



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

Issued by the Chief Inspector

Name of designated centre:	Dun Ri
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	19 March 2024
Centre ID:	OSV-0008624
Fieldwork ID:	MON-0041812

About the designated centre

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

Dun Rí is a detached bungalow set in a residential area close to a Wexford town. The house comprises two resident bedrooms, a shared bathroom, a communal sitting room, kitchen-dining room and a staff sleepover and office space.

This centre provides a home for a maximum of two adults with an intellectual disability and/or Autism. Individuals who live here may also have high medical or physical needs and may require support to manage behaviour that is challenging. The centre is staffed at all times when residents are present by a team comprising social care workers and care assistants with a person in charge also allocated to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 March 2024	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was the first inspection completed in this centre since it was registered in October 2023. Overall the inspector found that the residents who had moved into the centre were in receipt of person centred, safe and good quality care and support. All Regulations reviewed as part of this first inspection were found to be compliant.

The centre is registered for a maximum of two individuals and is at full capacity. The inspector had the opportunity to meet with both residents, family representative, staff members and members of the local management team over the course of the inspection. Review of documentation was also completed over the course of the day in addition to observations in all aspects of the premises.

Both residents welcomed the inspector to their home. The residents had known in advance that the inspector would be calling and were ready for the visit. One resident stated "home, like home, happy" when the inspector asked about the new house. The second resident used a number of supports to enhance their communication such as symbols and gesture based supports. They spent time showing the inspector photographs and items that were important to them. They used a combination of photographs and vocalisation to outline important regular routines such as going to the library or helping with shopping for the centre.

The inspector was invited by the residents to join them for a cup of tea at the kitchen table before they began their daily activities. They were observed to engage in the routine by setting items on the table and afterwards to place crockery in the dishwasher. The staff spoke of the importance of facilitating residents to participate in activities their home as they wished and of the supports they put in place to ensure this happened such as consistency in verbal guidance.

Residents supported by staff spoke of activities they enjoyed and activities that were planned. One resident who loved rugby went to get their team hat to wear to their day service and spoke of an upcoming match they were going to. The other resident spoke of trips on the train and going to Dublin to see a show. The inspector observed that both residents had preferred locations within their home to spend time in and the staff had ensured that these areas were furnished in a manner that reflected the residents' wishes. A comfortable armchair for example was in the corner of the kitchen with a view of the garden and also of the television. The residents both showed the inspector their bedrooms and pointed out the items that were personal to them and indicated that they liked their rooms.

The inspector spoke with or read the views of family on the centre. Family members stated that they knew their loved one was happy as they always were 'keen to return to the house, their home'. Family spoke of feeling welcome when they visited and of open communication systems. Residents' transition into the centre was reported to have been personalised and took place at a pace that supported each

individual.

On review of training files, the inspector observed that staff had training in human rights. One staff member reported to the inspector that it was important to respect the individual choices of the residents and staff were supportive of promoting their will and preference. For example, the staff member said that residents choose their daily routines and what activities to engage in. Residents' goals and individual plans such as attending concerts, going on holidays abroad and how to celebrate events such as birthdays were also respected and supported in the centre. Additionally, from viewing residents' plans, the inspector observed that they were consulted with and involved in any decision about the care and support they received in the service.

Over the course of this inspection the inspector observed staff supporting the residents in a professional, person-centred and caring manner. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents. Residents were provided with supports to develop and maintain relationships with the important people in their lives and to participate in activities in accordance with their interests. They were supported to spend time with their family and friends. There were a number of committed and motivated staff supporting residents.

The provider was aware of the areas where improvements were required in relation to the premises. While minor issues were identified with the premises these had been identified by the provider and were under review. Feedback from residents and relatives on the quality care provided in the centre was positive and complimentary. In summary, residents were keeping busy and had things to look forward to.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

Overall, the inspector found that the provider had suitable governance and management arrangements in place to monitor and oversee the quality and safety of care and support of residents in the centre. Residents appeared happy and content in their new home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and in line with the statement of purpose.

Staff who were spoken with had a good knowledge of residents' individual care plans. Additionally, from training records reviewed staff had been provided with the skills and supports necessary to carry out their duties to a high level.

