



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

Issued by the Chief Inspector

Name of designated centre:	Dungloe Services 2
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	09 October 2019
Centre ID:	OSV-0002506
Fieldwork ID:	MON-0023784

About the designated centre

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

This is a residential service providing care and support to ten adults (both male and female) with disabilities. The centre is located in Co. Donegal and in walking distance to the local town. It is a detached bungalow comprising of sitting room, fully equipped kitchen, a separate dining room, a utility room, five double occupancy bedrooms (one en suite), a number of shared bathroom facilities and office facilities for the management and staff team. There is ample private parking available in the centre and a large garden area to the side and rear of the property. Transport is provided to residents so as they can access community based amenities, go to clubs, various day services and on holiday breaks. Systems are in place to ensure the health and well being of the residents is provided for and as required access to a GP and a range of other allied health care professionals form part of the service provided. The centre is staffed on a 24/7 basis and is managed by a qualified person in charge, who operates as a clinical nurse manager II (CNM II). She is supported in her role by an area coordinator and a team of qualified nursing professionals and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
09 October 2019	10:00hrs to 15:00hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met and spoke with four of the residents who avail of this service. Residents appeared happy and content in the centre and made the inspector very welcome over the course of the inspection.

On arrival to the centre the inspector was met by a number of residents who were getting ready to go on various social activities/outings and clubs. However, residents were happy to chat with the inspector prior to leaving the centre. Some residents spoke about what they like to do during the day, places they like to go and others spoke about how they loved to visit family members and catch up with their relatives. It was observed that there were very good systems in place in the centre to ensure residents could visit with and speak with family members on a regular basis.

One resident loved music and singing and sang a number of songs for the inspector. It was observed that their love of music and singing was supported and encouraged by staff working in the centre and residents were facilitated to go to concerts and musical nights out as these were social activities they very much enjoyed. For some residents their spirituality was very important to them and staff were very respectful and understanding in supporting this.

Residents liked to sit and relax in their front room and had a lovely view of the ocean from the window. Here they chatted with staff, each other, engaged in arts and crafts such as knitting and some watched TV or listened to music. The inspector also observed that some of the residents artwork was on display throughout the centre.

Residents individual choice was also respected. For example, a range of social outings based on residents interests and requests had been organised on the morning of the inspection. However, one resident changed their mind and chose instead to stay at home. This choice was respected by staff working in the centre. As an alternative, staff stayed with the resident and offered them a number of alternative activities to avail of.

A family representative spoken with by the inspector said that the care provided in the centre was excellent. They said their relative loved living there, was very well cared for, their health needs were provided for and they had a very good social life. They also reported that management and staff working in the centre were very good, went beyond the call of duty and the house was like a home from home.

It was observed however that the premises were not suited for their stated purpose, were not of an adequate size to support ten adult residents, residents had no alternative but to share bedrooms and there was insufficient space and inadequate opportunities available for residents to spend time alone and/or meet visitors in

private.

Notwithstanding, from spending time speaking with residents and speaking with a family representative the inspector was assured that the care provided was to a very good standard, residents were using their community, staff were knowledgeable on the individual needs of each resident and residents appeared very contented, happy and safe in their home. Staff were also observed to interact with the residents in a warm, caring and dignified manner and residents appeared very much at ease in their presence.

Capacity and capability

Residents appeared happy and content in this centre and appropriate supports and resources were in place to meet their assessed needs. The model of care provided to the residents supported their autonomy and individual choice which was reflected in the good levels of compliance found across most regulations assessed. However, the premises were not suited for their stated purpose and did not provide for adequate private or communal space for ten residents to live in. This issue was brought to the attention of the registered provider in an inspection carried out by the Health Information and Quality Authority (HIQA) on January 23, 2018, and remained on-going at the time of this inspection.

The centre had a local management structure in place which was responsive to residents' assessed needs. There was a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in her role by an area coordinator, a team of staff nurses and health care assistants.

The person in charge was a qualified clinical nurse manager II (CNM II) and provided effective leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being provided for as required by the regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents.

Of the staff spoken with the inspector were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications (in nursing and/or healthcare) and all had undertaken a suite of in-service training including safeguarding of vulnerable adults, children's first, fire safety training, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a knowledgeable, consistent, capable and safe way. However, it was observed that some staff required refresher training in the safeguarding of vulnerable adults and the centre was operating without its full complement of nursing staff. The person in charge informed the inspector that where required, the

staff team were providing additional cover on the floor to ensure the assessed needs of the residents were provided for.

The person in charge and area coordinator ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports and a quality improvement plan. For the most part, these audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, an audit on the centre identified that key areas in the management of risk required review. These issues had been addressed (or was in the process of being addressed) by the time of this inspection, ensuring ongoing effective and responsive local oversight and management of the centre.

However, some issues identified on the quality enhancement plans were not being addressed in a timely manner by the registered provider. For example, the premises were not suited for their stated purpose and did not provide for adequate private or communal space for the residents. Residents had no alternative but to share bedrooms and there was only one sitting room available for use for ten residents. This meant that residents had limited opportunities to privacy in their home. As already highlighted in this report, the staffing arrangements also required review as the centre was operating without its full compliment of nursing staff. Both these issues were ongoing at the time of this inspection and in particular, the issue with the premises was ongoing for a number of years.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. On the day of this inspection the inspector observed that staff were respectful and supportive of each resident's will and preference. Residents choose what social activities to engage in, where to go on holidays and decided on menu options based on their likes. There were no complaints on file for 2019 in the centre and verbal and written feedback on the service from family representative was very positive. Residents also had access to independent advocacy services where required.

Overall, from spending time with and speaking directly to the residents, from reviewing written feedback on the service, from speaking to a family representative and from speaking with management and staff during the course of this inspection, the inspector was assured that the assessed health and social care needs of the residents was being comprehensively provided for. Residents also appeared happy and content in the company of the person in charge and staff team. However, the registered provider had failed to address ongoing issues with the premises and the current staffing arrangements required review as the centre was operating with a deficit of two nursing staff at the time of this inspection.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a

qualified professional (Clinical Nurse Manager II) with significant experience of working in and managing services for people with disabilities. She also had successfully completed a recognised continuous professional development qualification in leadership and management specific to the disability sector

She was also aware of her remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She was also found to be responsive to the regulatory and inspection process and made herself available to the inspector over the course of the inspection to answer any queries and/or questions.

She provided good supervision and support to her staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that staff had the knowledge and skills to meet the assessed needs of the residents. However, the staffing arrangements required review as the centre was operating without its full compliment of nursing staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service to residents. Staff had training in safeguarding of vulnerable adults, safe administration of medication, positive behavioural support, fire safety, manual handling and Children's First.

From speaking with one staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs in a safe and competent manner.

However, some gaps were identified in refresher training for safeguarding of vulnerable adults.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis and local management systems were also in place to support and promote the delivery of safe services.

However, the premises did not provide for adequate privacy or communal space for ten residents and the provider had failed to progress plans in a timely manner to address this ongoing issue.

Issues were also identified with the current staffing arrangements.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and the person in charge informed the inspector that it was kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the chief inspector as required by the Regulations of any adverse incidents occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. There were no complaints made about the service in 2019. There were however a number of compliments made

about the service from family representatives.

It was also observed that residents had access to independent advocacy services if required.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, well-being and social care needs were being supported and provided for. However, the premises did not provide for adequate privacy or communal space for ten residents and the provider had failed to progress plans in a timely manner to address this ongoing issue.

The individual social care needs of residents were being supported and encouraged. From meeting residents on the day of this inspection and from viewing a small sample of files, the inspector saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community. For example, residents were also supported to go on hotel breaks, concerts, join clubs where they could engage in activities of interest and attend classes such as yoga. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents frequented community-based amenities such as going for a meal out, going shopping and going for scenic drives.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied health care professionals also formed part of the service provided. The inspectors saw that residents had access to GP services, dentist, speech and language therapy, occupational therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive up to date care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had access to psychiatry and psychology support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required. From speaking with and observing staff members over the course of this inspection the inspector was assured they had the knowledge and skills necessary to support residents in a calm and professional manner. It was also observed that additional training was to be provided to all staff members to further enhance their skills in supporting and

promoting residents emotional health and well being.

