



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

Issued by the Chief Inspector

Name of designated centre:	Dunkellin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	15 February 2023
Centre ID:	OSV-0005037
Fieldwork ID:	MON-0033098

About the designated centre

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

Dunkellin Services can provide a home-based residential service to seven adults with intellectual disabilities, who may present with complex needs such as physical, medical, mental health, autism, mobility, communication and or sensory needs. The service can be provided to people from the age of 18 years to end-of-life. The centre comprises of two detached houses with gardens in a rural area. Residents at Dunkellin Services are supported by a staff team that includes, nurses and social care staff. Staff are based in the centre at all times, and are on waking duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Wednesday 15 February 2023	10:15hrs to 17:45hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations. Overall the centre provided a very good standard of care and support to the residents and the lived experience of the residents was very good.

The centre consisted of two houses, the inspector went to visit the house with the most residents first. On arrival at the first house two residents were relaxing in the front sitting room and were beautifully attired. One resident was wearing a new stylish sweater they had recently chosen on a shopping trip with staff. The inspector noted these two residents had recently had their hair cut and styled and when the inspector mentioned this the staff explained that they went to have their hair done regularly in the local salon. A third resident had returned to bed on the morning of the inspection as they had a medical procedure and received medicine for this purpose and were tired as a result. The fourth resident had already left for their day service and the inspector was unable to meet them for this reason.

The house was very homely and personalised with the residents' belongings. The residents bedrooms were very individualised with different bed linen and curtains of choice. One resident had a lovely floral quilt cover, matching curtains and cushions in their favourite colour. There was a lovely new comfort chair in the residents bedroom also with the same cushion covers which the resident enjoyed sitting and relaxing in. This resident was immensely proud of their bedroom and enjoyed keeping it tidy. The residents had personal family photographs around the house and one resident who had their own self contained apartment within the house had beautiful wall art, ornaments and a salt lamp in their space.

The residents in this centre lived very busy sociable lives. They engaged in lots of classes including writing, music and cookery classes and had weekly massage therapy. Two residents enjoyed an overnight trip to a hotel and visited different sights and had meals out. The resident also met up regularly with friends and did group activities such as a healthy living programme for six weeks and at Christmas time they enjoyed a Christmas night out with the group. The residents were also very active in their local community and did education classes in conjunction with the local education training board.

The inspector visited the second house in the afternoon and met with the resident who lived there. The inspector spent some time with the resident and ascertained that they were happy and content in the centre and staff were good to them. The residents' demeanour was very relaxed in the presence of staff and the atmosphere was very positive. This house was dated although the provider had repaired the defective surfaces found on the last inspection. The provider informed the inspector that there were plans to fully renovate this house to a modern standard however it would incumbent upon the resident moving out to accommodate such works. The senior management team were in discussions regarding these plans.

The residents in this centre enjoyed fulfilling lives and the care provided was very person centred. The residents rights were maintained and they were happy and well supported. The staff were noted to be kind and respectful toward the residents and there was a lovely atmosphere in the centre.

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

Capacity and capability

There were effective leadership and management arrangements in place to govern this centre and to ensure that the residents were happy and well cared for and had a good quality of life. The residents were encouraged to engage in meaningful activities and were supported to contribute to the running of the centre.

This centre had a clearly defined management structure with a suitably qualified and experienced person in charge who was frequently present in the centre and who knew the residents and their support needs.

The provider had ensured that there were sufficient staff, including nurses and support workers, available to support residents, and that staff were effective in these roles. Supervision was provided to staff from their line manager to support their work practice. Staff had received training relevant to their work, such as training in manual handling, fire safety, managing behaviour that is challenging and safeguarding. Staff also received refresher training and specialist training in line with the needs of the residents.

The provider had ensured that there were management systems in place in the centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The person in charge and provider carried out audits to review the quality and safety of the service. Unannounced audits were being completed twice each year on behalf of the provider. Any areas for improvement identified during audits were either addressed or in progress such as recruitment of staff. Furthermore, annual reviews of the quality and safety of care and support of residents were being carried out. This annual review took account of the views and opinions of both the residents and family members through a questionnaire and ongoing consultation throughout the year.

The person in charge was aware of the requirement to make notifications of adverse events, including quarterly notifications, to the chief inspector, and these had been submitted in the required time frame.

There were no open complaints at the time of inspection although there was a record of previous complaints which had been resolved locally to the satisfaction of

the resident. The easy read complaints process was discussed with residents at weekly house meetings.