The provider had systems in place to monitor and audit the service. Notwithstanding the centre having been operational only for a few months the provider had completed a number of oversight visits and had robust quality improvement plans in place.

Regulation 15: Staffing

The provider had ensured that the centre was fully resourced to provide care and support in line with residents assessed needs. There were no current vacancies on the staff team and any gaps on the rosters due to planned leave were covered by familiar relief staff or current staff taking on additional hours.

The inspector viewed samples of the centre roster that was maintained by the person in charge and these clearly showed what staff were on duty each day and night. There was evidence that shifts were adjusted to meet resident need or resident plans. On the day of inspection one resident was for example not going to their usual educational placement and was trying a local day service, there were extra hours of staff support in place to facilitate this.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the centre training report and found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

Staff had, for example, undertaken a number of in-service training sessions which included among others, safeguarding of vulnerable adults, fire safety, safe administration of medication, manual handling and positive behaviour support. As already stated staff had training in human rights and this was being put into practice by staff to further support the rights and individual choices of residents.

Staff were also being supervised by the person in charge and formal supervision and appraisal systems were in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there were clear lines of authority and accountability in place in the centre. A full time person in charge had been appointed to the role in the centre and they were supported by a clinical nurse manager 3 who held the role of person participating in management of the centre. The staff team were clear on who they could speak to if they had a concern and there were clear lines of communication in place with on-call management support available out of regular hours.

The provider and person in charge had systems of oversight and monitoring in place and regular audits were being completed in line with the provider's systems. The person in charge had a clear action plan arising from audits completed and progress against these actions was reviewed and monitored.

The provider was aware of the requirement to monitor the centre in line with the Regulation and while this centre had not yet been registered for six months the provider had already completed an unannounced visit and a quality enhancement plan had been developed in line with the findings of this process. Staff meetings were being held in line with the provider's policy and were resident focused.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Both residents had transitioned to live in this centre following the providers' admission policy and process. It was apparent that clear assessments of individual needs had been completed in addition to assessments of compatibility between peers. This had ensured the centre was a suitable home for each individual and they were comfortable in living together.

Each individual had transitioned to stay in the centre in a time frame that suited them and there were easy-to-read moving plans in place. Residents had service contracts and tenancy agreements in place and there was evidence that these had been discussed with both residents and their family representatives. These documents were all signed and reflective of the service and charges in place.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and systems were in place to meet their assessed health and social care needs.

Residents' assessed needs were detailed in their individual personal plans and from files viewed. They were supported and encouraged to engage in activities of their choosing and to have a good quality of life. They were involved in the day-to-day running of their homes, had access to the support of the relevant multidisciplinary team members and were supported to understand their rights and what to do if they had any worries or concerns.

Residents were being supported with their healthcare-related needs and had as required access to a range of health and social care professionals to include GP services and where required, mental health supports. Residents were also supported to communicate in accordance with their assessed needs and preferences.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre.

Regulation 11: Visits

The provider had a visitors policy in place and arrangements for visits was also detailed in the statement of purpose and residents' guide in the centre. Residents were being supported to contact their relatives by phone or video call and could receive visitors if they wished to, and if it did not pose a risk.

There were a number of private and communal spaces available for residents to meet with visitors. Residents engaged with the inspector about spending time with their family and friends and one resident showed the inspector photographs of their family during visits. Residents' representatives were complimentary towards visiting arrangements in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being provided with appropriate care and support in accordance with their assessed needs and expressed wishes.

Where desired, residents had access to day services or education and were supported to participate in recreational activities of their choosing and pursue hobbies of interest.

Residents were also supported to maintain their independent living skills, maintain links with their family and friends and maintain links with their community in accordance with their wishes. Each week in the centre there was a resident meeting where individuals were supported to learn about their rights and to make decisions about their home and how it was run. Residents also met with staff individually when making decisions or when deciding about new information such as how to spend St Patrick's day.

Judgment: Compliant

Regulation 17: Premises

The premises was newly refurbished within the last six months and remained well presented and freshly decorated. This is a compact single storey house in a small housing estate on the outskirts of Wexford town. Each resident has their own bedroom and they share a large accessible bathroom. There is a shared kitchen-dining room and living room with an additional bedroom allocated for staff use.

