



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

Issued by the Chief Inspector

Name of designated centre:	Cill Aoibhinn CGH
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	16 and 17 November 2023
Centre ID:	OSV-0002503
Fieldwork ID:	MON-0032895

About the designated centre

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

Cill Aoibhinn can provide full-time residential support for up to six male and female adults with a disability. The designated centre is a large house which is located in a rural area close to a town. In addition to their own bedrooms, residents have access to communal facilities including a kitchen, dining room, two-sitting rooms, sensory room, laundry room and bathroom facilities. Residents at Cill Aoibhinn are supported by a team of both nursing and care staff, and staff are available to support residents both during the day and at night. Furthermore, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 November 2023	13:30hrs to 18:00hrs	Jackie Warren	Lead
Friday 17 November 2023	10:30hrs to 14:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. However, some minor improvement to the annual review and to residents' service agreements was required, although these issues did not impact on the quality of life enjoyed by residents.

The inspector met with the residents, most of who were happy to talk about what it was like to live there. On arrival at the centre, residents who were present at the time welcomed the inspector, and were very clear about what the inspection involved and why it was taking place. On the day of inspection, two residents were present in the centre during the day, one was out for lunch and shopping, one was at day service activities and two were visiting their families.

Residents said that they were very happy living in the centre and enjoyed their daily lives there. They told the inspector that they had good involvement in the community and talked about some of the social and leisure activities that they took part in and enjoyed. Residents said that they enjoyed going out in the community for meals, outings to various activities and places of interest, meeting up socially with friends, visiting their families, gardening, going to social gatherings, eating out, and going for walks. They also enjoyed taking part in everyday community activities such as going the hairdresser, bank, recycling centre and church, attending medical appointments and shopping. Family involvement was also very important to these residents and family visits and communication were being widely supported by staff. Transport was available so that residents could go for leisure activities and to attend local amenities. Other community involvement included attending and taking part in agricultural shows and two residents had won prizes for their contributions of art and knitting projects. A resident had also been a prize winner at a walking step challenge.

The residents told the inspector that they had good relationships with staff. They stressed that they had no complaints or concerns, but also knew and that they could raise any issue with staff and were confident that it would be addressed. Residents knew who was in charge in the centre, and they said that they trusted the staff. Residents told the inspector that they enjoyed their meals in the centre. They explained that they had choices around their food shopping and meals, and that staff prepared meals that they liked, at the times that suited them. This was evident during the inspection. For example, at evening tea time each resident was asked what they would like to eat, and their preferred choices were prepared for them. In this centre, dedicated catering staff were present every day to prepare residents' food, and also supported residents with some cooking projects such as baking. The inspector discussed this arrangement with residents who said that it was their preference and that they did not want to have more involvement in catering.

Residents also said that they often went out to the town for a meal or coffee and that they enjoyed this.

Residents said that they all get on well together in the centre, and it was clear during the inspection that there was a good rapport between the residents themselves and between residents and staff. Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their home. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and offering meals and refreshments to suit their needs and preferences.

The centre consisted of one house and was centrally located close to a busy town, which gave residents good access to a wide range of facilities and amenities. The centre was domestic style, spacious, comfortably decorated with photographs and art work displayed. During the afternoon and evening residents relaxed in different areas, and popular music was being played in one sitting room. Communal areas were supplied with newspapers, magazines, music sources, art materials, books and a selection of board games. Residents were taking part in activities that they enjoyed. For example, one resident was making a jigsaw puzzle, another was listening to music, while another was knitting.

A large polytunnel had recently been set up in the garden, close to the house for residents' use. Residents were making plans for what they would like to grow in the tunnel, and were looking forward to using it.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support were delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the residents who lived there. However, some minor improvement to the annual review and to residents' service agreements was required.

There was a clear organisational structure in place to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was frequently present in the centre, and worked closely with staff and with the wider management team. Throughout the inspection, the person in charge was very

knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was very involved in the running of the service and that the residents knew her. There were clear arrangements in place to support staff and to access the support of senior managers when the person in charge was not on duty. As part of the provider's overall plan, arrangements had made to strengthen the role and capacity of the person in charge. Current staffing arrangements ensured that the person in charge's role was dedicated to management. The provider was also assigning additional management support to the person in charge. This role was at an advanced stage of recruitment and was due to take effect in the near future.

