



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

Issued by the Chief Inspector

Name of designated centre:	Donagh House (with Ros na Ri as a unit under this Designated Centre)
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	13 December 2022
Centre ID:	OSV-0002456
Fieldwork ID:	MON-0038252

About the designated centre

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

Donagh House offers full-time residential care and support to 12 adults with disabilities. The centre comprises of two detached bungalows in County Monaghan on the outskirts of the local town. 10 residents have their own bedrooms which are decorated to their individual style and preference. Two residents share a large double bedroom with an ensuite facility. Each house contains a living area, kitchen/dining area and spacious outside garden space with adequate room for parking.

The centre is staffed on a 24/7 basis by a full-time person in charge who is a registered nurse. They are supported in their role by a director of nursing and an assistant director of nursing. There is also a team of trained healthcare assistants working in both houses that comprise this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 13 December 2022	11:00hrs to 15:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place for the management of infection prevention and control. The centre comprised of two detached houses located in County Monaghan and was in close proximity to local towns providing care and support to eleven residents.

On arrival to the first house the inspector observed that there were major refurbishment works underway and all residents and staff were out for the day. In turn, only one house of the centre was inspected. The inspection was completed over one day and the inspector met and spoke with two residents, a staff nurse and a clinical nurse manager II (CNM II) and a CNM III over the course of the inspection process.

The residents appeared happy and comfortable in their home and, on a walk around the premises the inspector observed that the house had been decorated for the Christmas season. It also appeared clean and free from clutter. One resident spoke to the inspector and said they were happy in their home. The resident was also observed to be chatting to staff on and off over the course of the day and appeared to get on very well with the the staff team. The resident also spoke with the inspector about things they like to do such as watch football.

Each resident had their own bedroom (some were ensuite) and a communal bathroom was also available for use. The inspector observed one of the bedrooms and saw that it was clean, neat and tidy. It was also decorated to take into account the individual style and preferences of the resident.

Another resident was also observed relaxing in the sitting room. The resident appeared to like their own space however, staff were observed to be attentive to the resident and checked in with them regularly over the course of the day.

The inspector spoke to a staff nurse about the management of a suspected and/or confirmed case of COVID-19 in the centre and they were able to explain the steps to be taken in line with the centres contingency plans. They were also able to show the inspector where the spills kits were kept and, where PPE was stored in the centre.

The person in charge informed the inspector that one resident was attending day services and there they liked to engaged in horticulture and gardening programmes. They also liked to take part in arts and crafts had recently attended a Christmas party.

While the premises appeared clean and free from clutter, a number of refurbishments were required. This included new flooring in parts of the house, new doors, new door frames, some painting was required, the plastering in a bathroom required attention, the smoking area required review and the staff office required reorganising. However, the inspector observed that the service had already

identified many of these issues, a plan of action was in place to address them and, some of the refurbishments works was due to commence on December 19, 2022.

Notwithstanding, the residents met with appeared happy and content in their home and systems were in place for the oversight and management of IPC in the service. The following two sections of the report present the findings of the inspection in more detail.

Capacity and capability

The provider had in place a range of protocols, documents, guidelines and procedures so as to promote effective IPC systems in the house.

The person in charge was responsible for the implementation of the provider's guidance documents and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, an IPC nurse specialist was available to provide support and advice to the person in charge and the centre. Additionally, the person in charge could link in with the Director and Assistant Director of Nursing to discuss any IPC related issue should one arise.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The contingency planning document was clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre.

From speaking to one staff member over the course of this inspection, the inspector was assured that they were aware of the standard precautions to take in the event of a suspected and/or confirmed case of COVID-19 in the centre. Additionally, they were able to inform the inspector of the cleaning protocol in place for some of the equipment in the centre.

From reviewing a small sample of records, the inspector observed that staff had training in antimicrobial stewardship, the management of spills, IPC, respiratory hygiene, donning and doffing of PPE and food hygiene. It was observed that one agency staff nurses training records were not available on the day of this inspection however, the person in charge informed the inspector that this issue would be addressed and the staff member in question had completed the required training,

A number of audits to include quality enhancement plans and IPC related audits had been conducted in the centre over the last few months. These audits were identifying areas of good practice with regard to IPC and areas that needed addressing. Following such audits an action plan was drawn up so as to address any

issues found. A recent audit in the premises identified that a number of refurbishment works were required to the centre however, a detailed plan of action was in place to address these issues. This is discussed in more detail in section two of this report: quality and safety.

Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plans and, the provider had developed a hospital passport for each resident so as to alert staff and other healthcare professionals to the residents assessed needs, how best to communicate with them and support them.

Good practices were observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. For example, the house was found to be generally clean which helped to minimise the risk of acquiring a healthcare-associated infection.

There were systems in place to promote and facilitate good hand hygiene practices and antibacterial gels were available in different locations around the centre. Staff were also observed to use these hand gels over the course of the inspection. The provider had sufficient stock of PPE available in the house and staff were also observed to use it in line with policy and national guidelines.

The premises was found to be generally clean, tidy and free from clutter. Cleaning schedules were in place for high-touch areas such as light switches, door handles and remote controls. Cleaning schedules were also in place for bathrooms, bedrooms, laundry rooms and the kitchen. These helped ensure the overall effective hygiene of the centre. Staff were also observed to be adhering to cleaning schedules in place in the house.

There was a colour-coded system regarding the use of mops so as to minimise the possibility of cross contamination. The person in charge informed the inspector that residents linen was washed separately and where or if required, linen could be washed on a 60% cycle or higher.

Throughout the course of this inspection, the inspector observed staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, staff were observed appropriately wearing PPE, engaging in hand hygiene practices and the centre was observed to be clean (in line with the enhanced cleaning schedules in place). While IPC related notices and reminders were also on display in some parts of the centre, there was no visible COVID-19 signage at the entrance to the centre. When this was brought to the attention of the person in charge they said they would address it as a priority.

A number of issues were identified with the premises that could pose an IPC-related

risk however, the person in charge showed evidence to the inspector that a plan was in place to address these issues, and refurbishment works were to commence of the centre six days after this inspection on December 19, 2022. Notwithstanding, some of these issues remained outstanding at the time of this inspection.

Regulation 27: Protection against infection

The premises appeared clean and tidy on the day of this inspection however, a number of refurbishment works were required to the centre. These included:

- New flooring was required in in parts of the house
- New doors and door frames were required,
- Some painting was required,
- The plastering in a bathroom required attention,
- The smoking area required review
- The staff office required reorganising.

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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Donagh House (with Ros na Ri as a unit under this Designated Centre) OSV-0002456

Inspection ID: MON-0038252

Date of inspection: 13/12/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• Fitting of new doors and door frames has commenced and is in progress. On completion of same, new flooring will be fitted, painting and the plastering in the bathroom as required will be completed. This will be completed by 13-02-2023• The smoking area has been reviewed on the day following the inspection.• The staff office has been reorganised, allowing adequate access to hand hygiene facilities.	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	13/02/2023