



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

Issued by the Chief Inspector

Name of designated centre:	Fininside
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	02 July 2024
Centre ID:	OSV-0008153
Fieldwork ID:	MON-0035302

About the designated centre

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

Finnside designated centre is located within a small campus setting which contains six other designated centres operated by the provider. Finnside can provide full-time residential care and support for up to four residents, both male and female. Finnside consists of two sitting rooms, one of which has patio doors with access to the garden, a dining-room, a visitor's room, kitchen, a multi sensory room, Jacuzzi bathroom, three shower rooms and four single bedrooms. A laundry room is available where each resident if they choose can participate in their laundry. The centre is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and coffee shops. There is also transport available for residents to access community outings. Residents are supported by a staff team of nurses and healthcare assistants who provide 24 hour support, with two waking night staff in place each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 2 July 2024	10:00hrs to 16:25hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Health Information and Quality Authority (HIQA) during the registration cycle of a designated centre. Overall, the inspector found that the provider had ensured that the service in this centre was of a good quality. This was achieved through strong governance and oversight arrangements and person-centred care.

The centre consisted of a large single-storey house that was located on a small campus. The campus was at the edge of a large town within a short drive of shops, cafés, hotels and other local amenities. The centre was registered to accommodate four residents. On the day of inspection, three residents were living in the centre. The person in charge reported that there were no plans for any other residents to move into the centre. Each resident had their own bedroom. The centre had three shower rooms with level access showers. There was also a bathroom with an accessible bathtub. This bathroom had a tracking hoist and was directly accessible from one of the resident's bedrooms. This bedroom also had a tracking hoist. The centre had a main sitting room and two smaller sitting rooms. There was a dining room and a kitchenette. There was a hatch between the kitchenette and dining room. The centre also had an activity room, two staff offices, and a number of store rooms. Outside, the residents had access to the grounds around the campus and a small garden to the back of the building. Raised planters had been recently added to the back garden.

The centre was clean, warm and bright. It was in a very good state of repair. Residents' bedrooms were decorated in different styles. They were personalised with the residents' photographs and belongings. A staff member reported that one resident had travelled to a furniture shop to choose the décor for their room. The wardrobes and lockers provided storage for the residents' clothes and personal items. The equipment that the residents needed for their activities of daily living were available, for example, shower chairs. The communal rooms were comfortable and nicely decorated. The person in charge reported that the flooring in the hallways, sitting room and dining room had been replaced in recent weeks. There was plenty of room for residents to spend time together or in different parts of the house, as they wished. Sitting rooms had comfortable furniture that was clean and free from any damage. One room had been redecorated with blackout blinds and fairy lights to provide a space for residents to relax. The sitting rooms had televisions. The inspector noted that the residents chose the videos that were played on the televisions.

There was a very pleasant atmosphere in the centre. Staff were heard chatting comfortably with residents. They were heard singing and laughing together with residents. The inspector noted that staff offered the residents choices throughout the day. They were knowledgeable of the residents' individual communication strategies. Two members of staff demonstrated how they had supported one

resident's communication through the use of objects. Staff offered choices to residents in relation to their clothing, meals and activities. Staff and residents had their tea break together. The inspector also observed staff completing cleaning and household tasks at different points throughout the day.

The inspector met with all three residents individually throughout the inspection. Residents communicated with the inspector in different ways and were supported by staff during these conversations. Residents said that they were happy in their home. They said that they liked their house. They said that the staff were nice. Residents also spoke about their interests and activities. One resident spoke about their family. Another spoke about how they had enjoyed a recent car rally that had been in the area. Staff said that they were now planning to bring the resident to next year's rally. Residents in this centre liked animals. One resident spoke about how their family member and a staff member brought their dogs to the centre. Another spoke about feeding horses. The person in charge said that a local farmer facilitated a resident to pet horses and feed them.

