



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:	Announced
Date of inspection:	17 April 2024
Centre ID:	OSV-0002456
Fieldwork ID:	MON-0034583

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 11 adults with disabilities. The centre comprises of two detached bungalows in County Monaghan on the outskirts of the local town. All residents have their own bedrooms which are decorated to their individual style and preference. 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 clinical nurse manager II. They are supported in their role by a director of nursing and an assistant director of nursing. There is also a team of nurses, a team of trained healthcare assistants and one social care worker working in 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
Wednesday 17 April 2024	10:00hrs to 17:50hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of two detached houses in Co. Monaghan and at the time of this inspection, there were 11 residents living in the centre. The inspector met with seven of them at various times over the course of the inspection. Written feedback on the service provided from family representatives and residents was viewed by the inspector as part of this inspection process. Additionally, on the day of this inspection the inspector spoke with one family member over the phone so as to get their feedback on the quality and safety of care provided to the residents.

On arrival to the first house that comprised this centre the inspector observed that the house was clean, warm and welcoming. Residents appeared happy and content in their home and were listening to music in the sitting room. One resident was dancing with a staff member. The staff member explained that the resident loved music and dancing and the inspector observed that the resident appeared to be enjoying themselves very much.

The inspector asked another resident how they were doing and they said they were well. They also said they were happy in the house and showed the inspector pictures of themselves engaged in various social activities. The resident was smiling in the photographs and appeared to be having fun. Another resident smiled when the inspector said hello to them and when asked were they happy in their home, they said that they were.

Some residents showed the inspector their bedrooms and they were observed to be decorated and personalised to their individual style and preference.

Some residents were members of a social club and on the day of this inspection had plans to attend their club where they would meet with their friends, have dinner and then some dancing. Residents appeared to be looking forward to this social event very much. Another resident attended a work placement there they like to participate in horticultural programmes. The resident also liked cooking, art classes, going to the theatre, and keeping fit.

Later on in the day, the residents returned to the centre and all appeared in very good form. They were smiling and enjoying the company of the staff team. One resident had been playing Bingo earlier in the day and they had won a prize. They seemed very happy with this and were talking to staff about it. Another resident was singing and smiling and sang a song for the inspector and staff team.

The inspector observed that staff were at all times kind, caring, warm and person centred in their interactions with the residents and, residents appeared happy and relaxed in the company and presence of staff.

The inspector observed that staff had undertaken training in human rights and asked one of them (who had undertaken this training) how it was supporting them

in promoting/enhancing the quality of life of the residents. The staff member responded by saying that it was important to respect the choices and individual preferences of the residents and ensure that they had a number of varied options available to them.

For example, one resident liked animals and the staff member reported that rather than just offering the resident one activity to do with interacting with animals, they offered them a number of options to include a trip to the zoo, a trip to a petting farm and a trip to the national horse stud. The resident could choose to pick one or all of these activities and, the inspector observed that they had chosen to go to the national horse stud as they really liked horses. Additionally, the option of staying overnight in a hotel when visiting the horse stud was offered to the resident and they decided that they would like that. From viewing the residents personal plan, the inspector noted that this trip had been organised and booked for the resident.

In the second house that comprised this centre residents appeared settled and happy in their home. Some were relaxing watching TV in the sitting room while another was having a cup of tea with staff in the kitchen. Three residents spoken with reported that they liked the house and all appeared comfortable in the company and presence of staff.

One resident invited the inspector to see their room and it was observed to be clean, spacious and laid out to suit their individual style and preference.

From speaking with the person in charge, staff members and reviewing four of residents plans over the course of the day, the inspector observed that they were engaging in social and recreational activities of their choosing. For example, residents liked to go for drives and walks in the countryside, go shopping, go to the pub for a pint, visit with family and friends, attend their social club and watch football.

Written feedback on the quality and safety of care from relatives of the residents was also positive and complimentary. For example, one relative thanked the staff team and reported that their family member was looking very well. Another family member said their relative had settled very well into their new home while one also reported that their relative was happy in themselves in the house.

Questionnaires completed on the quality and safety of care by residents was also positive and complimentary. (Some residents were supported by family members to complete these questionnaires while some were supported by staff members). Residents reported their homes were nice places to live, they made their own choices and decisions on what to do each day, they felt safe in their homes, staff knew their likes and dislikes, they felt they were listened to and were included in decisions about their home. One reported that they liked going to work each day whilst another said they like to spend time with staff.

Additionally, one family member spoken with over the phone on the day of this inspection was also positive about the quality and safety of care provided in the centre. The reported that their relative was happy living in the centre, they could visit when they wanted to, staff were welcoming, and that they had no complaints.

The resident was getting their room redecorated at the time of this inspection and the relative said it would be done in line with the residents wishes and preferences. They also said that their relative was very settled in their home and that the staff team were friendly.

While some minor issues were identified with records and fire safety precautions, residents appeared happy and content in the centre. Staff were observed to be kind and person centred in their interactions with the residents and residents appeared comfortable and relaxed in their homes.

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

Residents appeared happy and content in their homes 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 who was a clinical nurse manager II (CNM II). 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 detailed in the statement of purpose.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

Additionally, the inspector observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out on December 18, 2023.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified nursing professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision of staff and localised audits.

They also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

From a review of a sample of rosters from March 2024 the inspector found that there were adequate staffing arrangements in place to meet the assessed needs of the residents. For example:

In one house that comprised the designated centre there were:

- one staff nurse on duty and one healthcare assistant on duty each day (8 hours)
- two healthcare assistants providing waking night cover
- a social care worker also provided full-time supernumerary hours with a remit to overseeing residents person centred plans and goal development

In the other house that comprised this centre there were:

- one nursing staff member on duty each day and two healthcare assistants
- one nursing staff member on waking night duty and one healthcare assistant

The person in charge also worked Monday to Friday each week in the designated

centre.

A review of a sample of staff files for this centre were reviewed prior to inspection. The sample of files reviewed contained all of the required information under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Five staff members training records were viewed by the inspector and it was 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.

For example, staff had undertaken a number of in-service training sessions which included:

- fire safety (theory and practical)
- manual handling (theory and practical)
- hand hygiene
- safety, health and welfare in healthcare
- safeguarding of vulnerable adults
- children's first training
- open disclosure
- dignity at work
- managing behaviours of concern
- standard precautions
- infection prevention and control
- respiratory hygiene
- medication management (nursing staff only)
- donning and doffing of personal protective equipment
- cardio pulmonary resuscitation/basic life saving
- consent
- supporting decision making
- feeding, eating, drinking and swallowing
- positive behavioural support

These five staff also had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

From speaking to the person in charge and three staff members the inspector was assured that they had the required knowledge to meet the needs of the residents.

Judgment: Compliant

Regulation 21: Records

The medical records pertaining to aspects of the care (mens health) provided in the centre required review. This was to ensure that the information pertaining to mens health and how it was being supported in the centre could be easily retrievable, available for review and in line with schedule 3 (g) of the regulations.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an experienced and qualified director of nursing, an assistant director of nursing and a clinical nurse manager III.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre on December 18, 2023.

A quality improvement plan had been developed based on the findings of the auditing process and this identified any issues along with a plan of action to address those issues in a timely manner.

For example, the auditing processes and quality improvement plan identified the following:

- the training matrix required review
- a simulated night-time fire drill was required with pictures of the residents to be placed on their personal emergency evacuation plans
- some person centered plans required review
- clinical supervision was required for staff every 6 months

- schedule 5 policies were to be in place in the centre

These issues had been identified, actioned and addressed by the time of this inspection.

It was also observed that:

- sexuality awareness training was required for some staff
- some staff required manual handling refresher training
- some maintenance works was required in the centre to include general painting of one house and an upgrade to an ensuite bathroom floor

Notwithstanding, the person in charge was aware of these issues, they were not impacting on the quality of care provided in the centre and, a plan of action was in place to address them.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations.

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

Regulation 4: Written policies and procedures

All policies and procedures required by Schedule 5 of the Regulations, where relevant, were in place and all in date.

Judgment: Compliant

Quality and safety

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

Residents' assessed needs were detailed in their individual plans and from reviewing four residents files, the inspector observed that they were being supported to live lives of their choosing and frequent community-based activities.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services.

