

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

Issued by the Chief Inspector

Name of designated centre:	Dunroamin
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	13 May 2024
Centre ID:	OSV-0008117
Fieldwork ID:	MON-0034696

About the designated centre

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

Dunroamin provides 24 hour residential care to meet the care needs of 4 adult residents with moderate to severe intellectual disability who require support with their social, medical and mental health needs. The centre consists of a large bungalow in a rural setting. All residents have their own bedrooms, while 2 residents also have en-suite facilities, with level access shower facilities available. A living room is available for entertainment, relaxation and socialising. Dunroamin has a sun room for private visits and activities whilst enjoying the good weather. There is a kitchen/dining area where residents can prepare and enjoy meals and snacks, the houses has laundry facilities. Office space is located in the centre. Residents can also enjoy the garden and outdoor sitting area. The residents of the Centre are supported by a defined compliment of nursing and care staff under the supervision and support of the clinical nurse manager grade 2 (CNM2) /person in charge and CNM1. A 24 hour on-call nursing service is also provided. The staff team assist the residents to live and integrate as fully as possible into their local communities.

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
Monday 13 May 2024	09:30hrs to 17:10hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Based on the observations of the inspector, and discussions with residents and staff and reviewing documentation pre inspection and on inspection, the inspector found, that, Dunromain was a nice place to live. There was an active homely welcoming atmosphere in the centre when the inspector arrived. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities.

This inspection was an announced inspection, undertaken to assess the suitability of this centre for renewal of registration. In preparation for the inspection the inspector contacted the person in charge in advance, to discuss preparing for the inspection and the arrangements that would best facilitate the residents to ensure that the daily routine of residents was not affected by the inspection. The inspector reviewed all information that the Health Information and Quality Authority (HIQA) had regarding this centre. This included previous inspection reports, notifications about certain events that had occurred in the centre that the provider and person charge have to submit as part of the regulatory process. The provider had reviewed the statement of purpose and submitted this and all other information required to renew the registration of this service.

The inspector held an introductory meeting with the person in charge shortly after arriving in the centre to discuss the format of the inspection and to give the person in charge an opportunity to update the inspector regarding any specific issues for consideration regarding meeting with residents and the schedule for the day. The inspector also gave the person in charge an opportunity to clarify any questions they had regarding the inspection. Following this meeting the inspector walked around the premises with the person in charge and introduced herself to all residents and explained the role of HIQA. Residents told the inspector that they were well looked after and staff were kind and helpful to them. The inspector observed residents having their breakfast at the dining room table. Staff were chatting with residents about the Zumba dance class they were planning on attending that morning and about other activities planned, including going to a music concert, and visiting friends and families. Residents were observed to be engaging well with fellow residents also.

There were four residents living in the centre at the time of this inspection, two chose to speak with the inspector. Residents were complimentary of the service provided to them. One resident told the inspector that "they loved living in this centre" and stated "it was a nice house". The other resident stated "staff bring me to meet my friends". Residents had good access for social engagement in the community by attending various activities outside the centre, for example the cinema, music concerts, visiting friends, shopping, day trips and swimming. This meant that residents maintained relationships with their friends and had healthy exercise options and got to partake in specific activities that were of interest to them which enhanced their enjoyment of life. Two of the residents were excited that they

were going to a hotel to a live music show the following night. Staff displayed a very good knowledge of the needs and preferences of the residents. A person centred rights based approach was evident in the centre where the voice of the residents was clearly listened to. Residents' rights to privacy, dignity and autonomy were protected and promoted by staff who were caring and attentive. Staff were observed to be respectful of residents' choices and wishes as they assisted them, for example checking if they wished to go swimming, or stay in their home and relax and chatting with them to check if they wished to alter their daily schedule and discussing their food choices. There was sufficient resources for residents to engage in individual and group activities and an accessible vehicle was exclusively available in the centre to support residents with community engagement.

Residents were supported to complete questionnaires sent to them by the office of the Chief Inspector in advance of this announced inspection titled "Tell us what it is like to live in your home". These were completed on behalf of the residents by staff or family members. From a review of these the inspector found that there were positive responses to all questions asked. Question themes included 'activities, staff support, the people you live with, and having your say. Residents responses included "its nice to live here, I love this house, its nice and clean, I am happy living here, the food is good , staff are kind and helpful and I am happy with the people I live with".

In summary, from what residents told the inspector and what the inspector observed, coupled with reviewing documentation, the inspector was assured that residents' rights were upheld, their voice was listened to and they enjoyed a good quality of life and were supported to stay in regular contact with their family and friends and had access to meaningful activities. They were supported by a staff team who listened to them and included them in decision making about their care and support.

The next two sections of the report outline 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 care and support provided to the residents.

Capacity and capability

Overall the inspector found that the provider had good governance and management systems in place which assisted in the delivery of a safe quality service to residents. These systems included recording incidents, accidents and complaints on a database by the person in charge which alerted the provider. This oversight was important to make sure that the provider was aware of the incidents in a timely manner and could see how these were managed and to identify trends and learn from events. While audits were being completed by the person in charge to monitor the service provided, the quality improvement plans post these audits were not

robust and required further input to ensure the deficits identified were addressed in a timely manner and a re-audit occurred to assess for sustainable improvement.

The provider's arrangements for monitoring the centre included six monthly unannounced visits. These were completed by a senior staff member independent of the centre. The previous two six monthly reports were reviewed by the inspector, the latest was dated 20/12/2023. An annual review for 2023 was completed, however there was no evidence of consultation with residents or staff. A quality improvement plan had been completed post this review but it was difficult to track completion of these actions as while timelines were in place, where timelines had expired there was no narrative to support what actions had been taken. The centre was managed by an appropriately qualified person in charge who had responsibility for the governance and oversight of this centre and two other local designated centres. The person in charge was supported by a clinical nurse manager Grade 1(CNM1) in the management duties of this centre. Regional person in charge meetings were held every two months. These meetings had a briefing and education focus and provided updates on any changes that they required to be aware of. Minutes were available of these meetings. The person in charge told the inspector that the provider representative whom they reported to, was freely available and provided support and supervision to them. An on call out of hour's roster was in place to provide support and advice to staff out of hours. Details of this were displayed in the centre and staff spoken with were aware of this procedure. The person in charge and staff confirmed this service was accessible and worked well.

Post the last inspection of this centre in March 2022, the provider was requested to review staffing arrangements as nursing staff were covering health care assistant hours and staffing levels were not in accordance with the centre's statement of purpose. However, the inspector found on this inspection that this issue had been addressed and there were adequate staff with the required skills and competencies to ensure the delivery of a person-centred, safe service to residents. Staff were visibly present in communal areas and had time to chat and engage in a relaxed manner with residents. There were four staff on duty during the day and two waking staff at night time. A registered nurse was on duty at all times. A staff training matrix was maintained which included details of when all staff had attended training and those that required training and time lines thereto. Staff had access to training and refresher training in line with mandatory training requirements and the organisation's policy and residents' assessed needs for example training on prevention and management of urinary tract infection, assistive decision making, personal development planning and medication management.

Staff received formal supervision and the person in charge described how she adapts an open door policy and staff can meet with her to discuss any issues in between these sessions for informal support and advice. Staff confirmed that the person in charge was freely available to them. Staff meetings were held on a regular basis and minutes were available. This ensured that staff that were unable to attend were aware of issues discussed.

A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. Overall the findings of this inspection

supported that this was a well-managed and well-run centre. Residents reported that were happy living in the centre and staff cared for them well. The inspector observed that residents were supported by a staff who were familiar with their care and support needs. The statement of purpose was reviewed. This contained all of the information as detailed in the regulations and gave a detailed outline of the service, facilities and care needs to be supported.

Registration Regulation 5: Application for registration or renewal of registration

All of the required documentation to support the application to renew the registration of this designated centre has been submitted

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary for the duties of the post.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff on duty to meet the needs of the residents. The inspector viewed the staff roster over a three week period and found that that the number and skill-mix of staff was appropriate for the needs of the residents. This action had been addressed since the last inspection.

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. All mandatory training was up to date. Staff were in receipt of formal supervision and the person in charge described how they adapt an open door policy and staff can meet with them to discuss any issues in between these sessions for informal support and advice.

Judgment: Compliant

Regulation 22: Insurance

A valid contract of insurance was in place against injury to residents The provider had a valid contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

An annual review for 2023 was completed, however there was no evidence of consultation with residents or staff. A quality improvement plan had been completed post this review but it was difficult to track completion of identified actions as while time lines were in place, where timelines had expired there was no narrative to support what actions had been taken.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

A written agreement between the resident and the provider was in place which outlined the terms of residency for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was in line with the requirements of Schedule 1 of the regulations. This gave a detailed outline of the service, facilities and care needs to be supported.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspector found that all of the required notifications had been forwarded to the Chief Inspector, as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was no complaints in process at the time of this inspection. A complaints policy was in place.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures was prepared in writing and available in the centre.

Judgment: Compliant

Quality and safety

Overall the inspector was assured that residents living in the centre enjoyed a good quality of life. However the frequency of residents meetings required review as while the person in charge told the inspector that there were occurring at fortnightly intervals, the minutes of these did not support this. For example; three meetings had been held in March, one in April and one in May.

Residents' health and well-being was promoted and residents had access to general practitioner services, and specialist health and social care professionals to include psychology, speech and language therapy and behaviour therapy. Healthcare needs were assessed and plans of care were developed to guide the management of these needs. Residents received person-centred care that supported them to be involved in activities that they enjoyed. Residents had comprehensive assessments of their health, personal and social care needs. These were reviewed annually during which residents' goals were identified for the coming year. The personal planning process ensured that supports were put in place to ensure that these goals were achieved. Staff had completed training in managing behaviours of concern and human rights.

This meant that staff had the knowledge and skills to support residents in a person-centred way while respecting their dignity, respect and autonomy. As a consequence of this, the provider and person in charge had ensured that positive behavioural support plans were enacted to support residents with behaviours of concern. From a review of a sample of these, the inspector found they were detailed and clearly outlined proactive and reactive strategies that were person-centred to support each resident. For example; a past history was included, antecedent behaviour charts were in place and interventions which had been agreed with the resident, behaviour therapy specialist and mental health services was detailed. The person in charge and staff spoken with told the inspector that the frequency of behavioural issues had reduced significantly since the centre was opened in 2023. All restrictive practices with the exception of one had been sanctioned by the human rights committee. The one not sanctioned had commenced on the 3 May 2024 and had been referred to the human rights committee. This related to as required medication which had had been prescribed by medical personnel. Restrictive practices related to safety measures particularly while residents were being transported. Residents who were eligible for national screening programmes were supported and encouraged to access these.

The premises were laid out to meet the needs of the residents and provided a comfortable home to residents. The building was decorated to a good standard and was homely, clean and pleasant. Rooms had good light and residents had access to a variety of communal rooms to include a conservatory, sitting room and a kitchen-cum dining room. Comfortable chairs were available in the sitting room. Residents had access to a rear garden which was accessible from the back door. Each resident had their own personalised bedroom, two of which had en-suite facilities and the other two bedrooms had a shared bathroom. This assisted to maintain the privacy and dignity of residents as they required to use the communal corridor for short distances. The centre was future proofed to assist the changing needs of residents. All bedrooms had a tracking hoist. The house was accessible with level entry front and back doors. Shower and bath rooms were accessible and the corridors were sufficiently wide to accommodate mobility assistive devices. There were handrails along the corridors, to maintain residents' safety.

The centre had a risk management policy and a risk register which contained actions and measures to control specified risks. This included site specific risks such as risks associated with individual residents and centre specific risks, for example; risk associated with fire safety and infection prevention and control.

There was evidence of an on-going schedule for fire safety training and all staff had completed fire safety training. Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There was evidence that fire drills took place. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. All fire safety equipment service records were up to date. Each resident had a personal emergency evacuation plan (PEEP) in place. Staff spoken with were familiar with the centres evacuation procedure.

Regulation 17: Premises

The premises were of sound construction, in a good state of repair and met with the aims and objectives of the service. The centre provided a pleasant environment for residents to live in and was warm, well furnished and personalised with appropriate furniture and fittings.

Judgment: Compliant

Regulation 20: Information for residents

A guide outlining a summary of the service provided and the facilities, the terms and conditions relating to residency and arrangements for resident involvement in the running of the centre together with the arrangements relating to visitors and complaints was available in an easy- to-read version.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were in place to identify and mitigate risks to residents. 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.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. There were two exits, one to the back of the house and one to the front of the house. Fire extinguishes were serviced annually. All staff had training in fire safety. Personal emergency evacuation plans were in place and staff spoken with confirmed that they were confident they would be able to safely evacuate at any time if required. Records of fire drills including night time drills were available for review.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which reflected these needs and was reviewed annually. These plans assisted staff in the delivery of safe quality person centred care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to health care professionals according to their needs and were supported to attend appointments by staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices that were in place related to safety and security measures for the residents. staff stated and documentation supported that residents had good access to specialist behaviour support services. A policy on positive behaviour support was available.

Judgment: Compliant

Regulation 9: Residents' rights

The 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. an advocacy service was available to residents and details of this service were on display in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunroamin OSV-0008117

Inspection ID: MON-0034696

Date of inspection: 13/05/2024

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"> • The Registered Provider has now a process in place to ensure consultation is carried out with family representatives, residents and staff on the day of Annual Review. (Completed 28/6/2024) • The Person in charge includes all actions from the annual review onto the centres QIP, which includes the narrative, progress and completion dates. (Completed 28/6/2024) 	

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 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	28/06/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	28/06/2024