As part of an announced inspection, HIQA issue questionnaires in advance of the inspection. The questionnaires asked the residents if they were happy in their home and with the service they received there. The inspector reviewed the three questionnaires that had been returned. All residents received support from a member of staff to complete the questionnaires. The responses indicated that residents were happy in their home and that they were happy with the care they received.

In addition to the person in charge, the inspector met with four other members of staff. These included nursing staff and health care assistants. Staff spoke about residents warmly. Staff had completed training in human rights-based care. The training had a positive impact by making staff more conscious of the residents' rights to make choices and to have those choices respected. Staff used human rights-based language when talking about the care and support they provided. Staff were knowledgeable on the residents' needs, preferences and dislikes. They knew how to access information from the residents' care plans. They spoke about the supports that they provided to ensure that residents could access activities and social events in the community. They spoke about how they supported residents with their activities of daily living. The information that staff provided was in line with the care guidelines that were outlined in the residents' assessments, care plans and personal plans.

Overall, the inspector found that residents in this centre received a person-centred service that was of a good quality and that respected the residents' rights. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

There were strong governance and oversight arrangements in the centre. The management structure and lines of accountability meant that issues could be identified, escalated and addressed appropriately. The staffing arrangements were in line with the residents' assessed needs. The provider submitted documentation and notifications in line with the regulations.

The lines of accountability were clearly defined in this centre. Staff knew who to contact should any incidents arise. There were on-call arrangements to ensure that a member of management could be contacted at all times. If an incident did occur, they were recorded and escalated appropriately. Incidents were reviewed monthly and analysed to identify any trends. Measures to prevent a reoccurrence were identified and implemented. Learning from incidents was shared at team meetings in the centre and with other persons in charge in the organisation. The review of incidents formed part of the oversight arrangements that the provider had implemented. Oversight was also maintained through a suite of audits completed in the centre. The provider also completed unannounced audits of the service every six months. Findings from these audit reports were added to the centre's quality improvement plan. This gave an overview of the actions that needed to be taken to address issues identified and improve service quality.

The staffing arrangements were suited to the needs of residents. The person in charge had a very good knowledge of the residents and the service. The person in charge was also supported by a clinical nurse manager 1 (CNM1). The skill-mix of staff was in line with the residents' needs. A nurse was on-duty in the centre at all times. Staff training in mandatory modules and site-specific modules was up to date for all staff.

The provider had submitted the necessary documentation to apply for the renewal of the registration of the centre. This included the centre's statement of purpose and the residents' guide. The centre's complaints procedure was outlined within these documents. The provider also submitted notifications to HIQA as outlined in the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documents and fee to process the renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and experience for the role.

They had very good knowledge of the needs of the residents and the requirements of the service to meet those needs. The person in charge maintained a regular presence in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were suited to the needs of the residents. The inspector reviewed the rosters for the centre from 01 May 2024 to 02 July 2024 and found that there was an appropriate number and skill-mix of staff on duty at all times. Nursing support was available at all times. There was one staff vacancy in the centre on the day of inspection but this role had been filled by regular agency staff who were familiar to the residents. The person in charge also had a contingency plan in place in the event that staff needed to take unplanned leave.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training records in the centre and found that all staff had up-to-date training in all training modules. The provider had identified 30 mandatory training modules and 13 modules specific to staff in this centre. All training for all staff was in date and the person in charge had identified when staff would need refresher training in the future.

Judgment: Compliant

Regulation 22: Insurance

The provider had the required insurance policy as outlined in the regulations. This was submitted as part of the application to renew the registration of the centre. The inspector noted a copy of the insurance document was also maintained in residents' notes.

Judgment: Compliant

Regulation 23: Governance and management

The provider maintained very good oversight of the service through a suite of audits. The provider had a schedule that outlined how frequently the audits should be completed. The inspector reviewed the audits completed in the centre since the beginning of 2024 and found that they had been completed in line with this schedule. The provider also completed six-monthly unannounced audits of the centre. The provider also completed an annual review into the quality and safety of care and support in the centre. The inspector reviewed the two most recent six-monthly audit reports and the annual report. These reports identified clear actions for service improvement.

