



**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:	Radharc Na Cé
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	01 August 2024
Centre ID:	OSV-0002506
Fieldwork ID:	MON-0042515

## About the designated centre

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

This home comprises a detached bungalow with a sitting room, fully equipped kitchen, a dining room, a utility room, one single occupancy bedroom with ensuite, four double occupancy bedrooms, a number of shared bathroom facilities and office facilities for the management and staff team. There is ample private parking available at the centre and a large garden area to the side and rear of the property. Transport is provided to residents so as they can access community based amenities, go to clubs, various day services and on holiday breaks.

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

Number of residents on the date of inspection:	4
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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 (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 1 August 2024	12:00hrs to 18:30hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

The residents living at Radharc na Cé had moved into their new home in June 2024. This followed the identification of concerns relating to the quality and safety of the service found during an inspection in April 2024. During this inspection, the inspector found significant improvements with the premises provided which had a positive impact on the day-to-day lived experiences of the residents living there. What mattered most to the residents living at this centre was achieved, however, a review of the leadership arrangements in place and improvements to the oversight of documentation would further improve the service provided.

There were four residents living at this centre with a range of high support needs. One resident availed of part-time care and had left that morning. Two other residents were at their day service and the fourth resident was listening to music playing on the television in the sitting room. This resident did not attend a day service which was reported as in line with their family's preference. However, they participated in a range of home and community based activities which they were reported to enjoy. For example, there was a festival in the local town and as it was a nice day they took a trip to the town to see the festivities. Due to the location of the centre, this was a short walk only and meant that it was easy for the residents living at Radharc na Cé to visit the shops and restaurants in the local town.

Later that afternoon two residents returned home. These residents were different to each other as one liked to move around the house while expressing their thoughts and feelings loudly. The other resident had was a quiet person, who did not communicate verbally and was reported as sensitive to noise and sudden movements. On this inspection, the inspector noted a significant improvement in the noise levels and atmosphere in the house. After greeting the staff, one resident went to their room which was large, bright and cheerfully decorated. Although they were observed moving around the centre while talking loudly at times, due to the space provided this did not seem to have as much impact on others living there.

The inspector observed interactions between the residents and the staff on duty during the course of the inspection. They were kind, calm and supportive. The staff team were familiar with the residents' individual communication styles and with their needs. If a resident requested support, this was attended to promptly. In addition, staff were heard speaking in both the Irish and English language depending on the residents' preference.

A walk around of the house found that it was a structurally sound building which was finished to a high standard. It was very spacious with large windows many of

which overlooked scenic coastal landscape. It was personally decorated with pictures, cards, lamps and comfortable furnishings. Where required, notice boards with information for residents and to guide staff was displayed. However, they did not impact on the homely atmosphere. The kitchen was well-equipped with a plentiful supply of nutritious food. Potted herbs and plants were on the windowsill with individual names displayed. A smart speaker for playing music was nearby. While not all residents used the dining room for oral eating and drinking, there was sufficient space there for its use if required. It was a cheerful room and there was a pleasant smell of home cooked food during the day. All residents had their own large bedroom with spacious en-suite facilities. Ceiling hoists were provided so that residents could be moved from their bedroom to their bathroom in a respectful way.

The inspection was facilitated by the staff nurse. This was due to the fact that the person in charge was on extended leave and while their role was covered by the director of nursing (DON), they were on leave that day. The disability manager visited the centre later in the evening.

The inspector met with three staff members during the day. All spoke about the improvements to the lives of the residents since the move to the new house. They told the inspector that there was more space which residents enjoyed and which reduced safeguarding concerns. They spoke proudly about the bedroom facilities provided, the large storage areas for clothing and belongings and the fact that care and support tasks could be completed with dignity and in private. Some spoke about the location of the house and that although some residents had further to travel to meet with their families, that this was facilitated by staff on a regular basis and it was working out well. In addition, the location meant that three residents lived closer to their day service which meant that they had more time to prepare for their day and that they spent less time on the bus. One staff member spoke about the good weather the previous weekend and that some residents enjoyed sitting out in the back garden in the evening watching the festival activities that were taking place nearby.

The inspector was assured that the provider had taken appropriate action to improve the quality and safety of the service provided to the residents. It was clear that residents' lives were enhanced and their rights respected. As outlined, a review of the leadership arrangements in place and the oversight of documentation at the centre would further enhance the service provided. These matters were progressing and will be outlined further under regulation 23 below.

The next two sections of this report which will outline the findings of this inspection in relation to the governance and arrangements in place in the centre and how these impacted on the quality and safety of the service.

## **Capacity and capability**

The registered provider had management systems in place to ensure that the

service provided was safe and appropriate to residents' needs. However, strengthening of the leadership and management arrangements and updating of the documentation systems used would further enhance the quality of the service provided.

The inspector found that the service was provided in a suitable premises and in line with the statement of purpose. The staff team was adequately resourced which meant that residents had active lives both in their home and in their community. Where additional resources were required this was planned for and provided. The provider had audit systems in place which included an external audit which was completed after the move to the new centre. Actions identified were completed or in progress at the time of inspection.

However, the substantive person in charge was on leave since January 2024. While the role was covered by the director of nursing, this person had additional roles of responsibility with the employer and was person in charge for another centre. The sustainability of this arrangement required review. In addition, a review of the documentation systems found that improvements were required in order to reflect the move to the new centre. Furthermore, care and support plans required review to ensure that guidance for staff was up to date and accurate. While these matters did not prove a high risk to residents, a review of the arrangements in place would strengthen the quality and safety of the service provided.

The next section will outline the care and support that people receive and if it was of good quality and ensured people were safe.

## Regulation 23: Governance and management

The provider had a management structure in place and staff were aware of their role and who to report to. The service was provided in line with the statement of purpose for the centre. There was a significant improvement in the quality of the premises and the environmental resources available to ensure the effective delivery of care and support as follows;

- The premises provided was of high standard throughout. It was spacious and accessible. It promoted the provision of person-centred care and support in an inclusive environment which was suitable to resident's assessed needs and respected their rights.
- The staff team was adequately resourced which meant that residents had active lives both in their home and in their community. At times, a 1:1 staff ratio was in place which meant that a resident could complete an activity of their choice.
- Where additional resources were required, this was planned for. For example, the use of an additional vehicle was secured for the period when the day service was closed for holidays.
- Although the annual review and the six monthly provider-led audit was not

yet due, an external audit was completed on 9 July 2024. This was completed by the quality, risk and service user safety team who completed a review of the service and identified actions which were completed or in progress at the time of inspection.

The inspector found that what mattered most to residents living at this centre had been achieved through the move to the new premises, the quality of the care and support provided and the provision of sufficient resources. However, ongoing work was required as follows;

- The oversight arrangements at the centre required strengthening. The substantive person in charge was on leave since January 2024. While the role was covered by the director of nursing, this person had additional roles of responsibility with the employer and was person in charge for another centre. The sustainability of this arrangement required review.
- A review of the documentation systems at the centre found that improvements were required in order to reflect the move to the new centre. For example, details of the old centre remained on many of the documentary systems and protocols reviewed.
- Furthermore, care and support plans required review to ensure that guidance for staff was accurate. For example, a resident had a pain assessment tool introduced to support their care on 9 May 2024. However, a review of their overall pain support plan completed on 17 July 2024 did not include this tool.
- In addition, care and support plans required review to ensure that information provided was in date. For example, a communication plan referred to use of ear drops which were not used at the time of inspection as they were discontinued in 2020.

Judgment: Substantially compliant

## Quality and safety

The residents living at Radharc na Cé had active lives and good quality care was provided and their new home was suitable to their assessed needs. Improvements to their home meant that it was warm and welcoming and suitable for their assessed needs. However, a review of the governance and management arrangements in the centre would further improve the service provided.

The residents living at this centre had comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Access to medical and multi-disciplinary supports was provided and the staff team worked proactively with residents' families to ensure joined up care was delivered.

Residents who required positive behaviour support has access to a behaviour support specialist. An integrated approach was used which involved members of the multi-disciplinary team and plans used were subject to regular review. Restrictive practices were used in this centre, however, they were the least restrictive option for the shortest duration.

A rights' based approach to care was evident in this centre. Residents were consulted with about the running of the centre and their wishes were respected. The inspector found that the residents living at Radharc na Cé enjoyed the security of a permanent home while some also spent regular time with their families. They were supported to live as independently as possible and there were no plans for residents to leave the service.

There were no open safeguarding concerns at the centre at the time of inspection. While safeguarding risks remained, the environment provided mitigated against these risks. In addition, staff training was provided and those spoken with knew what to do if required.

Residents living at this centre had a range of personal possessions and items of significance. The inspector found that where appropriate resident's had full access to these items and space to store them in their bedrooms if they wished to do so. In addition, residents had access to their personal finances in line with their wishes and their financial capacity assessments completed.

There was an up-to-date policy and procedure for risk management and a process for risk escalation. Where risks were identified, they were documented on a risk register, assessed, risk rated and control measures were put in place. Risk assessments were under regular review. Furthermore, the registered provider had fire protection arrangements in place, which included arrangements to detect, contain and extinguish fire. Evacuation pathways were clear and accessible throughout.

## Regulation 12: Personal possessions

Residents living at this centre had a range of personal possessions and items of significance.

- The inspector found that where appropriate resident's had full access to these items and they retained control of them. These included personal items that they liked to keep in their bedrooms.
- Residents had sufficient space in their bedrooms to store their clothing and it was evident that they made choices about what they liked to wear. Access to laundry facilities were provided.
- In addition, residents had access to their personal finances with the support of the staff or their families as appropriate. The provider had a financial management policy in place and individual financial capability assessments

were completed in March 2024.

Judgment: Compliant

### Regulation 17: Premises

As outlined, the residents living at Radharc na Cé moved to a new house in June 2024 and the inspector found a significant improvement in the day-to-day lived experiences of the residents. For example,

- Most residents living at this centre used wheelchairs to mobilise. The house was renovated in a way that ensured it was accessible throughout.
- The premises was bright, spacious and welcoming with adequate private and communal space for residents to enjoy.
- The premises was homely and welcoming and residents' rooms were decorated in line with their preferences.
- A large outdoor space was provided around the property which had level access. The provider was aware of the actions required to improve this area. They had purchased paint for the exterior of the house and had plans in place to repair the fence and remove some old furniture which was removed during the renovation.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The inspector found that the residents that recently moved to Radharc na Cé enjoyed the security of a permanent home while also spending regular time with their families if appropriate. They were supported to live as independently as possible and there were no plans for residents to leave the service.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had good systems and process for risk management at this centre. This included an up-to-date policy and procedure for risk management and a process for risk escalation. In addition,

- The service had a risk register containing risks identified which was reviewed

regularly.

- Individual residents had risk assessments and management plans to guide staff in mitigating against risks identified.
- Risk management policies were up-to-date and staff spoken with were aware of what actions to take if required.

The inspector identified some gaps in the completion of documentation, such as individual risk assessments. However, these documents were in the process of update since the move to the new house and are addressed under regulation 23.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire protection arrangements in place, which included arrangements to detect, contain and extinguish fire which included,

- The premises was accessible throughout and with level access evacuation pathways.
- All staff had completed fire training. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis using both daytime and night-time scenarios.
- All residents had personal emergency evacuation plans and the equipment required to facilitate a safe evacuation was available for use if required.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate healthcare in line with their personal plans and assessed needs. For example,

- Residents attended a general practitioner (GP) preferred by the resident or their representatives. As outlined, residents had recently moved to their new house however, they were not required to change GP services and they continued to attend their original GP with the support of the staff team.
- Access to multi-disciplinary supports was provided. Residents had the support of occupational therapy, speech and language therapy and physiotherapy. The inspector found evidence of recommendations made by the speech and language therapist actioned in the centre. For example, the use of notice boards with photographs of staff on duty and another with the plan for the day. In addition, objects of reference were used in line with advice given. A resident had a small plastic horse in their room which was used when they

were going horse-riding activity.

- Access to consultant-led care was provided if required. For example, visits to a neurology and consultant in mental health were facilitated as required. In addition, a resident that required a follow up appointment with their consultant psychiatrist had this completed.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required positive behaviour support had access to behaviour support specialists and behaviour support plans were in place.

- In general, the inspector found improvements in the oversight of positive behaviour support arrangements in the centre with an integrated approach in place. For example, a plan was put in place to support a resident with the transition to their new home. This included a meeting with multi-disciplinary team members on 29 April 2024. The move was reported to work well and a review meeting was scheduled by the person in charge.
- While responsive behaviours continued to occur, staff spoken with said that they had reduced in frequency and intensity since moving. The resident was reported to enjoy the space provided and appeared more relaxed. For example, they were recently observed using the sitting room to watch television which they said was positive but unusual.
- Strategies recommended by the speech and language to support the resident's understanding of upcoming events were in use in the centre. For example, the staff had erected a notice board with pictures of the resident's home and their day service. This was designed to help the resident on days that the day service was closed.
- Restrictive practices were in use in this centre, however, they were the least restrictive type and used for the shortest duration possible. Others were therapeutic interventions, such as wheelchair safety belts which were prescribed by the occupational therapist and under review if required.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that the provider had taken action to address the safeguarding concerns found previously and the move to the new premises helped in controlling safeguarding risks. For example,

- Residents had their own bedrooms and ensuite shower rooms. This meant

that that they no longer shared these spaces with other residents.

- Residents had more a choice of places in which to spend their time which meant that they had space to spend time alone or together.
- The safeguarding policy was up to date and staff training was provided. Pictures of the designated officers were displayed in the centre and staff spoken with were aware of how to raise a concern.

While the inspector identified some gaps in the completion of documentation, such as support plans and intimate care plans, matters relating to the quality of documentation systems are addressed under regulation 23.

Judgment: Compliant

### Regulation 9: Residents' rights

A human rights based approach to care was evident at this centre with significant improvements in the protection and promotion of rights since the move to the new centre. For example,

- Residents had their own bedrooms which were bright and spacious. Ceiling hoists were provided so that moving and handling tasks could be completed safely and with privacy and dignity.
- Residents had sufficient storage space which meant that items particular to their healthcare and intimate care needs were not on display, but stored discreetly.
- Residents had en-suite shower rooms which were well presented with plenty of space. Staff told the inspector that one resident could sit up while showering now which they were reported to prefer.
- Regular residents meetings were held. While input from residents at these meetings varied, other means of consultation on the running of the centre was used. This included the use of visual information and objects of reference.
- Resident had access to the support of an independent advocate if required. Referrals were made previously and residents were on the waiting list.
- Staff were provided with human rights training and their training was up to date.

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 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Radharc Na Cé OSV-0002506

Inspection ID: MON-0042515

Date of inspection: 01/08/2024

## 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> <ul style="list-style-type: none"> <li>• The Person in Charge has returned from long term sick leave, a full hand over has been completed by the Assistant Director of nursing who was Person in charge in her absence. Date completed 09/09/2024</li> <li>• The Person in Charge will continue to be supported by the Assistant Director of Nursing and Director of Nursing to strengthen the oversight arrangements with in the centre. Date Completed 09/09/2024</li> <li>• Clinical Placement Co-Ordinator will provide an information session on Assessment of needs template with all staff nurses. Date of completion 30/10/2024</li> <li>• The Person in Charge in liaison with the Nurse Practice Development team have commenced and audit of all care and support plans. Date for completion 15/10/2024</li> <li>• Named nurses have commenced a review of all documentation to ensure that the information contained in the care and support plans are ups to date and accurate to provide guidance for staff, with emphases on pain assessment tools and communication plans. Date of completion 15/10/2024</li> <li>• The person in charge along with the ADON will continue to audit documentation on an ongoing basis. Date completed 18/09/2024</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/10/2024