



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Iarnroid
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	30 January 2023
Centre ID:	OSV-0008273
Fieldwork ID:	MON-0038690

## About the designated centre

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

The designated centre comprises a spacious four bedroom bungalow, and can accommodate four residents with intellectual disabilities. It is staffed in accordance with the needs of residents, including staff who sleepover at night. The centre is in close proximity to the nearest town and transport is available to residents at all times.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
------------------------------------------------	---

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
Monday 30 January 2023	08:45hrs to 13:30hrs	Catherine Glynn	Lead
Monday 30 January 2023	08:45hrs to 13:30hrs	Stevan Orme	Support

## What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted to review the actions the provider had completed in response to an inspection completed in November 2022, where 14 regulations were found not compliant. Inspectors found that significant improvements had occurred since the last inspection and the 14 regulations reviewed were found compliant.

On arrival at the centre, inspectors found a staff team occupied in supporting the morning routine of residents, some of whom were up and ready for the day and awaiting their transport to local day services. Staff notified the management team of the inspectors arrival, but the person in charge was not available due to a recent bereavement. However, another person in charge from a close by centre attended on the day, and who was found to know the residents and be very familiar with the systems in place to support the residents in this centre.

The centre was a very comfortable and spacious home for four residents. The house was nicely furnished throughout and suitably laid out to meet the residents needs, was well kept, visibly clean and tidy throughout. Furthermore, information was suitably displayed and the centre had been personalised with pictures and photographs throughout, to make the centre homelier.

Four residents were present on the day of the inspection, two spoke with inspectors and were very positive about the improvements that had occurred following the last inspection. Both residents spoke about getting out and about, choice of activities and how staffing support had increased. A third resident waved at staff, but was also busy preparing to attend their day service. A fourth resident was busy getting ready and did not interact with the inspectors that morning. Residents spoken with were very happy that their choices, preferences were respected and that they had more choice in their daily and weekly schedule. Inspectors also noted that staff interacted in a professional, appropriate and respectful manner throughout that morning with residents. During conversation with staff, inspectors also found that they spoke with respect and had a knowledge and understanding of residents' support needs.

It was clear that staff were very familiar with residents' needs, and their various ways of communicating. Staff could interpret the behaviours of residents and explain to the inspector what it was they were communicating, and were seen to respond appropriately and effectively to all residents. One staff was also familiar with residents as they also worked in their day services which promoted continuity of care and supports.

In summary, inspectors found residents' safety was paramount to all systems and arrangements the provider had now put in place in this centre. The provider ensured that residents safety was paramount to the overall service being delivered. In addition, oversight systems were enhanced by the provider to ensure the quality of

care provided was monitored effectively. Residents were supported and encouraged to choose how they wished to spend their time and that they were involved as much as possible in the running of their home.

The next two sections of the report present findings of this inspection in relation to governance and management and arrangements in place in the centre, and how these impacted on the quality and safety of the service being delivered.

## Capacity and capability

Inspectors found that the oversight and management arrangements which were in place on the day of inspection ensured that senior management were aware of care practices within the centre and aimed to promote the welfare of residents in response to the inspection completed in November 2022.

The centre had a clearly defined and robust management structure in place which was responsive to resident's needs and feedback. There was a clearly defined management structure which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by a full-time and experienced person participating in management. As said previously, the person in charge was not available on the day of the inspection due to a bereavement, but had increased their attendance to twice weekly to ensure effective practices and supports were in place in this centre. The person participating in management also attended this service on a weekly basis to monitor the service, meet staff and residents and review practices in place.

Of the staff spoken with, inspectors were assured that they had the skills, experience and knowledge to support residents in a safe and effective way. They were knowledgeable on the assessed needs of residents and were able to explain to inspectors how best to support the residents. From a review of a sample of files inspectors saw that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire training, infection control and positive behaviour support. This meant they had the skills necessary to respond to the needs of residents in a consistent and capable manner.

The number and skill mix of the staff team had increased following the last inspection, and was appropriate to the assessed needs of residents supported in this centre. The provider had also ensured that consistent and familiar staff were working with the residents at all times. As said previously the person in charge and person participating in management had increased their attendance and presence in the centre each week.

The provider had ensured that schedule five policies were in place in the centre, as required by the regulations to guide staff in their practice. In addition, the management team had also ensured that relevant and up-to-date documentation

was present in the centre at the time of inspection.

The management team ensured the centre was monitored and audited to ensure best practice and a schedule was in place for completion of unannounced six monthly visits and the annual review of the quality and safety of service provided as required under regulation. Other management audits completed to ensure good practice included, fire safety, cleaning, resident files, finance and medication management. This process ensured that the service remained responsive to the needs of residents living in this centre.

Overall, inspectors found that residents were satisfied with the service provided, they experienced support, consultation and choice on a daily basis in this centre. The management team were responsive to the areas of non-compliance and were building on practices to ensure effective oversight was in place at all times as required by the regulations.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents. The inspectors found that the rosters were adapted and reviewed to meet the needs of residents; for example, the management team had increased the daily staffing from one to two and were monitoring and reviewing the staffing supports in place to meet residents' needs. In addition, the introduction of waking night staff was also planned to commence following the inspection according to discussions with the management team to better meet residents' needs.

There was a consistent staff team, many of whom worked with the residents in their day service as well as residential services. Where agency staff were utilised, this was found to be consistent, with familiar persons working with the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors found on review of training records that all staff had been in receipt of all mandatory training, and all were suitably qualified in their roles. Two staff that engaged with inspectors were found to be knowledgeable of their roles, and support needs of residents.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was in place in the centre, had all of the required information as specified in the regulations, and was monitored by the person in charge.

Judgment: Compliant

## Regulation 21: Records

Inspectors found that records were available for review and contained all of the required information as specified in the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this. The management systems in place ensured the service provided to residents was safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including equipment, staff training and transport arrangements in place in the centre.

There was a clearly defined management structure and staff reported to the person in charge. The provider knew that an annual review was required for the service at the end of the year and that six monthly visits were also required. At this time the provider had commenced with a quality improvement plan for the centre which was reviewed weekly and monitored by the management team to ensure identified actions were addressed. In addition, persons responsible for each action identified was clearly outlined.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The inspectors reviewed a sample of written agreements in the centre, one of which was a new admission into the centre. The provider had ensured that written agreements were in place which informed residents about the service they would



received at the centre and any associated charges to be met.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider and person in charge had submitted relevant notifications as specified by the Chief Inspector and within the required timeframes.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Inspectors found that the provider had ensured that a comprehensive suite of schedule 5 policies was available and retained in the centre.

Judgment: Compliant

## Quality and safety

This service was provided to support and meet the residents' assessed needs and was in-line with their expressed wishes. Significant improvements were noted on this inspection following the inspection completed in November 2022, where a significant level of non-compliance with the regulations was identified. The quality and safety of care had improved in the centre with an increase in management oversight and processes to ensure compliance with the regulations.

The individual care needs of residents were being supported and encouraged. From reviewing a sample of residents' files, inspectors found that these had been updated, had the required information and met the requirements of the regulations. Residents were being supported to achieve personal and social goals and to maintain positive links with their families. Residents were also enabled to access local shops, visit friends and to go on social outings in their local community.

Residents were being supported with their healthcare needs as required and access to general practitioner (GP) services was provided for. Inspectors found that residents had access to a range of allied healthcare professionals such as dentist, chiropodist and neurology. Inspectors found that attendance at appointments with allied health professional was recorded, with any subsequent recommendations noted in order to guide staff in supporting residents ongoing needs. Comprehensive

care plans were also in place to guide staff in supporting residents to achieve the best possible health outcomes.

Systems were in place to safeguard the residents from the risk of abuse and harm. Of staff spoken with, inspectors were assured they had the knowledge to respond accordingly to any concern if they arose. A review of records held at the centre also showed that staff knowledge in this area had also been reinforced through their attendance at training relating to the safeguarding of vulnerable adults.

Following the last inspection, the provider had ensured that effective fire precautions were in place, including fire detection systems, fire safety checks, emergency lighting and multiple fire exit routes were also available throughout the centre. Since the last inspection, fire drills were occurring regularly and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal emergency evacuation plan (PEEP) was in place for each resident which ensured that staff had guidance on how to support each resident in the event of having to evacuate the premises.

Overall, inspectors found that the provider had addressed all of the actions from the previous inspection satisfactorily, but had also ensured that residents received a safe, effective and quality service in the centre. Care was delivered in a person-centred manner and that the quality of residents' lives was actively promoted in this centre.

### Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review. There was evidence that residents were supported in positive risk-taking practices, including going to the local shops or visiting neighbours.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including fire detection and emergency lighting and regular fire safety checks. Fire drills were regularly occurring with all staff and residents and the records demonstrated that staff could effectively support residents to evacuate in a timely manner. A personal evacuation plan (PEEP) was in place for each resident, which clearly indicated the support each resident would require in the event of an evacuation.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had a complete and comprehensive individual assessment and personal plan in place, which clearly showed staff each resident's support needs and related social and developmental goals , and ensured a consistency of approach.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and supported in the centre. The residents also had good access to a range of healthcare

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard the residents' from any form of harm.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors found that residents rights were promoted and supported in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant