



# 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:	Short Notice Announced
Date of inspection:	25 March 2021
Centre ID:	OSV-0002456
Fieldwork ID:	MON-0032003

## 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 12 adults with disabilities. The centre comprises of two detached bungalows in County Monaghan on the outskirts of the local town. 10 residents have their own bedrooms which are decorated to their individual style and preference. Two residents share a large double bedroom with an ensuite facility. 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 registered nurse. They are supported in their role by a director of nursing and an assistant director of nursing. There is also a team of trained healthcare assistants working in both houses that comprise this centre.

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

Number of residents on the date of inspection:	12
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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
Thursday 25 March 2021	10:00hrs to 16:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This centre comprised of two houses in Co. Monaghan however, only one house was visited as part of this inspection.

The inspector met three residents and spoke directly with two of them so as to get their feedback on the service provided. One family member was spoken with over the phone and written feedback on the service from two residents was also reviewed by the inspector.

The inspector observed that aspects of the premises required updating and redecorating however, they were homely, warm and welcoming and residents appeared comfortable and very much at home in this service.

Residents reported to the inspector that they were very happy in the house and happy with the overall service provided. They're rights were respected and they were consulted with about the running of their home. They also held weekly meetings to so as to agree on menu plans for the week and what social activities to engage in. Residents also made their own choices regarding their daily routines and their wishes were respected by staff team.

While many community based activities were curtailed due to COVID-19, some social outings and activities continued to be provided for and residents were being supported to go for walks, scenic drives and engage in a number of household activities such as baking and arts and crafts of which they reported that they enjoyed very much.

One resident spent some time in the vicinity of the inspector over the course of the day and appeared content in their home. The inspector asked the resident were they happy in the house and the resident smiled and gestured that they were. This resident spent some of the day relaxing in the house and later went for a drive to the shop to buy the evening newspaper with the support of staff.

Another resident showed the inspector a memory book that they started to compile over lockdown. The book contained pictures of family members and friends, places that were important to the resident and holidays they had been on prior to COVID-19. The resident was very proud of this book and was happy to go through it with the inspector, smiling throughout the process. Staff were supporting the resident in putting this memory book together and the resident spent time on a regular basis completing this activity.

The third resident in the house at the time of the inspection was a private person who declined to speak or meet with the inspector and their wishes were respected. However, the inspector observed staff interacting with this resident in a person centred and professional manner and the resident appeared very comfortable and at ease in the presence of staff members. Staff were also observed to be respectful of

the residents rights, individual wishes and choices.

Written feedback on the service from two of the residents was also observed to be positive. Residents reported that they were very happy with the service, happy with their individual bedrooms, happy with mealtimes and menu options, happy with the staff team and both residents stated that they would speak to a staff member if they had any issues

The family representative spoken with over the phone was very complimentary about the quality and safety of care provided to their relative in the centre . They were equally as positive about the staff team and reported that their relative was well looked after and very happy in the house. They also said that they had no complaints whatsoever about the service, the quality of care was excellent, it was safe and the staff team were great.

Throughout the course of this inspection, the inspector observed that residents were relaxed and at home in their house and were comfortable in the presence of staff. Staff were also observed to be warm, caring, professional and person centred in their interactions with residents.

A minor issue was identified with the staffing arrangements which are discussed in section 1 of this report: Capacity and Capability and some issues were found with the premises and risk management which are discussed in section 2: Quality and Safety. Notwithstanding, feedback from residents and family representatives on the service provided was complimentary and very positive.

## Capacity and capability

On the day of this inspection residents appeared happy and content in their home and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. However, the staffing arrangements required review so as to ensure they were consistent and in line with the statement of purpose.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who was supported in their role by a director of nursing, an assistant director of nursing and a clinical nurse manager III (CNM III). The person in charge was an experienced qualified nurse, with an additional qualification in leadership and management. They provided good leadership to the staff team and ensured that each staff member received ongoing professional supervision and support. They also had a regular presence in the centre ensuring it remained responsive to the needs of the residents. The inspector also observed that they were responsive to the inspection process and aware of their legal remit to 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). For example, the person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as

stipulated by the regulations and to update the statement of purpose on an annual basis or sooner if required.

The person in charge also ensured that resources were used appropriately in the centre which meant that the individual and assessed needs of the residents were being provided for. There were two nursing vacancies in the centre at the time of this inspection however, the inspector saw evidence that these two posts had been filled and two staff nurses were due to commence working in the service in April 2021. It was observed however, that on occasion the staffing levels were not consistent or in line with the statement of purpose.

One staff member was met and spoken with as part of this inspection process. They were found to be appropriately qualified, familiar with the assessed needs of the residents and provided care and support to them in a dignified and person centred manner. From a small sample of files viewed, the inspector also observed that staff were appropriately trained and supervised so as they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, manual handling, positive behavioural support, hand hygiene and infection prevention control.

The centre was being monitored and audited as required by the regulations. The annual review of the quality and safety of care had been completed for 2020 and six monthly audits/unannounced visits were also being conducted in the centre. Such audits were ensuring the service was meeting the requirements of the regulations and any issues found were being recorded, actioned and addressed (or a plan of action was devised so as to ensure they were addressed in a reasonable time-frame). For example, the annual review identified that a new training matrix was to be devised and used in the centre. This training matrix was available to the inspector on the day of this inspection. The annual review also highlighted that staff were to receive clinical supervision every six months. The inspector reviewed two staff files and found that supervision was being facilitated by the person in charge and was up-to-date. The most recent six monthly audit of the centre identified that the fire log needed to be signed off by all staff members. Again, this issue had been actioned and addressed at the time of this inspection.

Overall residents appeared happy and content in their home and feedback from one family representative on the service provided was very positive. The provider had also ensured that appropriate supports were in place so as to meet their assessed needs.

## Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre with experience of working in and managing services for people with disabilities. They were also aware of their remit to the regulations and knew the needs of each individual

resident very well.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The staffing levels required review so as to ensure they were at all times consistent and in line with the statement of purpose.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
The centre was being monitored and audited as required by the regulations. The annual review of the quality and safety of care had been completed for 2020 and six monthly audits/unannounced visits were also being conducted in the centre. Such audits were ensuring the service was meeting the requirements of the regulations and any issues found were being recorded, actioned and addressed (or a plan of action was devised so as to ensure they were addressed in a reasonable time-frame).
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
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 a statement as to the facilities and services which were to be provided to residents. It accurately described the service that will be provided in the centre and 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
<b>Quality and safety</b>
Residents were being supported to engage in recreational and social activities of



their choosing and systems were in place to meet their assessed health, emotional and social care needs. However, aspects of the risk management process required review and some issues were identified with the premises.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that prior to COVID-19, residents were being supported to attend a number of day service options and regularly frequent local amenities such as shops, restaurants and go for coffee/meals out. Residents also had goals identified such as to go on short holiday breaks and hotel breaks but these were on hold due to the current lockdown. Notwithstanding, some social outings and activities continued to be provided for and residents were being supported to go for walks, scenic drives and engage in a number of household activities such as baking and arts and crafts.

Residents were also supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided. Residents also had access to dental services, occupational therapy, speech and language therapy and chiropody services. Care plans were in place to ensure the healthcare needs of the residents were supported and hospital appointments were facilitated as required. Residents were also being supported to experience best possible mental health and had access to a clinical nurse specialist and psychiatry support. Where required, residents had a positive behavioural support plan in place and from viewing a small sample of files, staff had training in positive behavioural support techniques. Some healthcare reviews were also being facilitated over the phone with allied healthcare professionals at the time of this inspection due to COVID-19.

The inspector observed that at times, some residents refused to attend healthcare-related appointments or use appliances such as walking aids/frames as recommended by an occupational therapist and physiotherapist. Staff were aware of this and could inform the inspector of the control measures in place to mitigate the risks related to these issues. However, some of these control measure were not adequately documented in the residents individual risk assessments. This issue is discussed in more detail under regulation 26: risk management.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. Residents also had access to independent advocacy services if required and from a small sample of files viewed, staff had training in safeguarding of vulnerable adults. There was one current safeguarding issue in the centre at the time of this inspection however, it had been reported and responded to accordingly by the management team and a safeguarding plan remained in place so as to ensure the safety of the resident in question. A family member spoken with also reported that they were happy with the quality and safety of care provided in the centre.

There were systems 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. However, it was observed that aspects of the risk management

process required review. For example, a number of measures were in place to manage the risks associated with residents refusing to attend medical appointments or disengaging from supports as recommended by allied healthcare professionals. However, some of these measures were not explicitly stated in individual risk assessments.

While residents appeared happy and content in their home and had no complaints about the house, parts of the premises required refurbishment, painting and redecorating. However, the director of nursing was aware of this issue and provided evidence on the day of the inspection that this work would be completed by the end of April 2021.

Systems were in place to promote the rights of the residents living in the centre. Residents were consulted with about the running of their home, held weekly meetings to agree on menu plans for the week and made their own choices regarding their daily routines (with support from staff as required). Staff were also observed to be respectful of residents individual wishes and choices.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge assured the inspector that there were adequate supplies of PPE available and it was being used in line with national guidelines. The inspector observed that there were also adequate hand washing facilities and hand sanitising gels available throughout the house. There were enhanced cleaning schedules in place and the person in charge informed the inspector that if required, residents would be supported to self-isolate in the centre in the event of an outbreak of COVID-19.

### Regulation 17: Premises

Parts of the premises required refurbishment, painting and decorating. The director of nursing was aware of this issue and provided evidence of the day of the inspection that this work would be completed by the end of April 2021.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Aspects of the risk management process required review. For example, a number of measures were in place to manage the risks associated with residents refusing to attend medical appointments or disengaging from supports as recommended by allied healthcare professionals. However, some of these measures were not explicitly stated in individual risk assessments.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge assured the inspector that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that prior to COVID-19, residents were being supported to attend a number of day service options and regularly frequent local amenities such as shops, restaurants and go for coffee out. Residents also had goals identified such as to go on short holiday breaks and hotel breaks but these were on hold due to the current lockdown. Notwithstanding, some social outings and activities continued to be provided for and residents were being supported to go for walks, scenic drives and engage in a number of household activities such as baking and arts and crafts.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided. Residents also had access to a dental services, occupational therapy, speech and language therapy and chiropody service. Care plans were in place to ensure the healthcare needs of the residents were supported and hospital appointments were facilitated as required.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. Residents also had access to independent advocacy services if required and from a small sample of files viewed, staff had training in safeguarding of vulnerable adults.

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in place to promote the rights of the residents living in the centre. Residents were consulted with about the running of their home, held weekly meetings to agree on menu plans for the week and made their own choices regarding their daily routines (with support from staff as required).

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	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-0032003

Date of inspection: 25/03/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to meet compliance with Regulation 15: Staffing, the following actions have been undertaken:</p> <ul style="list-style-type: none"> <li>• The Staffing Roster for the centre was reviewed on the 6-04-2021. The Person in Charge will continuously review the staff roster to ensure that is consistent and in line with the Statement of Purpose.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to meet compliance with Regulation 17: Premises the following actions have/will been undertaken:</p> <ul style="list-style-type: none"> <li>• The doors in all three bedrooms have been widened on the 20-04-2021.</li> <li>• A Painter has been sourced and will complete the painting of the interior by the 28-05-2021.</li> <li>• PVC will be fitted in the Main Bathroom and in the toilet by the 28-05-2021.</li> <li>• The premises will be kept under constant review to ensure appropriate refurbishment is undertaken.</li> </ul>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to meet compliance with Regulation 26: Risk Management the following actions have been undertaken:</p> <ul style="list-style-type: none"><li>• The person in Charge has reviewed all residents risk assessments and included all measures that are in place to manage the risks associated with Residents refusing or disengaging from medical advice.</li><li>• All staff have completed training in the administering of the Epi Pen on the 23-04-2021</li></ul>	



## 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	06/04/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	20/04/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	28/05/2021

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	23/04/2021