The premises were unsuited for their stated purpose and were not of an adequate size to accommodate ten adult residents. This resulted in residents having no alternative but to share bedrooms and there was insufficient communal space to receive visitors in private. Because of this issue, management and staff had no alternative but to use some restrictive practices to ensure the safety of some of the residents. For example, in order to manage some minor peer to peer related issues, a sensor was used in one of the bedrooms to alert staff when residents got out of bed. This was to ensure this resident did not disturb each other the other when they were sleeping. While this measure was effective and there had been no recent issues reported between the two residents, it was only in use because the centre was not of an appropriate size or adequately equipped to support ten adults.

Some other restrictive practices were in use such as key pads on external doors however, the inspector observed that they were kept under regular review, discussed with the multi-disciplinary team and only in use to ensure the residents safety.

Where required, safeguarding plans were in place which were reviewed and updated as necessary and residents had access to independent advocacy services. Staff also had training in safeguarding of vulnerable adults and Children's First. From speaking with two staff members, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. It was observed that some staff required refresher training in safeguarding of vulnerable adults however, this issue was discussed under regulation 16: staff training and development.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, they had undergone a physiotherapy assessment and/or occupational assessment and systems were in place to promote a safe environment for them. Where a resident had issues with swallowing, they were provided with a speech and language assessment and staff support at all times during meals.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in August 2019. A sample of documentation informed the inspector that staff undertook weekly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drill informed that all residents left the premises when the alarm was sounded with no issues. From a sample of files viewed, the inspector observed that staff also had training in fire safety awareness.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols

in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre. However, it was observed that no recent drug errors had been made in the centre. A staff nurse talked the inspector through the medication practices and it was found she had a comprehensive knowledge of the medication needs of each resident and had systems in place to ensure all medication practices were in line with the centres medication policy and procedures.

Overall, residents appeared happy and content in the centre and their health and social care needs were being comprehensively provided for. A family member spoken with by the inspector reported that they were very happy with the service and felt their relative was very well cared for and supported. However, issues remain ongoing with the suitability of the premises and the provider had failed to progress plans in a timely manner to address this ongoing issue

Regulation 17: Premises

The premises did not provide for adequate privacy or communal space for ten residents and the provider had failed to progress plans in a timely manner to address this ongoing issue. Because the premises were not suited to accommodate ten adults, management and staff had no alternative but to use some restrictive measures to ensure the residents safety. Residents also had no alternative but to share bedrooms in the centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspector informed that regular fire drills took place and each resident had a

personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into resident's personal plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had access to psychology and/or psychology support and had a positive behavioural support plan in place, which were updated and reviewed on a regular basis and only in use to promote the residents' overall health and well being.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were safeguarded in the centre and where required, safeguarding plans were in place.

All staff had undertaken training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

While it was observed that some staff required refresher training in safeguarding, there were plans in place to address this and this issue was discussed under regulation 16: staff training and development.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dungloe Services 2 OSV-0002506

Inspection ID: MON-0023784

Date of inspection: 09/10/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • One Staff nurse will be returning to work following planned leave on Dec 21st 2019. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Refresher Safeguarding Training is scheduled for 21st Nov 2019 and the 17th Dec 2019. Places have been booked for all staff who require refresher training to attend. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • One Staff nurse will be returning to work following planned leave on Dec 21st 2019. • A housing development has been approved which will provide new accommodation for all residents living in Piermont House. There have been delays on this project which are outside the control of the management of this centre. It is expected that these properties 	

will be completed and available for registration by the fourth quarter of 2021.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- A housing development has been approved which will provide new accommodation for all residents living in Piermont House. There have been delays on this project which are outside the control of the management of this centre. It is expected that these properties will be completed and available for registration by the fourth quarter of 2021.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	21/12/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	17/12/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	21/12/2019

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	21/12/2019