



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

Issued by the Chief Inspector

Name of designated centre:	Dunshenny House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	29 November 2021
Centre ID:	OSV-0007987
Fieldwork ID:	MON-0032492

About the designated centre

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

Dunshenny House provides residential care to adults with moderate to severe intellectual disability. Residents are supported with co-existing conditions such as mental health illness and/or behaviours of concern, special communication needs, physical illness and conditions such as epilepsy. Dunshenny House is accessible for people who are wheelchair users. Residents are supported by a qualified team of professionals of nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 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
Monday 29 November 2021	09:30hrs to 13:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

Dunshenny House is a newly registered designated centre. It was found to be a very pleasant place, where residents were comfortable in their surroundings, enjoyed a good quality of life and were supported to be involved in their local community.

On the day of inspection, the inspector met with three residents while adhering to the public health guidance on mask wearing and social distancing. One resident was living in an apartment attached to the main property and when asked, agreed to invite the inspector to visit. The apartment was open plan in design, spacious, comfortable and personally decorated. There was a kitchen, a dining room, a sitting area and a bedroom with an en-suite bathroom. The apartment had a private entrance and a side exit which opened out to the garden. The resident spoke briefly with the inspector while carrying out household chores such as mopping the floor. It was evident that the staff members supporting the resident were knowledgeable about the resident's communication style, their likes and dislikes, and interactions observed with staff were calm, comfortable and supportive. The resident appeared content in their home where it was evident that their rights and choices were respected.

Later, the inspector met with other residents in the main living area of the house where the atmosphere was welcoming and cheerful. One resident had finished breakfast and was relaxing with their feet up on a stool. The staff on duty were observed to be attentive and were giving the resident a leg and foot massage. Later, the inspector observed preparations for Christmas taking place, with a seasonal movie on the television, and decorations being unpacked from boxes. Staff were ensuring that the residents' were actively involved in this activity in accordance with their choices and abilities. This showed that staff were familiar with the residents and their diverse needs. Interactions were observed to be good-humoured, caring and respectful.

The communal space provided was large and open plan. It was warm, comfortable and nicely decorated. The person in charge told the inspector about plans to install a partition in this large room as this would provide residents with a choice of living space. Plans were in progress to complete this work. Residents' bedrooms were found to be spacious for their needs, cosy and welcoming. Personal items of interest were displayed, for example, a signed football jersey and personal pictures. Each resident has access to their own bathroom facilities. Externally, there was a level access garden at the front and to the side of the house. Raised beds were provided where residents' had planted flowers and vegetables during the summer. It was evident that this designated centre was suitable for the needs of the residents living there.

Links and interactions with the local community were found to be supported and encouraged. Transport was available and was in use on the morning of inspection by a resident that preferred to travel alone. Plans were in place for other residents

to go out later that day if they choose to do so. Activities planned included, going shopping in a large town nearby, going for coffee, going to sporting events and going out for dinner. The residents in this designated centre did not attend a day service. The person in charge and the staff spoken with said that activities were planned from home and the residents' appeared to prefer this as it provided a more relaxed living experience. The person in charge told the inspector that the residents had contact with their family members, which was supported during the COVID-19 restrictions by using telephone and video calls. Access to an advocacy service was promoted and visual notices were displayed on the notice board. However, the advocacy service was not required by the residents at the time of inspection.

From observations in the centre, conversations with residents and staff, and information viewed during the inspection, it was evident that residents had a good quality of life, made choices daily and were busy with activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and the staff prioritised the well-being, independence and health and safety of the residents.

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 the residents' lives.

Capacity and capability

The inspector found that residents received care and support that was person-centred in nature and facilitated them to make choices about their lives. Leadership and management structures were in place which ensured that this was a safe service with a good standard of care provided. This included the fact that the person in charge was experienced, competent and very familiar with the residents and their needs. However, the inspector found that improvements were required to the out-of-hours arrangements in place which would enhance the quality of the support provided.

On the day of inspection, there were sufficient numbers of consistent and suitably qualified staff on duty to support residents' assessed needs. The staff roster was reviewed and was found to be an accurate reflection of the staff that were working in the centre. Relief staff were available if required. Staff had access to training as part of a continuous professional development programme and refresher options were provided. Due to the impact of COVID-19 not all refresher options were complete, for example, positive behaviour support training. However, the person in charge had a plan in place to progress this in the near future.

The provided had an up-to-date statement of purpose available which gave a clear view of the service and contained the information required under Schedule 1 of the

regulations. There was evidence of regular review of the statement, for example, information in relation to the COVID-19 pandemic was included. There was an easy-to-read version available for residents use. The inspector reviewed the policies and procedures used in this centre and found that they were up-to-date, available to staff and included requirements under Schedule 5 of the regulations.

A further review of the documentation provided evidence that an unannounced audit had taken place recently and the report was available. As this was a newly registered centre, an annual review had not yet taken place. The person in charge had ensured that internal audits were taking place which included, infection prevention and control, safeguarding, health and safety and medication management. However, the system used to provide out-of-hours staff cover was informal and required review to assess its effectiveness

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff employed in the centre was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre had a defined management structure in place and internal audits were taking place. However, out-of-hours cover arrangements required review to establish if they were effective.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured that there was a written statement of purpose available which provided a clear overview of the service provided at the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures used in this centre were found to be up to date and included the requirements of Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The residents at this designated centre were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of caring interactions between staff and residents and staff were found to have a very good understanding of residents' individual communications styles. There were robust management structures in place which ensured that this was a safe service with a high standard of care provided. However, the inspector found that improvements were required to the out-of-hours arrangements in place which would enhance the quality of the support provided.

The person in charge had ensured that the residents' had up-to-date person centred plans in place which were reviewed regularly. The plans reviewed showed evidence of individual goals that were agreed in accordance with the residents' likes and wishes. For example, one resident had a football jersey on display in their bedroom and furthermore had pursued their interest by attending local football games. In addition to this there were plans in progress to attend a national football event in the future. Each resident had a key-worker to provide assistance and support if required and the inspector had an opportunity to speak with a staff member about this. The staff member was found to understand the importance of consulting with residents' as much as possible, of setting clear goals and ensuring that goals were reviewed and achieved. Personal plans were available in accessible format for residents use and it was noted that one resident had their personal plan kept in their apartment which showed their autonomy was respected.

All residents had the support of a behaviour specialist, a psychologist and a

psychiatrist if required. Behaviour support plans were in place, were reviewed regularly and were up-to-date. Staff had training provided in positive behaviour support. It was noted that refresher training was required for some staff as this was delayed due to the impact of COVID-19. A plan was in place to progress this in the near future. The inspector found that staff were knowledgeable about how to support residents with behaviours of concern in a proactive way that was dignified and respectful. A protocol for the use of restrictive practices was in place which was reviewed, up-to-date, and staff were aware of the reporting arrangement required in line with the regulations.

As previously described this centre was accessible for residents' needs, spacious, comfortable and welcoming. The building had suitable lighting, was well ventilated and warm. Laundry facilities were available, however it was noted that there was insufficient storage provided for mobility aids and appliances and cleaning equipment. This was acknowledged by the person in charge who had plans to source suitable storage in the garden for this purpose.

Procedures were in place to prevention and control the spread of infection. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19. These included a staff safety pause system and enhanced cleaning processes were in place. A centre specific outbreak management plan was available and the HIQA self-assessment tool was up-to-date. Residents' had individual self-isolation plans in place if required. However, the inspector found that improvements were required in the use of personal protective equipment such as mask wearing and in the appropriate storage of mops and buckets.

Overall, the residents in this designated centre had a good quality service. The person in charge told the inspector that their lived experience had 'improved dramatically' since moving to the new premises. In addition to this, it was reported that there was a significant reduction in the number of incidents of behaviours of concern. This was reported to be due to the high level of staff support provided, the design of the premises and the promotion of an active life. Improvement to staffing out-of-hours arrangements and infection prevention and control measure would add to the quality of the service provided.

Regulation 17: Premises

The registered provider had ensured that the premises provided was suitable to the number and needs of the residents and the aims and objectives of the service.

Judgment: Compliant

Regulation 27: Protection against infection

Procedures were in place to prevent and control the spread of infection. However, improvements were required in the use of personal protective equipment and in the storage facilities provided for cleaning equipment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that individual assessments and a personal plans were in place which supported the health, personal and social care needs of the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were in place and were reviewed regularly in consultation with a psychologist, psychiatrist and a positive behaviour support specialist. Restrictive practices were used in this centre, a protocol was in place and they were found to be the least restrictive for the shortest duration necessary.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Dunshenny House OSV-0007987

Inspection ID: MON-0032492

Date of inspection: 29/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>This has been escalated to the General Manager and senior management team. They are actively working on a solution with HR, trade unions, and senior management and this process is in train for a solution. Details of this have now been agreed and an implementation plan is in place.</p> <p>This new Out of Hours Plan will ensure that there is a senior manager on call to support with emergencies from 17:00 hours until 09:00 the next morning on a Monday to Friday Basis. At weekends, a senior manager will be on call for emergencies from Friday at 17:00 hours until 09:00 hours on Monday.</p> <p>Skill mix at the centre is also currently being reviewed.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>IPC equipment (Mop buckets) is currently stored under the stairwell in the Centre. Staff are currently sourcing suitable external accommodation for IPC storage. Approval for funding for this has already been approved by the service manager. When suitable storage is identified, it will be purchased and installed at the Centre. This will be in place by the proposed date.</p> <p>All staff have completed training on Use of PPE. This is discussed at staff handover each</p>	

morning and night. A mask champion and Hand Hygiene Champion are identified each day to ensure compliance. A staff Safety pause is also in place to ensure full compliance with IPC guidance.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2022