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. An audit schedule was in place for 2023, and auditing was being carried out as planned. Unannounced audits of the service were carried out twice each year on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned. Findings from audits, reviews and reports formed a quality improvement plan which was being addressed and frequently updated. The provider also had a clear process for management of complaints should this be required. A review of the quality and safety of care and support of residents was being carried out annually. This review was comprehensive and detailed, and gave rise to an improvement plan with realistic time frames for completion. However, consultation with residents and or their representatives was not suitably reflected in the annual review, although this information was included in the provider's six-monthly unannounced audits of the centre.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe, clean and comfortable environment, transport, access to Wi-Fi, television, appropriate insurance cover, and adequate levels of suitably trained staff to support residents with both their leisure and healthcare needs. A range of healthcare services, including speech and language therapy, physiotherapy, and behaviour support staff were available to support residents as required.

Records required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning files, directory of residents, food records, audits, staff recruitment and training records, and residents' service agreements. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. While documents and records were being managed to a high standard, service agreements required improvement to ensure that they fully reflected the service to be provided to residents.

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns and certain absences of the person in charge, to the Chief Inspector of Social Services within specified time frames. Records of adverse events were also being recorded as required. A review of accident and incident records indicated that these notifications had been made

appropriately.

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 as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Some additional staff had been recruited since the last inspection of the centre and the recruitment process was ongoing. Planned staffing rosters had been developed by the person in charge and these were accurate at the time of inspection. Furthermore, the provider's recruitment process ensured that all staff documentation required under Schedule 2 of the Regulations had been obtained.

Judgment: Compliant

Regulation 16: Training and staff development

Most staff who worked in the centre had received up-to-date mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other relevant training. A small number of staff had not received all mandatory training within the required time frames, although this had been identified by the

<p>person in charge and was due to be completed in December 2023.</p>
<p>Judgment: Compliant</p>
<p>Regulation 19: Directory of residents</p>
<p>There was a directory of residents which included the required information relating to each resident who lived in the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 21: Records</p>
<p>The provider had ensured that records required by schedules 2, 3 and 4 of the regulations were being kept, were being documented in a clear and orderly fashion, and were kept up to date.</p>
<p>Judgment: Compliant</p>
<p>Regulation 22: Insurance</p>
<p>There was a current insurance policy in effect for the service.</p>
<p>Judgment: Compliant</p>
<p>Regulation 23: Governance and management</p>
<p>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. this was being achieved by auditing systems, management structures and development of a quality improvement plan. Although a detailed annual review of the service had been carried out, this did not provide for resident involvement in this process as required by the regulations.</p>
<p>Judgment: Substantially compliant</p>

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. Overall, these agreements included the required information about the service to be provided, such as the fees to be charged, and what was included in the fees. However, some details of the service to be provided to each resident were not accurate and while all agreements had been signed by either a resident or their representative, some residents had not been offered the opportunity of signing their own agreements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose which met the requirements of the regulations, was being reviewed annually by the person in charge, and was available to residents and their representatives.

Judgment: Compliant

Regulation 30: Volunteers

The provider did not use volunteers in their services.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. A review of accident and incident records indicated that these notifications had been made appropriately.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of absence of a person in charge, and suitable notification had been given.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. Any complaints received in the centre had been suitably managed, investigated and recorded.

Judgment: Compliant

Quality and safety

There was evidence that a good quality and safe service was being provided to residents who lived in this centre. The provider had good measures in place in this centre to ensure that the wellbeing and health of residents was promoted and that residents were kept safe from risk and harm. The management team and staff in this service were very focused on maximising the community involvement and general welfare of residents who lived there. The inspector found that residents received person-centred care and support that allowed them to take part in activities and lifestyles that they enjoyed.

The centre was a large, detached purpose-built house on the outskirts of a rural town. The location of the centre enabled residents to visit the shops, coffee shops and restaurants and other leisure amenities in the area. The centre had dedicated transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, housekeeping tasks, arts and crafts and keeping in touch with family and friends. The residents liked going out for walks and drives in

the local area. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference. There was also a garden where residents could spend time outdoors.

The inspector found that the centre was comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The centre was kept in a clean and hygienic condition. Surfaces throughout the house were of good quality, were clean and were well maintained. Since the last inspection of the centre, the provider had made improvements to the staff office arrangements.

The person in charge and staff were very focused on ensuring that residents' general welfare, social and leisure interests, and community involvement were well supported. Residents could take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. There were flexible arrangements around residents' attendance at day service activities. Residents could choose to attend this service daily, on their preferred days only, or to receive a home-based service in the centre.

There were good measures in place to safeguard residents from harm and some additional measures had been introduced to strengthen these arrangements. Since the last inspection of the centre, a policy on the safe use of Wi-Fi had been developed and was introduced in the centre. Staff had also attended training in sexuality awareness. Procedures were also in place for the safe management of residents' private property and finances.

Information was supplied to residents through interaction with staff, easy-to-read documents, and information sharing at residents' meetings. There was also a written guide for residents which contained relevant information about the service. The provider had also ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Arrangements in place to support residents to communicate included an up-to-date communication policy, involvement of a speech and language therapist, development of clear communication plans and provision of interactive communication aids.

Family contact and involvement was seen as an important aspect of the service. Arrangements were in place for residents to have visitors in the centre as they wished and also to meet family and friends in other places. There were also systems to manage and record any temporary absences of a resident from the designated centre.

The provider had ensured that residents had access to medical and healthcare services to ensure their wellbeing. Nursing staff were based in the centre, and were involved in the ongoing assessment of residents' health needs. Residents had access to general practitioners (GPs) and attended annual health checks. Additional professional services and medical specialist consultations were arranged as required. Residents were also supported to attend national health screen programmes.

Residents' nutritional needs were well met. Suitable foods were made available to meet residents' assessed needs and preferences. Each resident could choose what they liked to eat each day.

The provider had systems in place to support residents' human rights. All staff in the centre had attended human rights training and this has given rise to an increased awareness of supporting residents rights, and more community involvement. It has also highlighted the importance of communication, and recent work has been carried out with the speech and language therapist to introduce further communication options for some residents. There is a rights review committee in place and it is planned for some residents to become part of this group.

Regulation 10: Communication

The provider had ensured that the resident was supported and assisted to communicate in accordance with their needs and wishes. There was clear and up-to-date communication information available to guide staff.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and were supported to meet with family and friends in other locations.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to, and control of, their personal property and possessions and were supported to manage their financial affairs. Each resident had suitable space to store their belongings and clothing, and there were suitable facilities in the centre for the laundry of residents' clothing and personal bedding. There were also robust auditing systems in place to ensure that residents' finances were securely and appropriately managed.

Judgment: Compliant

Regulation 13: General welfare and development

Resident was supported to take part in a range of social and developmental activities both at the centre, at day service and in the local community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

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, spacious, suitably decorated and comfortably furnished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being well supported. Suitable foods were provided to cater for residents' preferences and assessed needs, and residents had choices at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

Information that was relevant to residents was provided in user friendly formats. There was also an informative residents' guide that met the requirements of the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure that where a resident was temporarily

absent from the designated centre that the hospital or other place was supplied with relevant information about the resident. All such absences were being recorded.

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, and 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 a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals was arranged as required, and residents who were eligible for national screening programmes were also supported to attend these as they wished. Plans of care for good health had been developed for residents based on each person's assessed needs. The sample of care plans viewed were clear and informative.

Judgment: Compliant

Regulation 8: Protection

This regulation was not examined in full at this inspection. However, there were good measures in place to safeguard residents from harm and some additional measures had been introduced to strengthen these arrangements. Since the last inspection of the centre a policy on the safe use of Wi-Fi had been developed and was introduced in the centre. Staff had also attended training in sexuality awareness.

Judgment: Compliant

Regulation 9: Residents' rights

This regulation was not examined in full at this inspection. However, improved

arrangements were in place around residents' meal choices. It was also clear that residents had choices around how they spent their days, and in relation to how their healthcare was being managed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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 Cill Aoibhinn CGH OSV-0002503

Inspection ID: MON-0032895

Date of inspection: 17/11/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with regulation (23) Governance and Management, the following actions has been undertaken.</p> <ul style="list-style-type: none"> • The annual review for the centre completed on 14-12-2022 reflected feedback from three residents in the summary section of the annual review. Completion date : 14-12-2022 • In the annual review for the centre which was completed on the 28-12-2023 the feedback from the six residents is captured under Theme 1. Individualised Support and Care. Completion date: 28-12-2023 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>To ensure compliance with regulation (24) Admissions and contract for the provision of services, the following actions will be undertaken:</p> <ul style="list-style-type: none"> • The Contract of Care will be reviewed and updated for each resident to reflect services being provided in the centre. • Each resident will be supported and afforded the opportunity to sign their own contract of care. Completion date: 31-01-2024 	

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 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	28/12/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/01/2024