Where issues were identified on audit and through reports, these were added to the centre's quality improvement plan. This plan outlined the actions that needed to be taken to address the issues found. It also named the person responsible for completing the action within a target timeframe. There was evidence that these actions were progressed in line with the target dates.

The lines of accountability were clearly outlined in this centre. Staff were very clear on who to contact should any issues arise. There were also out-of-hours arrangements for staff to contact a member of senior management should any incident occur outside of regular business hours. The inspector reviewed the records of the incidents that occurred in the centre for April, May and June 2024 and found that incidents were recorded and escalated through the appropriate lines of management. Incidents in the centre were reviewed on a monthly basis to identify any trends and to implement plans to avoid reoccurrence.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose and submitted it as part of the application to renew the registration of the centre. It contained the information required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the incidents in the centre for April, May and June 2024. The restrictive practices in the centre were also reviewed. The provider had reported any notifiable incidents to the Chief Inspector of Social Services in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure. Complaints were reviewed and audited every three months. Complaints were included as a regular discussion item at residents' meetings.

Judgment: Compliant

Quality and safety

There was a good quality service in this centre. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted through good safeguarding practices, infection prevention measures, and risk management systems.

Residents received a good quality service in this centre. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place and staff were knowledgeable on how to support residents. Residents were supported to access services and appointments with healthcare professionals. Residents were supported to express their needs and wishes. They were offered choices and these choices were respected. Residents' interests and preferences had been identified and residents were supported to pursue those interests in the centre and the wider community. The centre had the equipment required by residents to meet their daily needs.

The safety of residents was promoted. Risk assessments had been devised to ensure that staff knew how to reduce risks to residents. Staff were knowledgeable on safeguarding procedures. Safeguarding plans were devised to ensure that residents were protected from abuse. Some restrictive practices had been introduced in the centre to keep the resident safe. These were regularly reviewed and included on the centre's risk register. There were good practices in the centre to protect residents from the risk of infection.

Regulation 10: Communication

The provider had ensured that residents were supported to communicate their needs and wishes.

Staff had received training in relation to the specific communication supports required by residents in this centre. Information was also provided through recommendations from a speech and language therapist and guidance documents in the residents' care plans.

Staff demonstrated very good knowledge of the residents' communication needs. Systems had been put in place to support residents to communicate, for example, objects of reference. The inspector observed staff interacting with residents in a comfortable manner throughout the day.

Residents had access to appropriate media, including television, internet access and radio.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to manage their financial affairs.

Financial assessments were completed with residents annually. The inspector reviewed one of the residents' assessments and noted that it had been completed within the previous 12 months. An easy-to-read version of the assessment had been developed. Residents had access to their money, as they wished. The provider maintained oversight of the practices in the centre relating to the residents' financial affairs through a monthly audit. The inspector reviewed the financial audits completed in the centre since January 2024 and found them to be comprehensive. The provider had arrangements in place for residents to access statements relating to their finances at any time as outlined in a series of emails that were reviewed by the inspector.

Residents retained control over their clothes and personal possessions. Residents were supported to manage their own laundry, if they wished

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in activities in the centre and in the wider community that were in line with their interests.

The inspector reviewed two residents' personal plans. The plans were regularly updated. The updates outlined how residents were supported to engage in activities in the centre that they enjoyed, for example, baking and growing plants/fruit. Residents were also supported to join and attend community groups every week.

Residents' interests had been identified and staff supported residents to pursue their interests. For example, one resident had expressed an interest in horses. The person in charge had made arrangements with a local farmer for one resident to regularly visit and feed horses on the farm. The resident talked about this activity with the inspector.

Judgment: Compliant

Regulation 17: Premises

The premises were well suited to the needs of the residents. As outlined at the beginning of the report, the centre was nicely decorated and in a good state of repair. Residents had adequate private and communal space. They had adequate storage for their possessions. The centre had the equipment needed by residents to complete their daily activities. The centre was fully accessible to all residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents' nutritional need were well managed in this centre. Where required, residents' nutritional needs had been assessed by appropriate healthcare professionals and recommendations were available to guide staff. Staff were knowledgeable on these recommendations and how to prepare food accordingly. Residents were offered choices at mealtimes and alternative options were available, if required. There was ample food in the centre to prepare snacks for residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents about the designated centre. This guide contained all of the information set out in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements for information to be shared in relation to the residents' care and support needs should they be temporarily absent from the centre. The inspector reviewed one resident's 'Health Passport'. This document contained relevant information to guide staff should the resident required an admission to hospital.

The inspector reviewed the health records maintained for one resident. It was noted that staff had followed-up with hospital consultants and the resident's general practitioner (GP) to ensure that all relevant information had been obtained relating to a recent hospital admission.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good systems in this centre to assess and manage risk.

The person in charge maintained a risk register that outlined risks to the service. The risk register was reviewed by the inspector and was found to be comprehensive. Risk assessments had been reviewed within the timeline set out by the provider.

In addition, each resident had individual risk assessments. The inspector reviewed the risk assessments for one resident. The assessments included all areas of risk that were identified in the resident's assessment of need. The assessments gave very good guidance to staff on how to reduce the risk and clearly signposted staff to read relevant documents and care plans. The risk assessments had been devised in February 2024 and had been updated in May 2024, in line with the provider's guidelines.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had good systems in place to protect residents from the risk of infection.

As outlined, the centre was clean. Staff were observed completing regular cleaning tasks throughout the day. All staff had up-to-date training in 10 separate modules relating to infection prevention and control. Infection prevention was included as a standing item on team meeting agendas. Audits of infection prevention and control practices had been completed in line with the provider's audit schedule. Specialist knowledge from infection prevention and control nurses was available, when required. There had been a recent outbreak of COVID-19 in the centre and the

inspector reviewed minutes of meetings that had occurred relating to this outbreak. This included a debrief meeting with staff after the outbreak to share any learning from the event.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessment of need for one resident and personal plans for two residents. The assessment of need had been completed within the previous 12 months and had recently been updated. The assessment gave a comprehensive overview of the resident's health, social and personal care needs. There was corresponding guidance to staff on how to support the resident to meet those needs.

The residents' annual review meetings had taken place within the previous 12 months. The meetings included a review of the residents' goals from the previous year and input from the residents was sought and recorded. Goals for the year were set with the residents. There were regular updates in the residents' personal plans that outlined how the resident was progressing towards their goals. The personal plans were available in a picture-based accessible form for residents

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre. Residents had a named GP. There was evidence that residents were supported to attend medical and healthcare appointments. Staff maintained records of these appointments and any recommendations were implemented. Residents had access to a wide variety of healthcare professionals to meet their health needs. However, it was identified that residents did not have access to an occupational therapist. This was identified as one of the highest risks in the centre's risk register. The person in charge reported that the occupational therapy post assigned to the service was vacant. They said that the residents' needs in relation to this service were stable on the day of inspection. However, given the age and profile of the residents, the absence of this service would negatively impact the residents should their needs change.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up to date training to support residents to manage their behaviour. Staff were knowledgeable on the supports required by residents in relation to their behaviour.

The person in charge had identified any restrictive practices in the centre. These were documented and included on the centre's risk register.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from abuse.

Staff had up-to-date training on safeguarding. Safeguarding was included as a standing item on the team meeting agendas. Safeguarding risk assessments had been developed for individual residents. The centre also had an overarching safeguarding plan. These risk assessments and plans had been reviewed and recently updated.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted. Staff outlined how residents were offered choices throughout the day and how they were supported to exercise control over their daily lives. The inspector observed staff offering choices to residents throughout the inspection. The religious and cultural beliefs of residents were respected. Residents were consulted about their plans and preferences at weekly resident meetings. The inspector reviewed the minutes for the meetings in June and found that residents were supported to make choices about their meals and activities. Residents' requests were also recorded and acted upon at these meetings.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant