Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	James Connolly Memorial Residential Unit
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	16 October 2023
Centre ID:	OSV-0002502
Fieldwork ID:	MON-0040749

About the designated centre

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

James Connolly Memorial Residential Unit is a congregated setting providing care and support to 9 adults with disabilities (both male and female) in Co. Donegal. The premises consist of a large two storey building and is institutional in design. Communal facilities include two large sleeping dormitories (one female and one male). There are also single occupancy bedrooms. All bedroom facilities are on the ground floor of the centre. A large bright sitting/TV room, multiple bathroom/restroom facilities, a relaxation/sensory area, dining rooms and a small kitchenette which is available for residents to use are also located on the ground floor. There is also a larger industrial-style kitchen on the ground floor (not accessible to the residents) that provides meals at specific times throughout the day to residents. The second floor has facilities for management and staff of the centre including offices, a kitchen, a staff dining area and staff restroom. The centre is located on a site from which a range of other Health Service Executive (HSE) services are accommodated. The building is surrounded by gardens and grounds that are well-maintained and private parking facilities are available. The centre is staffed on a 24/7 basis with a full time person in charge (who is a clinical nurse manager II), a team of staff nurses and health care assistants. Access to GP services and other allied healthcare professionals form part of the service provided to the residents. Transport is also provided for residents for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 (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 16 October 2023	14:30hrs to 18:45hrs	Úna McDermott	Lead
Tuesday 17 October 2023	10:45hrs to 12:30hrs	Úna McDermott	Lead
Monday 16 October 2023	14:30hrs to 18:45hrs	Jackie Warren	Support
Tuesday 17 October 2023	10:45hrs to 12:30hrs	Jackie Warren	Support

What residents told us and what inspectors observed

This was an unannounced follow up inspection to inspections that took place in December 2022 and April 2023. In April 2023, inspectors found some improvements in the quality of care and support provided. However, three regulations were not compliant and four were substantially compliant. In response to these findings, the provider submitted a compliance plan which detailed the actions that they planned to take in order to bring this centre into compliance with the Care and Support Regulations (2013). The purpose of this inspection was to assess the provider's ongoing response to the matters identified and their capacity and capability to sustain this response into the future.

This inspection took place over two days. On arrival, inspectors met with the person in charge who facilitated the inspection. Some residents were observed relaxing in a large communal room while music played on the television. Others were in a multi-sensory room. One resident was completing a table top craft activity with a staff member. They smiled at the inspector but did not hold a conversation. The staff on duty told the inspectors that other residents had left the centre to attend a medical appointment and to have a day out. One resident was staying in hospital with a medical condition. A staff member was observed leaving the centre in order to go the hospital. They said that it was important that the resident had familiar staff with them where possible, as they were known to them and understood them best. Therefore a good standard of care and support was maintained.

The centre was a large building in a congregated setting. Residents had plenty of communal space with a large dining room, a sitting room, a kitchenette, an activity room, a sensory room and several bathrooms. There was an attractive accessible garden and large patio area with garden furniture where residents could spend time outdoors. This was an improvement on the previous inspection. Throughout the building wall art and photos were displayed and at the time of inspection the house was decorated with a Halloween theme. Bedroom accommodation consisted of two dormitories, and four single bedrooms. There was one dormitory for ladies and one for men. The provider had made a considerable effort to increase the levels of comfort and privacy in these rooms. The dormitories had sleeping areas, which were separated by solid fixed dividing structures. Each sleeping area was tastefully and comfortably furnished, and were personalised. In the ladies dormitory there was a seating space with armchairs and there was a beauty and hairdressing area which was styled like a professional beauty salon. However, due to the communal nature of the dormitories, they were not suited for long term habitation. The registration of this centre has a restrictive condition attached which means that the residents are to move to more suitable homes by the time specified. The provider acknowledges this and are working on a plan to meet this requirement.

The inspector met with four staff members during the course of the inspection. They were aware of the importance of rights based support and they spoke about equality of all people, advocating for residents, offering choice and respecting decisions. The

person in charge told the inspectors that a psychologist had met with staff to discuss human rights and the use of a rights based approach. In addition, staff said that they completed online training modules.

As outlined above, inspectors found significant improvements to the quality and safety of the service provided since the previous inspections. In addition, there was evidence of a reduction in the restrictive practices and institutional routines in place. This enhanced the day-to-day lived experiences of the residents.

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

Capacity and capability

Inspectors found that improvements in the governance and management systems used and a reduction in the institutional practices led to better outcomes for the residents living at the centre. However, some improvements were required in risk management, staff training, the premises provided and the overall management of the centre which would further enhance the service provided.

The provider had a statement of purpose which was available for review. It was revised recently and contained the information required under Schedule 1 of the regulation. The policies and procedures required under Schedule 5 of the regulation were prepared in writing, were reviewed regularly and were available to read in the centre.

Staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Agency staff were used. They were reported to be consistent and familiar with the assessed needs of residents. When the person in charge was not available, an on-call system was used, which was reported to work well. This was an improvement on the previous inspection.

Staff employed had access to training and development as part of a continuous professional development programme. All staff had received mandatory training in fire safety and safeguarding, in addition to other relevant training including human rights and dysphagia. Sexuality Awareness training was being delivered to staff on a phased basis and was expected to be completed for all staff in the near future. However, two staff had not attended refresher training in positive behaviour support. The person in charge had identified this and had requested that this training be completed. Some staff had also not received some once off training required by the provider and this had also been identified by the person in charge.

A review of governance arrangements found that there was a defined management

structure in place with clear lines of authority. Improvements in the management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. At the time of inspection a new approach to file management was being introduced to the centre. A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review. As outlined the residents in this centre are due to more to more suitable homes in their communities. Ongoing work is required by the provider to reach this target. In addition, some improvements were required in the oversight of risk management and training procedures.

Overall inspectors found that improvements to the governance systems and arrangements in place coupled with a reduction in institutional practices has a positive impact on residents' lives. The next section of this report will describe the care and support that people receive and if it was of good quality and ensured that people were safe.

Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place. However, a review of the training matrix found that not all training modules were up to date. For example;

- two staff members required training positive behaviour support

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. However, the following required improvement;

- To ensure that staff training is up to date
- To ensure that risks are reviewed in line with the timelines provided
- To ensure that the providers de-congregation plan proceeds in line with the required timeframe

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually and was up to date.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

Inspectors found that improvements in the centre had a positive impact on the quality and safety of the service provided. Residents' wellbeing and welfare was promoted by an improved standard of care and support. However, further improvements were required in staff training and with the premises provided which are outlined below.

Resident that required support with behaviours of concern had specialist supports in place. The positive behaviour support policy was up to date. Restrictive practices were in use in this centre. However, they were reviewed regularly and evidence was provided to show that they were removed if safe to do so. If a restriction was in

place, there was a protocol provided. The staff team were working with other allied health professionals to support residents with behaviour of concern and to ensure that the support was effective and their rights were respected.

The inspectors found sustained improvement in the promotion of residents' human rights since the last inspection. The person in charge spoke about the changes to residents' mealtimes and the removal of the personal alarm system. They said that residents' used the kitchenette for a baking activity the previous week as it was unlocked and available for their use. Access to an advocacy service was provided. Residents meetings were taking place and these were adapted to meet with their assessed needs. For example, at a recent meeting the residents viewed a short video on human rights promotion. In addition, the inspector found that one resident was supported by the psychologist, speech and language therapist and staff to ensure that matters relating to consent were addressed.

The management of residents' food and nutrition and it's impact on residents' health was examined as part of this inspection and was found to well managed. Nutritional assessments were used and weights were being monitored effectively. This was an improvement on the previous inspection. All residents had been assessed for choking risks with speech and language specialist involvement and plans of care had been developed to manage any identified nutritional risks. Dietitian support was arranged as required. Meals were prepared by a chef in a professional kitchen and there was a second kitchenette where residents and staff could prepare food together. A wide range of food was being freshly prepared each day with choices provided. The provider had made changes since the last inspection which ensured that residents had the option of later mealtimes during part of the week. This showed that efforts were ongoing to ensure that institutional practices were reduced and removed where possible.

Effective management systems were in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and a plan was put in place to manage the risks. However, a review of the documentation found that not all resident risk assessments were reviewed by the due date provided. This required improvement.

The provider had arrangements in place for the ordering, receipt, storage and administration of medicines. Medicine records were stored in a safe and accessible place. Medicines were stored securely. The person in charge completed regular audits of medicines practices and had a plan in plan in place to replace the large trolley used with a smaller version in order to streamline the processes used.

As outlined above, this service was provided in an institutional setting. It was clear that that provider working to ensure that the best possible living environment was provided while awaiting full transition to the community. Multi-occupancy dormitories remained in use, but they had reduced in number since the last inspection. All sleeping areas were found to be comfortable, cosy and welcoming with personal items displayed. However, the use of multi-occupancy dormitories

remained and ongoing work was required by the provider to reach the timelines of the de-congregation plan provided.

In summary, inspectors found significant improvements to the quality and safety of the service provided since the previous inspections. In addition, there was evidence of a reduction in the restrictive practices and institutional routines in place. This enhanced the day-to-day lived experiences of the residents. Further improvements were required with risk management, staff training, the premises provided and the overall management of the centre which would further enhance the service provided.

Regulation 17: Premises

A de-congregation plan was in progress for this centre. Although improvement to the premises were evident, some residents continued to sleep in multi-occupancy dormitories. Therefore, the design of the premises remained unsuitable for the needs of the residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. There was a wide range of nutritious and varied available to residents, resident chose their own food at mealtimes and a variety of snacks were available throughout the day. Suitable foods were provided to cater for each resident's preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The following required improvement;

- To ensure that residents risk assessments were reviewed by the timeline provided.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had arrangements in place for the ordering, receipt, storage and administration of medicines. Medicine records were stored in a safe and accessible place. Medicines were stored securely.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had the support of specialist staff. The provider's policy on behaviour support and behaviour support plans were up to date. Restrictive practices were in use in this centre. Protocols for their use were in place these were under ongoing review.

Judgment: Compliant

Regulation 9: Residents' rights

This designated centre was operated in a manner that respected the rights of the people living there. Residents participated in decisions about the operation of their home and had the freedom to exercise choice and control in their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for James Connolly Memorial Residential Unit OSV-0002502

Inspection ID: MON-0040749

Date of inspection: 17/10/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: To ensure compliance with Regulation 16: Training and Staff Development the following actions will be taken. • The Person in Charge has reviewed the centres training matrix completed 20/10/2023. • A training plan has been provided for each member of staff who will have completed all mandatory HSELand training and present certificates for updating of the training matrix by 05/11/2023. • 2 staff are now enrolled in refresher training in Positive Behaviour Support 9/11/2023 in Donegal CNME.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with Regulation 23: Governance and Management the following actions will be taken • A training plan has been provided for each member of staff who will have completed all mandatory HSELand training inclusive of positive behaviour support training and present certificates for updating of the training matrix by 05/11/2023. • A monthly audit of the training matrix will take place, to ensure the outstanding training is progressing by the Person in Charge.	

• The Person in Charge is currently reviewing all risk assessments within the centre to include individual resident's risks. This review will ensure that all risks identified accurately reflect the current status from both a resident and centre perspective and that they are rated appropriately. Date off completion 30/10/2023

• 2 staff are now enrolled in refresher training in Positive Behaviour Support 9/11/2023 in Donegal CNME.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance with Regulation 17: Premises, the following actions has taken place

• The decongregation plan for the centre has been updated. This revised plan has been submitted to the Authority along with a request for an extension on the original timeframes agreed. The Registered Provider is awaiting a response on this.

• There is currently plans to renovate the bathrooms in the communal sitting room area, these have been measured and awaiting a date for works to commence.

• The dormitory bedrooms within the centre have continued to be redecorated to create a homely environment and all cubicle dormitories have been refurbished.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
To ensure compliance with Regulation 26: Risk Management Procedures, the following actions has been completed

• The Person in Charge is currently reviewing all risk assessments within the centre to include individual resident's risks. This review will ensure that all risks identified accurately reflect the current status from both a resident and centre perspective and that they are rated appropriately. Completed 30/10/2023

• Each resident's care plan will be audited, inclusive of individual risk assessments with 3 monthly evaluation to be undertaken thereafter. Completed 31/10/2023

• A selection of resident's files/care plans will also be audited by Practice Development on 17/11/2023.

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 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	09/11/2023
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.	Not Compliant	Orange	30/11/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	09/11/2023

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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	30/10/2023