Regulation 14: Persons in charge

The provider had appointed a person in charge of the centre who was full-time and had the required qualifications, skills and experience necessary to manage the designated centre. The inspector was satisfied that the person in charge had effective governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned rota in place and the inspector reviewed the staffing numbers over the last six weeks. The staff numbers and skill mix were in line with the assessed needs of the residents and the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The training record was reviewed as part of this inspection and the inspector found that there were no gaps in training and all staff had completed their mandatory training in fire precautions, risk management and safeguarding of vulnerable adults. Staff were able to outline to the inspector the processes and systems in place to record and report issues as they arose.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place in the centre to ensure a safe service was provided and which met the individual needs of each resident. An annual review of the centre was completed in February 2023 for the year 2022 and the centre also had two unannounced visits in 2022. Questionnaires were sent to residents and their family members. The feedback from residents was 'I feel safe' 'I feel happy' and family members said they felt 'their needs were well catered for and family members

feel the resident has their own space and access to an electronic tablet for listening to music which they enjoy'. Areas for improvement on the action plan were, 'to support resident to re-establish friendships with old school friends'. Also to roll out a new 'Flex' system to monitor quality and governance oversight arrangements in the centres quarterly as part of a quality improvement process. A new infection prevention and control (IPC) folder and updated IPC policy was also rolled out.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed accidents and incidents on the day of inspection and found that they were all submitted in line with guidance and there was evidence of debrief, review and learning from adverse incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. There was a complaints policy in place which was in an easily understood format for the residents. Residents were able to tell the inspector who they would speak to if they had an issue with anything or wanted to make a complaint.

Judgment: Compliant

Quality and safety

Overall, the centre was suitably decorated, comfortably furnished and met the aims and objectives of the service. The residents enjoyed meaningful activities in their day and the quality of care and support provided to them was to a good standard.

The residents in this centre were facilitated to make choices and were actively engaged in classes and enjoyable activities. Overall their welfare was maintained to a good standard and they were happy in the centre.

The two houses within the centre were comfortable although the second house required a full upgrade; plans were in place for this. The first house was maintained to a high standard and was personalised with residents belongings. Any items from the previous inspection had been addressed however the second house required a

plan to be formalised for the upgrade work.

The residents were supported in this centre with a good risk management system. All identified risks were assessed and control measures were put in place to minimise the risk to the residents. For example with safety awareness the residents were supported with education around this. There was an up to date risk management policy which had been reviewed in the required time frame.

The centre had good practices in relation infection prevention and control and a clear policy was available to guide staff. Residents were aware of the practices required such as hand washing and social distancing. There was a good cleaning regime in place and good laundry management systems ensured residents clothing was washed separately at the correct temperature. There were full, clean hand sanitising units to clean hands and adequate personal protective equipment available. In each bathroom there were paper towels available to dry hands and the bathrooms were clean and hygienic.

The centre had a good fire management system in place. The fire doors throughout the two houses had magnetic closer on them and were functioning correctly. The fire extinguishers, emergency lighting and alarm panel had been serviced in the last year. The staff were trained in fire precautions and there was a policy available. Fire drills had been carried out in the centre both day and night time simulated which outlined that residents could all be evacuated in a safe time period.

This centre was nurse led and as such there were good medicines management practices in place. The medications were stored in a locked cabinet in a locked office. The medication was clearly labelled and the cabinet was very organised. The medication administration record sheet had a photograph of the resident and their personal details including any known allergies and their doctors details. Regular medication audits were completed which indicated that there were minimal errors.

This centre practiced person centred care and the residents personal plans reflected this. There was an assessment of need in place for each resident which was reviewed annually as part of the personal planning process. Multi disciplinary professionals form part of this process and supports are put in place to ensure the residents needs are met.

There was evidence of staff having supported residents with healthcare appointments and of implementation of recommendations from healthcare professionals. There was regular medication reviews completed by the psychiatrist and the staff were very diligent in monitoring of residents presentation and maintaining a record in the daily notes.

The inspector reviewed behaviour support plans for residents however while they provided guidance for staff they were out of date and had not been reviewed in the required time frame. There was a behaviour management policy in place which was in date and reviewed every two years.

The provider ensured that all staff were trained in positive behaviour support and had support from a behaviour specialist in the form of a behaviour support plan. The

behaviour specialist carried out the assessment work and as part of the support plan provided the staff with recommendations to follow consistently.

The provider had ensured there was a policy in place regarding the safeguarding and protection of vulnerable adults and that all staff adhered to the guidance in it in terms of monitoring, recording and reporting of safeguarding issues.

The residents were listened to in this centre and their choice respected. They were involved in the running of the centre and made decisions about where they went and what activities they engaged in.

Regulation 13: General welfare and development

The residents general welfare and development was supported to a good standard in this centre. Some residents attended a day service facilitated by the provider while other residents engaged in an integrated day service and enjoyed classes and activities in the local community. Overall the residents had plenty of meaningful activities in their day, had access to employment if they wished and enjoyed a good quality of life in the centre.

Judgment: Compliant

Regulation 17: Premises

The premises of this centre were clean and warm. One of the two houses was dated but there was a plan to renovate it to better meet the needs of resident. The centre had been somewhat improved by repairing defective surfaces and painting but this was a temporary measure and it did require a full renovation. The other house in the centre was laid out to meet the needs of the residents who lived there and it was very homely and personalised with photographs and personal items. There was suitable equipment and aids to meet the resident needs and these were maintained in good order.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk management system in place for identifying, assessing and responding to risk. The risk assessments reviewed by the inspector indicated that the risk control measures were proportional to the risk identified, and that the centre practiced positive risk taking and the residents quality of life was enhanced

by this. There was a review system in place following any adverse event whereby the incident was reviewed with the team and multi disciplinary professionals for learning.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were all trained in infection prevention and control, hand hygiene and cough etiquette. There was a policy in place which was reviewed regularly and had been updated in line with guidance from public health. The person in charge had ensured that there was easy read guidance for residents around hand washing, mask wearing and social distancing. There was an outbreak management plan in place which gave clear guidance of staffing arrangements and cleaning processes in the event of an outbreak. Staff were noted to wear masks, sanitise hands and also support residents with personal care while wearing appropriate personal protective equipment. There was a cleaning checklist in place which was completed and signed off by staff and the inspector noted that all areas were cleaned as per checklist. There was adequate hand sanitising solution, masks and paper towels available.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there was a fire management policy in place and that all staff were trained in the precautions. The fire equipment had been serviced in the required time frame and there were fire doors throughout the centre which had magnetic closing arms which would release in the event of a fire. There were personal egress plans in place for each resident and fire drills carried out regularly. The personal egress plans indicated learning from fire drills as they were updated after each fire drill with any new information.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there was good practices in relation to the administration of medication. There were strong systems in place for ordering, receipt and storage of medicines. Medicines which were no longer in use were

disposed of appropriately through the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured there was an assessment of need for each resident which met their social care, health and personal needs. There was a personal plan developed from the assessment which outlined the supports required for the resident to maximise their personal development. The supports included a communication passport, a medication management plan and mental health supports and a falls support plan.

Judgment: Compliant

Regulation 6: Health care

Staff provided good healthcare support in this centre. They facilitated appointments with the residents general practitioner and mental health and occupational health professionals. They kept accurate notes of these appointments and ensured all recommendations were followed and support plans put in place. There were annual health care reviews completed in line with the personal planning process.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed one residents behaviour support plan and found while it was a detailed plan completed by a psychologist it was out of date several years and had not been re evaluated for its effectiveness. This behaviour support plan was in place for some years and the residents presentation had changed over time and there was no evidence of review and update to meet their changing needs.

Judgment: Not compliant

Regulation 8: Protection

There were no active safeguarding plans in place in the centre although there were

safeguarding guidelines in place for one resident to protect both the resident and staff members. There was a safeguarding policy in place which was in date and all the staff had been trained in the safeguarding of vulnerable adults. The staff were able to clearly outline how to ensure residents were safeguarded in their home and how to report if they had a concern.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in this centre and residents were encouraged to make choices and maintain relationships with family and friends. There were regular house meetings where residents could bring forward suggestions for activities they would like to engage in and places they would like to go. They were also consulted with decisions regarding their health and well being and had advocacy services if required. The house meetings were also used for education purposes around self care and protection and how to make a complaint if the residents wished to do so.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunkellin Services OSV-0005037

Inspection ID: MON-0033098

Date of inspection: 15/02/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to come into Compliance with Regulation 17 the Person in Charge notes that one of the houses in The Designated Centre is dated and plans to renovate all of the house and also replace the roof on it in June 2023 in order for the house to be suitable to meet the needs of any Residents whom will move in the future.</p> <p>Currently we will continue to use this house to support one Resident to reside here safely, whilst planned works done are done in another Designated Centre to meet this Resident future accommodation needs. Once these works are complete in June 2023 the Resident will transition from Dunkellin Services to this new Designated Centre.</p> <p>Whilst this house is in use by the current Resident, The Person In Charge will ensure it will be keep neat clean and tidy to meet Infection Prevention and Control Standards. The Person in Charge will also ensure any immediate items needing repair will be fixed, and that we will maintain the grounds and the gardens.</p> <p>In the longer term when its unoccupied by any Resident a suite of renovations works will be undertaken as outlined above.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: In Order to come into Compliance with Regulation 7 The Psychologist Team Leader and</p>	

Person In Charge have meet to update The Residents Behaviour Support Plan. The psychologist is in the process of writing up the revised plan.

In addition for all Residents a review of information contained in the Personal Profile will also be undertaken by each keyworker to ensure it's up to date.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2023
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Yellow	30/04/2023