



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:	Short Notice Announced
Date of inspection:	02 March 2021
Centre ID:	OSV-0002573
Fieldwork ID:	MON-0032154

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. There is a patio area at the back of the house overlooking and promoting access to a large sensory garden. 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:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 2 March 2021	09:30hrs to 14:50hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From conversations with staff, observation in the centre, and information viewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community during their respite breaks.

Although the centre had the capacity to accommodate six residents for respite breaks, at the time of inspection there were two people availing of the service as a means of increasing infection control safety. The inspector met with both residents who were availing of the respite service at the time of inspection.

These residents were not able to verbally express their views on the quality and safety of the service. However, both residents were observed to be in good spirits and comfortable in the company of staff and each other. Although the time the inspector spent with residents was limited in line with COVID-19 safety protocols, staff were observed interacting warmly with residents and were very supportive of residents' wishes. Furthermore, feedback from residents' families was available to view during the inspection. Numerous families had completed questionnaires on behalf of residents, and these indicated a high level of satisfaction with the service.

Due to COVID-19 infection control precautions, the inspector limited the time spent with residents during the inspection. In addition, as the the respite break was scheduled to end in the earlier part of the day, there were no residents in the centre for some of the day. To reduce infection control risk most of the inspection was carried out in an office which was adjacent to, but separate from the residents' living space.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in how they lived their lives during their respite breaks. Residents met with staff at the start of each respite break when their views on how they wished to spend their break were discussed and used for activity planning. There was evidence that residents' preferences had been met during this respite breaks.

Advocacy support was available to residents and this information was also discussed during these meetings. Residents had rights to have visitors in the centre although due to the short nature of the breaks this was not a frequent occurrence. Supports were in place to ensure that residents could keep in contact remotely with families and friends while adhering to COVID-19 safety requirements. To enhance this experience settees and armchairs with built-in internet ports had been provided in the sitting room as part of the recent refurbishment. Therefore, residents could enjoy social contact and entertainment on their devices while relaxing in a comfortable setting.

Residents who met with the inspector had an awareness of COVID-19 and the

precautions that were required to reduce the spread of infection. For example, shaking hands had been replaced by another form of greeting. In addition to staff reminding residents about the requirements, there was a range of user-friendly information available to help residents to understand the restrictions and arrangements.

The centre had recently been refurbished to create a more comfortable, accessible and safe atmosphere for residents. The person in charge explained that it was her focus to create a high level of comfort and a holiday feel for residents during their respite breaks. There was a large sitting room with direct access to the garden and a spacious and well equipped kitchen with dining space. Rooms were tastefully decorated with coordinating colour schemes, comfortable soft furnishings, flowers, artwork and lamps. Each resident had their own bedroom during respite breaks. All bedrooms were bright and nicely decorated. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in which residents could store their clothing and belongings while they were staying in the centre. Assistive equipment, such as easy-to-see coloured grip rails and adapted bathroom facilities were also provided to enhance comfort and safety for residents.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who availed of this respite service. However, a variation to one of the centre's registration conditions was now required due to a recent refurbishment and upgrade to the building. This did not impact on the quality of care being delivered to residents.

The centre had recently been closed for several months for substantial internal refurbishment and had just been reopened for two weeks at the time of inspection. The refurbishment involved the remodelling of rooms to provide well equipped, accessible en suite bathrooms to all bedrooms. This had reduced the number of bedrooms from seven to six. Other improvements to the centre included the installation of a new heating system, reconfiguration of some internal rooms and redecorating.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. The provider was aware of the requirement to carry out unannounced audits of the service twice each year and traditionally these had been carried out as required. As the centre had been closed for most of 2020 due to both COVID-19 and building works, the full complement of these audits had not been required during this period. However, audits of the centre's practices were being carried out by the person in charge and staff. The person in charge had developed an audit schedule for 2021, and audits of fire safety, healthcare and residents' finances had already taken place. Although the centre had only reopened in recent weeks, records of audits carried

out in this time showed a high levels of compliance.

A review of the quality and safety of care and support of residents was being carried out annually, including for the limited time that the centre was open in 2020. There was evidence that consultation with residents and or their representatives was taking place in various formats throughout the year and this indicated a high level of satisfaction with the service. This information was in the annual review. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support during respite breaks.

Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included personal profiles, personal plans, fire drills, healthcare plans and risk management assessments. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

There were sufficient staff on duty to support residents' assessed needs. Rosters confirmed that this was the normal staffing level. Both nursing and care staff were rostered for duty daily and at night and staffing levels were being adjusted based on the needs of the residents who were receiving respite breaks. This ensured that residents could take part in the activities that they enjoyed and preferred, in addition to having suitable support for their healthcare needs.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management and feeding, eating, drinking and swallowing, in addition to mandatory training. The person in charge also had systems in place for supervision and support of staff. She had developed schedules for staff support and performance meetings and monthly staff team meetings throughout 2021.

Since the last inspection of the centre a full time person in charge had been appointed and was based in the centre. She was very familiar with residents who availed of the respite service and focused on ensuring that residents would receive high quality respite breaks that they really enjoyed.

There was a good level of compliance with regulations relating to the governance and management of the centre.

Registration Regulation 8 (1)

A condition of registration had not been varied to reflect a change of occupancy arising from a recently completed refurbishment of the centre. While the refurbishment, which had been completed in recent weeks, greatly increased the overall comfort of the centre, it had reduced the occupancy capacity by one.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The role of person in charge was full time. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and

safety of the service. Residents received person centred care that supported them to be involved in activities that they enjoyed while availing of respite breaks. This ensured that each resident's well-being was promoted at all times and that residents were kept safe.

Review meetings took place annually, at which residents' support needs for the coming year were planned. As the centre had been closed for several months and for a significant period in 2020, the person in charge was planning residents' support meetings for 2021. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. As residents' stays in this centre were for short breaks, their goals and plans were primarily supported by families and day service staff, although designated centre staff also supported these assessed needs and plans during respite stays.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a large town and close to a range of amenities and facilities in the nearby neighbourhood. The centre also had its own dedicated vehicle, which could be used for outings or any activities that residents chose. During the current respite stay, residents had spent time going places that they enjoyed and which they had chosen at the start of their break. For example, going out for countryside drives, going for refreshments, and taking walks were their preferred activities. Residents also enjoyed spending time with staff doing activities such as colouring and watching television and this was taking place throughout the inspection in a friendly manner. The person in charge was very mindful of the compatibility of residents using this service. She planned respite placements to ensure that residents received breaks with others whose company they enjoyed and who had similar interests.

The centre was warm, clean, comfortable and suitably furnished and suited the needs of residents. Since the last inspection bedrooms and communal areas of the centre had been tastefully refurbished and redecorated to provide increased comfort for residents, and office accommodation had been upgraded. The person in charge also discussed further improvement to the outdoor area to be carried out in the near future. There was a laundry area on site, but residents preferred not to carry out laundry during respite breaks.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Due to the short duration and intermittent nature of residents' respite stays, their healthcare arrangements were mainly supported by their families. However, residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff during respite breaks.

There were suitable systems in the centre to control the spread of infection. There was extensive guidance and practice in place for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was

being implemented in the centre.

Arrangements were in place to safeguard residents from any form of harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. The provider also had systems in place to ensure that residents were safe from all risks. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19. Since the last inspection of the centre, improvements had been made to the emergency evacuation process to increase the safety of residents.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. For example, residents met together at the start of each respite break to discuss issues of importance to them such as meal choices and activity planning for the coming stay. Staff also used these meetings as an opportunity to share important information with residents. These included fire safety, how to make a complaint or raise a concern, COVID-19 and its impact on the service, and the importance of hand hygiene. Preferences around involvement in religious and civil rights were explored and could be supported as required during respite breaks. The recently completed refurbishment of the building had also enhanced residents' rights to comfort and dignity, as each resident now had access to their own full accessible and well equipped en suite bathroom.

Overall, there was a high level of compliance with regulations relating to the quality and safety of resident care.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated. Substantial refurbishment of the centre had recently been completed to improve the level of comfort provided to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were robust arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

This regulation was not examined in full at this inspection, but an issue identified at the last inspection was reviewed and had been addressed. Suitable fire drills were being carried out since the last inspection and these had been completed in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to medical and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while residents were availing of respite services.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that 'residents' rights were supported and that they had freedom to exercise choice and control in their daily lives during respite breaks in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Na Driseoga OSV-0002573

Inspection ID: MON-0032154

Date of inspection: 02/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 8 (1)	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): In line with the requirements of the regulations, the appropriate information has been gathered and the application to vary has been sent to regulatory body.	

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	24/03/2021