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. Additionally, adequate fire-fighting equipment was provided for and was being serviced as required by the regulations however, one aspect of the fire safety arrangements required review.

Both houses were found to be clean, warm and welcoming on the day of this inspection and, were laid out to meet the needs of the residents

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their needs and wishes. Their communication needs and preferences were also detailed in their personal plans.

Residents had access to a telephone and other media such as personal computers and television and radio.

Where required, easy to read information was provided to the residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities and supports to engage in recreational, social and learning activities of their interest, choosing and preference.

For example, residents were members of a social club, some attended a day/work placement where they availed of horticultural programmes, arts and crafts and met up with friends. Residents liked to go for drives and walks in the countryside, go shopping, go to the pub for a pint, visit with family and friends and watch football.

Additionally, residents were also being supported to achieve meaningful goals such as visiting the national horse stud, attend car rallies, go to concerts and avail of overnight hotel breaks.

Residents were also supported to maintain regular contact with their family members and to maintain links with their community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference.

Both houses were found to be warm, welcoming and in a good state of repair. They were also clean and generally well maintained.

There were garden areas to the front and rear of the properties and it was also observed that the grounds were well maintained.

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 each resident had a number of individual risk assessments on file so as to support their overall safety and well

being. For example:

- where a resident was at risk of choking, staff had training in basic life saving and cardio pulmonary resuscitation. Where required, residents had a speech and language assessment in place and were on specialised diets. The staff nurse also reported that staff supervised meal times.
- one resident at risk of falls had recently been reviewed by an occupational therapist and had aids in the house (such as bed bars) to support their overall safety and reduce the risk of a fall.
- one resident at risk of falling due to having epilepsy wore a protective helmet when mobilising and had access to the use of a wheelchair when in the community

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.

For example:

- the fire extinguishers were serviced in January 2024
- emergency lighting and the fire alarm system had also been serviced in January 2024

Staff did as required checks on all fire equipment and each resident had a personal emergency evacuation plan in place.

Fire drills were also being conducted as required by the regulations however, it was observed that in one house that comprised the designated centre, it took the staff and residents ten minutes to evacuate this centre on a night-time fire drill conducted on 16 March 2024. Taking into account the assessed needs of the residents, this required review from a competent person so as to ensure the service was satisfied there were adequate arrangements in place at all times to evacuate the centre effectively.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as

required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- occupational therapy
- speech and language therapy
- dentist
- optician
- chiropody

Residents also had a an annual general review of their healthcare with their GP

Each resident had a number of healthcare-related plans in place so as to inform and guide practice and from speaking with three staff over the course of this inspection, the inspector was assured staff were knowledgeable on the residents health-related needs. For example, a staff nurse was able to talk the inspector through the steps as detailed in a protocol on how to support a resident with epilepsy if they had a seizure.

It was also found that where or if required, residents had access to a behavioural psychologist

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were no safeguarding concerns in the centre however, one safeguarding concern had been recently closed off by the national safeguarding team. This issue was responded to in line with national safeguarding policy, had been reported to the national safeguarding team, designated officer and the health information and quality authority.

The inspector also noted the following:

- three staff members spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- there were no open complaints about the service on file at the time of this inspection
- feedback on the quality and safety of care from a number of family representatives and residents was positive and complimentary
- safeguarding was discussed with residents at their meetings

Additionally, from a small reviewing the files of five staff it was observed that they

had the following training:

- safeguarding of vulnerable adults
- children's first
- open disclosure

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines, experience new opportunities and engage in activities they liked and enjoyed.

Staff were observed to be respectful of the individual communication style and preferences of the residents and ensured supports were in place so as the residents voice was heard and respected.

Staff also had training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0034583

Date of inspection: 17/04/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: In order to meet compliance with Regulation 21:Records, the following action have been undertaken</p> <ul style="list-style-type: none">• The person in charge has reviewed the resident's medical records and has a system in place to ensure all information is easily retrievable.	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In order to meet compliance with Regulation 28: Fire Precautions, the following action have been undertaken</p> <ul style="list-style-type: none">• The Person in Charge and the HSE Fire Officer has reviewed and amended the fire arrangements that were in place in one house under this designated centre to ensure all residents can safely evacuate the house within a safe timeframe.	

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 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	09/05/2024