The house has parking to the front and a garden to the rear that is mainly laid out in a hard surface. Residents personal items were present in the home which was warm and comfortable.

There were a number of areas of damp present on the ceiling of the living room and externally there was water coming out of a gutter and onto a pathway. This overflow externally and possible leak internally had been identified and reported by the person in charge, initial investigation and repair had been completed and the centre was waiting for final repair.

Judgment: Compliant

Regulation 18: Food and nutrition

Significant efforts were made by the staff team to ensure that residents were involved in shopping, preparing and cooking in their home if they wished to. Residents meals and snacks were prepared and cooked in their homes and there were plans in place to support their independence in food preparation.

There were picture shopping lists available for residents in the house if needed and one resident showed the inspector a bespoke list developed which contained pictures of their favourite products. The inspector observed residents involved with preparation of packed lunches and keeping them in the fridge. One resident reported that they liked two of certain items such as two eggs, or two biscuits and this amount was important to them and staff were aware of this.

The advice of dietitians and other specialists was being implemented. Residents reported they went for meals out and enjoyed a trip to the local coffee shops, restaurants or pubs they also discussed favourite take-away meals. There were care plans in place to guide staff on specific requirements such as temperature safety or nutritional content. Staff had been provided on training around safe food strategies and records were maintained regarding fridge and freezer temperatures and opening dates of food.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and a risk register detailing the overall risks in the centre and control measures to mitigate those risks. Additionally, each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example where a resident may be at risk of injury due to poor road safety awareness there were steps to be followed when out in the community, such as getting safely out of a parked vehicle or where staff stand when on the footpath.

Judgment: Compliant

Regulation 27: Protection against infection

Overall the inspector found that residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. There was information on infection prevention and control available in an easy-to-read format in the house.

The premises was found to be clean and well maintained during the inspection and staff followed cleaning guidance in all areas. Daily wellness checks for residents were carried out and observations for symptoms or signs of illness were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations and had been correctly installed when the centre was first registered.

For example, the inspector found that the emergency lighting system and fire alarm system was being serviced on a quarterly basis each year. Staff also completed as required checks on all fire equipment in the centre and from a sample of files viewed, all had training in fire safety.

Fire drills were being conducted as required and each resident where required, had an up-to-date personal emergency evacuation plan in place. These personal evacuation plans were reviewed following every drill and if changes were identified as required the plan was updated. Each resident had an easy read version of their plan in their bedroom.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were comprehensive assessments in place for residents which identified their health and social care needs. The outcome of these assessments were used to develop personal plans which were to be reviewed annually, or sooner if required.

Residents' input into the development and review of to their personal plans was

evident across the samples reviewed by the inspector. Residents' likes, dislikes, preferences and goals were documented in their personal plans. Goals set encompassed personal development in areas such as turning on and off the lights and achieving routine (going to the barber) or one off (going to a show in Dublin) events.

Residents met with their key worker every two weeks to discuss their goals and plans and progress or steps towards completing these was recorded.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare-related needs and had as required access to a range of health and social care professionals. From a review of a sample of records the inspector found that daily observations were recorded and there was evidence of follow up for instance where a possible hand tremor was seen a medical appointment was subsequently made.

Residents had comprehensive annual medical checks and records were maintained of all health related appointments. Residents were also supported to attend hospital appointments and clinics as required. Support and advice was also provided to residents from clinical nurse specialists as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge were working to ensure residents experienced the best possible mental health. Where required residents were supported to attend psychology or psychiatry services. Where required, residents had access to a behavioural specialist and had positive behavioural support plans in place.

Residents' positive behaviour support plans contained positive goals or targets for individuals that supported their independence such as shaving in one instance.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding concerns in the centre.

The inspector also noted the following: staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one. The concept of safeguarding and how to stay safe was discussed with residents through key working sessions. Easy to read information on how to stay safe was available to residents. Residents appeared comfortable in the presence of staff and spoke to request if they needed something. There were pictures of the safeguarding officer and complaints officers on the wall in the centre.

Safeguarding was discussed at staff meetings and there were no open complaints on file concerning this service at the time of this inspection. Feedback from family members about the care and support provided was positive.

There were clear financial oversight systems in place and the provider and person in charge were ensuring residents had advocates to support them in liaising with financial institutions.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant