centre supported the assessed needs of the residents. This included the provision of an additional space for one resident in the garden which they accessed as they wished. Another resident had an additional room upstairs where they had their personal possessions including jigsaws, television and comfortable seating. The resident was able to chose if they wished staff to support them or be alone while using this room.

The resident also chose to eat their meals in this room at times.

Residents bedrooms were decorated to reflect personal interests and preferences. Communal areas were found to be decorated in a homely manner and the kitchen was a large room with ample space for residents to engage with staff in food preparation and having their meals, if they chose to do so.

The decor in some areas including the bathrooms required updating. This had been identified as an action in the provider's internal audits. The person in charge outlined consideration was being given to the upgrades required while ensuring the future assessed needs of the residents would still be met.

The provider had adequately addressed the issues identified in the previous HIQA inspection which included replacing silicone seals around windows, grouting on tiles in the bathrooms and repairing a broken window. In addition, the person in charge outlined other maintenance issues that had been identified and addressed which included flooring that had been replaced such as the carpet on the stairs in recent months.

Painting of the exterior of the house was planned to take place, however, it was observed by the inspector that a shore at the rear of the property had overflowed with some debris evident on the path. This debris included a number of cigarette butts. The inspector was informed no resident smoked in the designated centre.

Some areas of paintwork were observed to be chipped which included in the sitting room. Some furniture was also observed to have damaged surfaces which included a couch in one resident's bedroom, flooring in one of the bathroom's was also damaged.

The inspector also observed a medication fridge in the utility room. While it was not in use and unplugged, mould was evident to be growing on a number of the interior surfaces at the time of the inspection.

The apartment was decorated to suit the preferences and personal choice of the resident living there. Fixtures and fittings along with furniture and appliances throughout the apartment had evidence of regular cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured residents were being supported to buy, prepare and participate in cooking their own meals if they chose to do so. Healthy meal options were also being offered to support the overall health and well being of residents. For example, on the evening of the inspection, residents were observed to enjoy their home cooked meal with one resident smiling as they told the inspector what they were having for their meal. The resident in the apartment had plans to go

shopping prior to preparing their evening meal with the support of their staff.

All staff were aware of the protocol in place to support one resident with their fluid intake and this was being consistently documented and monitored by the team on a daily basis.

However, during the walk around of the house, the inspector observed some foods in the refrigerator which had been opened and no date of opening had been recorded on the open containers in line with food safety guidelines. In addition, uncooked meat, while un-opened, was being stored next to an open container of fresh fruit in the same fridge. This was removed immediately by the person in charge.

On review of the staff training matrix the inspector also noted that only 66% of the current staff team had completed the training in food safety. While this was not documented as a mandatory training requirement in the statement of purpose, the inspector was informed all staff supporting residents in this designated centre did support the residents with their meal preparation.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured a guide regarding the services being provided in the designated centre had been subject to review following the previous HIQA inspection in April 2023. The terms and conditions of the residency had been updated and reflective of services within the designated centre being provided to all of the residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured the discharge of a resident from the designated centre in 2024 had been in the process of being discussed and planned with the resident. A process overview using an assisted decision making template had been created by the behaviour support team and person in charge in June 2024. This process documented information provided in a suitable format that the resident could comprehend regarding their decision to leave the designated centre and move to another country with family support and attend a new residential service in that country.

The will and preference of the resident was sought with information regarding the two options made available to the resident. This was provided to the resident during

a number of informal sessions with the behaviour support specialist between June and July 2024. The ability of the resident to comprehend some aspects such as leaving his peers but moving to be closer to family were presented to the resident. However, the resident was deemed to be unlikely to understand the implication on their finances if they moved away from the designated centre. There were plans to support the resident to visit the location during a planned holiday with family overseas and further plans on the expected return of the resident in August 2024 to follow up to ensure they were being provided with all the required information to make an informed decision. This included social stories and memory books which were being prepared for the resident's departure.

However, the resident did not return to the designated centre as planned at the end of their holiday and the person in charge was informed by a family member on 11 August 2024 the resident did not wish to return. The person in charge had documented the contact made between the family member since the 11 August 2024 which demonstrated the assurance being sought that the resident's decision was in line with their will and preference. This included a planned visit with the resident overseas by the person in charge and a member of the behaviour support team on 10 September 2024. This visit was reported to have gone well, with the resident appearing to be presenting at their baseline with no escalation evident during the visit. The decision to leave the designated centre was reported to appear to align to the resident's will and preference.

The provider also sought input from other agencies to ensure the safe transition of the resident. The person in charge outlined in a letter to the resident's family representative that the well being, safeguarding and transition of the resident were the priorities for the provider. To facilitate time for the resident to experience the implications of their decision, the resident and family were informed the resident would not be discharged from the designated centre until 31 October 2024. While the initial planned residential placement overseas had not materialised, the person in charge outlined to the inspector during the inspection that another provider had been identified to provide a service to the resident and the person in charge would be linking with this new provider to ensure the personal possessions that remained in the designated centre would be sent over to the resident. The inspector was informed any other supports required by the resident would be facilitated where possible to assist with the resident's transition into their new service

Judgment: Compliant

Regulation 26: Risk management procedures

There were processes and procedures in place to identify, assess and ensure ongoing review of risk. This included ensuring that effective control measures were in place to mange centre specific risks. The two most recent internal provider led

audits in February and August 2024 had required actions by the person in charge to ensure all centre specific risks were identified and risk rated.

The provider had ensured a risk management policy was in place and subject to regular review. The current policy was to be reviewed again in December 2026 and was available to all staff

There were no escalated risks in the designated centre at the time of this inspection. The person in charge had ensured the control measures in place to maintain the safety and well being of residents were effective and up-to-date. All staff including the most recently appointed staff member had read and signed the risk management framework at the time of the inspection. Staff were updated at monthly team meetings of any changes.

Individual risks for residents were also found to have been subject to regular review and specific to the assessed needs of the resident for which they referred to. For example, the risk of harm to a resident while on a transport vehicle. There was a seating plan on the transport vehicle for the resident which was reflective of supporting the resident with control measures in place.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. The day prior to this inspection such checks had been completed in the house.

Fire safety checks were consistently completed which included daily, weekly and monthly checks. During the previous week some gaps in the documentation had been noted by the inspector, this was due to a change in the usual routine of the residents and the staff supporting them due to the poor weather. The inspector noted that all checks had been completed during September, October, November and December 2024 with no gaps in the recording documents.

All fire exits in the house were observed to be unobstructed during the inspection, internal fire doors were in place and working effectively. However, the magnetic door closures on the three internal doors in the apartment were not working when the inspector visited. This fault had been reported by the night staff on the morning of the inspection to the person in charge via email. The resident did not like to have the internal doors closed during the day and was observed to place a chair in front of the bedroom door when they entered the room during the inspector's visit. It had been closed when the inspector arrived. A small table was placed in front of the sitting/dining room door out into the hallway. While the effective containment of a

fire was impacted during the inspector's visit the issue had been reported to the fire maintenance contractor and resolved. The person in charge provided updated information to the inspector detailing the issue had been resolved by 16:00hrs on the day after this inspection by the external contractors employed by the provider to maintain the fire safety equipment in the apartment.

All residents had personal emergency evacuation plans (PEEPs) in place reflective of their assessed needs. For example. if staff were required to support residents with verbal prompts to safely leave the building. The PEEPs had been subject to annual reviews, with the previous review documented as being completed in March 2024 for the three residents living in the house.

The inspector reviewed the fire drills documented as taking place in the house during 2024. While fire drills had taken place in March and June 2024, no minimal staffing fire drill had been completed with all of the residents living in the house. For example, four residents were living in the house until August 2024 and three residents were living in the house since then and at the time of this inspection. The drill that had taken place with all four residents in March 2024 had five staff supporting the evacuation. The minimal staffing levels as per the statement of purpose is two staff at night time, one waking staff and one sleep over staff. While the fire drill completed in June 2024 with two staff was with only two residents. In addition, each of the residents PEEPs outlined the requirement for each resident to participate in a fire drill at least every six months. This had not been adhered to as the last fire drill completed in the house was 29 June 2024.

In addition, while the inspector acknowledges the following was not discussed during the inspection with the person in charge, the details provided in the fire drills reviewed did not include a senario or provide details of the exits used in the drills to ensure residents and staff did not cross/enter an area where a fire could be located along the evacuation route.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident in receipt of services in the designated centre did have a personal plan in place. These are intended to identify the health, personal and social needs of residents while also providing guidance for staff on how to meet these needs. The provider had recently introduced a new template/framework which would see support plans being regularly updated and action plans linked together. With outcomes and actions arising out of the personal plans to be documented. The inspector reviewed different sections of the personal plans for three of the residents. All were found to contain some recently reviewed guidance on supporting residents in various areas while there was also documented evidence of annual

multidisciplinary reviews taking place.

The personal plans contained details of the residents profiles, communication passports, as well as guidance on maximising each residents independence. For example, one resident's personal planning meeting had taken place in September 2024. Detailed progress relating to their participation in bowling and social activities had been documented. In addition, the day service staff team were to assist the resident to join a particular social club in the community.

The progression of personal goals were documented and where met this was reflected in the documentation reviewed. Barriers to attaining a goal were also documented. For example, two residents were scheduled to have an overnight break in October 2024. Due to unforeseen circumstances relating to available staffing resources familiar to both residents the overnight stay had to be cancelled and the residents were supported to engage in the planned day time activities. The revised goal for one of the resident's was documented as planning a short break/holiday during 2025.

Each resident also had their own personalised daily report templates. The person centred templates had each resident's name, the day of the week for which the report was being completed and regular planned /scheduled activities pre -printed specific to the individual for whom the report was being completed. There was also additional notes consistently documented on the reports outlining individual and social group activities each resident participated in during the day which also reflected if the resident enjoyed /participated or did not fully engage in the activity. These reports were also documented as being reviewed regularly by the person in charge. To ensure consistency in the documented information staff were being supported and informed where required to provide additional information in these reports.

Judgment: Compliant

Regulation 7: Positive behavioural support

Specific support plans were available for staff which provided guidance and information on how to encourage residents to engage in positive behaviour. The inspector reviewed two of these plans and noted that they contained a good level of information around supporting residents in this area. Staff spoken with demonstrated a good awareness of the contents of these plans. This included consistent supports for one resident regarding their daily consumption of fluids which was reflective of the information provided to the inspector prior to the inspector being introduced to the resident.

There was documented evidence of ongoing review by the behaviour support team. The staff team provided regular information pertaining to incidents occurring and

the administration of medicines as required (PRN medications) within the designated centre. The information was reviewed by the behaviour support team and staff were provided with a graph of trends for residents where relevant. Scheduled reviews of restrictive practices were also documented. For example, one resident's access to their finances had been reviewed on 30 November 2024 and this was subsequently reflected as a restriction for the resident.

The person in charge had ensured restrictive practices within the designated centre had been subject to regular review with reductions or removal of restrictions occurring to reflect the assessed needs of the residents. For example, a key light switch system was in place to ensure light was available to all residents when required due to the known behaviour of one resident to turn off light switches. The person in charge outlined to the inspector plans to support another resident to be able to access the key light system if they wished to do so. Another restriction relating to a locked fridge was also planned to be reduced with an aim to eliminate the restriction if possible while supporting the well being and safety of all residents.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings with the person in charge to enable ongoing discussions and develop consistent practices.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity. There was also easy to read information for one resident pertaining to their routine and how staff supported them while maintaining their privacy. This was also consistent with information provided by a staff member while speaking with the inspector on how they supported the resident.

Residents were provided with information in a suitable format and supported to be aware of safeguarding at their key working and residents meetings.

There was one open safeguarding plan at the time of this inspection. It had been opened in October 2024 following an internal review of the resident's finances and restrictions being experienced by the resident to access their finances. A money management plan had been developed for the resident on three occasions prior to the safeguarding plan being opened in October 2024. There was detailed evidence of ongoing efforts by the local management and safeguarding team to address the issue, which included providing advocacy supports for the resident and information about the Assisted Decision Making Act 2015 being sent to the current agent of the resident's finances. This will be actioned under regulation 9: Resident's rights

One safeguarding plan had been closed in October 2023 following a change in arrangements supporting a resident during their meal times. This was reported to be

working effectively for the resident and the inspector observed staff to be supporting the resident during the inspection as per the arrangements documented.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

Residents were encouraged and supported to be active in their social roles within their families and community. The provider and staff team had ensured all required internal and external supports to effectively support each resident with their specific situations were provided and remained in place as along as required by residents.

Residents were consistently supported to engage in their preferred activities. Staff demonstrated their consideration of what residents had being doing during the day service to ensure variety in the evening. For example, one resident was being supported to go out on an individual social outing rather than the planned bowling activity on the evening of the inspection. Staff explained the resident had been out earlier in the afternoon with a staff member and the resident would benefit from a period of rest before heading out again if they chose to do so. There were sufficient staff resources available to facilitate this.

However, following a review of one resident's personal plan and activities in conjunction with additional information provided by the person in charge, one resident had been adversely impacted in participating in activities of their choice due to restrictions on them accessing their finances. For example, the resident had to make choices regarding attending horse riding and reflexology due to the lack of available funds in their bank account. Staff had a money management plan in place to support the resident to manage their finances securely but this had not been agreed by the current agent of the resident's finances. Staff had identified the resident did not have the freedom to live their life in the way they indicated they wished to do so. While the person in charge was able to demonstrate how they were working to resolve this issue to ensure the rights of this resident were being upheld the issue remained unresolved at the time of this inspection.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Drombanna OSV-0002652

Inspection ID: MON-0045772

Date of inspection: 14/01/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff with outstanding trainings will be completed by 31/03/2025. • Staff supervisions will be facilitated in by 28/02/2025 and will be scheduled quarterly thereafter throughout the year.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: • Discharge details for the Resident who was discharged in October 2024 will be added to the directory of residents. This will be completed by 10/02/2025.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Defective furniture will be removed from the service and replaced where necessary. This will be completed by 30/06/2025. • Unused medication fridge will be removed from service. This will be completed by 05.02.2025 • Designated smoking area to be identified with designated bin. This is to be added to the cleaning checklist. This will be completed by 28.02.2025 • Drainage to be reviewed by the maintenance company to prevent further overflow from	

dishwasher. This will be completed by 30.03.2025

• Planned maintenance works (front of house painting) to be completed by 30/06/2025

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

• The importance of food labelling and correct storage of food will be discussed with staff at the next team meeting. This will be completed by 28.02.2025

• All staff will have completed food safety training by 31/03/2025.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• A nighttime fire drill with minimum staffing and maximum residents will be completed by 31/03/2024.

• The PIC will ensure going forward that each resident to participates in a fire drill every six months.

• All fire drills will be scenario based and details of the scenarios will be documented on fire drill reports.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• PIC will work with stakeholders to ensure that the resident has access to their funds in order to ensure they can use their funds as they choose. This will be completed by 30/06/2025.

• Preliminary screening has been raised with the HSE safeguarding team in respect of concerns raised above. A formal safeguarding plan will be implemented. This will be completed in line with progression of communication with HSE safeguarding team and stakeholders.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2025
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/03/2025
Regulation 19(1)	The registered provider shall establish and maintain a	Substantially Compliant	Yellow	10/02/2025

	directory of residents in the designated centre.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/03/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/06/2025
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	30/06/2025