



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

Issued by the Chief Inspector

Name of designated centre:	Dunkellin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	24 February 2021
Centre ID:	OSV-0005037
Fieldwork ID:	MON-0031782

About the designated centre

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

Dunkellin Services can provide a home-based residential service to three adults with intellectual disabilities, who may present with complex needs such as physical, medical, mental health, autism, mobility, communication and or sensory needs. The service can be provided to people from the age of 18 years to end-of-life. The centre comprises of a spacious detached house with gardens in a rural area. Residents at Dunkellin Services are supported by a staff team that includes, nurses and social care staff. Staff are based in the centre at all times, and are on waking duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 February 2021	09:00hrs to 14:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From observations in the centre, discussions with staff and information viewed during the inspection, it was clear 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.

The inspector met with all three residents who lived in the centre, although none of the residents were able to discuss their views on the quality and safety of the service. However, all 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.

There was evidence that residents had good involvement in the community, subject to public health restrictions, and that they took part in social and leisure activities that enjoyed. These included the resident's preferred activities, which were going out in the community for outings, walks and shopping. Residents' preferences were taken into account when planning daily activities. For example a resident who enjoyed day service, went to day service four times each week and also enjoyed a day off mid-week with one-to-one staff support to carry out personal activities of choice.

Activity schedules had been developed for each resident which included activities related to well being, health, development and leisure. These included going out for walks, drives and for coffee, sensory activities, household tasks, baking, gardening and listening to music and reading.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents had choices around how they lived their lives. Residents views on the centre and their lives were being gathered through ongoing daily communication and judgements on choice and preferences. Communication passports had been developed for each resident to support staff to communicate effectively. The provider had developed a change experience survey in a user friendly format, and this had been completed with residents in 2020. A range of other information, such as personal plans, COVID-19 information was also made available to resident in accessible formats. Advocacy support was available to residents and this information was also made available to them.

Residents had rights to have visitors in the centre and interventions had been introduced to ensure that residents could keep in contact with families and friends while adhering to COVID-19 safety requirements.

Due to COVID-19 safety protocols, the inspector did not carry out an inspection of all parts of the building. However, the rooms that were viewed were warm, comfortably furnished and decorated with pictures and artwork. Each resident had

their own bedroom. There was a spacious kitchen, and adequate communal and private space for residents. The building was laid out to provide separate living space to ensure that each residents' privacy preferences were met. The provider was also working on changes to the centre to increase private living arrangements, accessibility, and to support future care needs. This work was being completed on a phased basis to minimise disruption of residents' lives.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. However, there was some minor improvement required to the annual review, although these did not impact on the quality of care delivered to residents.

There was a suitably qualified and experienced person in charge who was frequently present in the centre and who knew the residents and their support needs. Audits were being carried out by the person in charge and staff to review the quality and safety of the service. Unannounced audits were being carried twice each year on behalf of the provider. All audit records showed a high levels of compliance and any issues identified during audits were taken seriously and addressed. Furthermore, annual reviews of the quality and safety of care and support of residents were being carried out. While there was evidence that consultation with residents and or their representatives was taking place in various formats throughout the year and this information was not adequately captured in the annual review.

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, a residents guide, 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.

The provider had ensured that there were sufficient staff, including nurses and care staff, available to support residents, and that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in manual handling, fire safety, managing behaviour that is challenging and safeguarding. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. While all staff had received the required mandatory training, a small number of staff had not attended some refresher training within the recommended time frame due to COVID-19 restrictions. The management team had identified this deficit and arrangements had been made for staff to attend refresher training shortly after the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required. However, there was further adjustment required to some documents and the provider was requested to address this.

Judgment: Substantially 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. However, while an annual review and report had been prepared, this report did not reflect consultation with residents and their representatives as required by the regulations.

Judgment: Substantially 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. This ensured that each resident's well being was promoted at all times and that residents were kept safe. The provider had also commenced implementing a plan to increase the comfort and safety of residents in the centre, and to address some deficits which had developed. Overall the centre was comfortable, homely and clean, although general cleaning required improvement in some areas of the house.

Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. 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. Residents had access to the local community and transport was available to support this. Residents were also involved in activities and tasks that they enjoyed in the centre.

The centre was situated in a rural area which was close to several villages where a range of amenities and facilities were within easy reach. While the centre generally suited the needs of residents, the provider had identified that some aspects of the accommodation did not suit residents' changing needs and that refurbishment of the centre was necessary. To address this, the provider had commenced a plan to increase the footprint of the centre and to renovate an existing house to increase its accessibility and comfort for residents. This work was being carried out on a phased basis and in a way that would not impact on resident's comfort and lifestyles. Although the centre was comfortable and homely and generally maintained in a hygienic condition, there were some parts of a bathroom where general cleaning required improvement. Parts of the house in which residents lived required general maintenance such as external painting and cleaning. However, these had been identified by the provider and were being included in the overall refurbishment plan.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was being delivered by staff. Some of the healthcare visits arranged for residents included annual medical checks and influenza vaccinations by the general practitioner (GP), and appointments with healthcare professionals such as ophthalmologists, chiropodists and dentists. Residents were also supported to attend national healthcare screening programmes based on their eligibility and preferences.

There were systems in the centre to control the spread of infection, including robust measures 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 cleaning plan had been developed for sanitising touch points in the centre.

The provider had systems in place to ensure that residents were safe. 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. Arrangements were also in place to safeguard residents from any other form of harm. These included safeguarding training for all staff, a safeguarding policy and development of personal and intimate care plans to guide staff. The support of a designated safeguarding officer was available if required.

Measures were in place to uphold residents' rights. The provider had ensured that residents had freedom to exercise choice and control in their lives. Assessments of rights, including personal possessions, freedom of speech, community access and medication administration, had been carried out for all residents. There were measures in place to supply information to residents in a suitable format that they could understand. For example, staff used suitable techniques to communicate with residents and establish their wishes, sensory items are supplied as appropriate, and easy-to-read versions of residents' personal plans have been developed. Staff had established residents' preferences and these were being supported. For example, some residents received a home based service while the option of attending day services was available to those who preferred to do this.

Regulation 17: Premises

Overall, the centre was well maintained, suitably decorated, comfortably furnished and met the aims and objectives of the service. However, some areas in bathrooms in the centre were not maintained in a clean and hygienic condition throughout. Some parts of the centre also required general upgrade and the provider had plans to address this.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a guide with information about the service which was made available to residents in a suitable, easy-to-read format. This guide was informative and reflected the service being delivered at the time of inspection.

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 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.

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 the resident's rights were supported and that they had freedom to exercise choice and control in their daily life.

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 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	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 Dunkellin Services OSV-0005037

Inspection ID: MON-0031782

Date of inspection: 24/02/2021

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 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: In order to come into compliance with this Regulation the provider has now adjusted the paperwork required around the application for renewal of Registration and has submitted this to the Chief Inspector of Social Services.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to come into compliance with this Regulation in a meaningful way for the Residents concerned the staff team consulted with the Residents around they wishes and interests and as a team they discussed how the service can improved and have highlighted some quality improvement goals for 2021. Also a questionnaire was submitted to family members to seek their views of ways of improving the service. The information obtained will now be added to the annual review for 2021 for this Designated Centre.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to come into compliance with this Regulation the provider has started a scheme of works which will lead to extensive modernization of this Designated Centre when the works are complete. From an aesthetic and hygiene viewpoint these works will make the Designated Centre also easier to keep and maintain. Going forward additional time and attention will be set aside for more frequent deep cleaning of the bathrooms and other areas in the Designated Centre.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	15/04/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	15/04/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	21/05/2021

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	21/05/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/04/2021