



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Inishal
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	06 September 2023
Centre ID:	OSV-0008292
Fieldwork ID:	MON-0038130

## About the designated centre

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

The designated centre provides a full time residential service for four adults with an intellectual disability. Both day and residential services are offered in the centre and residents are supported by nurses, and support staff. Residents receive an integrated service in which both day and residential services are offered. The centre is located close to other centres within a short walk of a town where public facilities and transport is available, the centre also has access to transport which is available at all times for residents. Each resident has their own bedroom and bathroom facility, and they have full access of the centre which includes a sitting room and large kitchen and dining area.

**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
Wednesday 6 September 2023	15:00hrs to 19:00hrs	Catherine Glynn	Lead
Thursday 7 September 2023	09:00hrs to 13:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection carried out to monitor compliance with the regulations and as part of the announcement, information on the name of the inspector that was visiting was provided. This was observed on display in the centre. In addition, questionnaires were provided so as to establish the views of residents living in the centre.

Overall, the inspector found that residents liked their house, which had been suitably decorated to their personal preferences and one resident spoke about waiting for the move to this centre. This resident was very pleased to be living in the centre and spoke at length with the inspector while two other residents sat quietly in the sitting room. The inspector saw that the resident was interacting with a staff who was supporting them with their knitting and chatting about various events or recent news. All residents had enjoyed various activities that day that were age appropriate and reflected their personal choice and preferences. Staff were observed to interact appropriately, professionally and were knowledgeable of all of the residents support needs. The inspector noted that there was a lovely calm atmosphere at all times in the centre and all staff were busy attending to the residents with their varying support needs or planned activities. Some residents went out on the centre bus and enjoyed an outing while other residents attended a planned day centre activities.

The inspector met and spoke with six staff over the two days as part of this inspection process and observed that they knew residents needs very well. All staff spoken with were able to describe how best to support each resident in line with their healthcare and positive behaviour support plans. In addition, the inspector found that the centre was introducing a new documentation system and this was underway at the time of the inspection. However residents' personal plans were in date and contained all of the relevant information in regard to their care and support needs. Staff spoke about residents in a dignified, positive, professional and person centred manner. Staff also reported that the management team were both very approachable and provided on-going support formally and informally as required.

Systems were in place to ensure that all residents had access to allied healthcare services, which included general practitioner (GP) services as required and other relevant specialists. Residents also had access to ongoing emotional and therapeutic supports as required in the centre.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through personal planning process and by observation. This information was used for personalised, individualised activity planning in the centre. Overall the inspector noted that there was adequate staff present in the centre to ensure that residents'

support needs were met.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished and decorated and equipped to meet the needs of residents. There was internet access, television, games and music choices available for residents. Communal areas were decorated with suitable colour schemes, and comfortable soft furnishings and decor. There was adequate communal facilities and private space for residents, a well equipped kitchen and sufficient bathrooms, including en-suite facilities.

At the rear of the house there was a large spacious, secure garden that was planned to suit the needs of residents and to support their enjoyment of this outdoor space. There were garden furniture sets to enable the residents to enjoy outdoor activities. The provider also had plans to further develop the garden space.

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

## Capacity and capability

Overall, the inspector found that the centre had maintained the governance and management arrangements in the centre, this meant that the quality of the service for residents was being kept under regular review and action was being taken to ensure a good quality service was being provided.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre and was knowledgeable on residents' assessed needs.

Staffing arrangements at the centre ensured that residents' needs continued to be met in line with their assessment of needs and care plans. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as social activities in line with their aging profile.

The person in charge ensured that residents were supported by a qualified and knowledgeable staff team. Staff knowledge was kept up to date through regular access to training opportunities on both residents' assessed needs and current developments in health and social care practices. In addition, staff attended regular team meetings and were supported with their individual professional development through one-to-one formal and informal supervision arrangements. All staff spoken

with were clear about the management arrangements in place and were confident in contacting the person in charge or on-call manager as required.

The provider ensured that the quality of residents' care and support was subject to ongoing review through a range of management audits on all aspects of the centre's operations. The provider ensured that day-to-day internal checks were carried out by staff as well as unannounced visits by a person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre. The provider also conducted an annual review into the quality of care and support provided, which included consultation with both residents and their representatives about their experiences at the centre.

The provider's risk management practices were effective, subject to regular review and had put in place procedures to respond to adverse incidents which might occur. Staff were aware of, and understood, the risks identified in the centre, their associated control measures and any actions to be taken in the event of an emergency. Furthermore, the provider had arrangements in place for both the recording and analysis of accident and incidents, with the findings being regularly discussed with and incorporated into staff practices. This meant that staff were assessing and meeting residents' needs.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents.

### Regulation 15: Staffing

The provider demonstrated that sufficient staff numbers were in place in line with the statement of purpose at the time of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

A sample of training records were reviewed which indicated that staff were up to date with their training needs and had also undertaken additional training in response to the changing needs of residents.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems in place had ensured the service provided to residents was safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including equipment, staff training and recruitment. There was a clearly defined management structure and staff reported to the person in charge. Audits were completed which included monthly, daily and weekly reviews of the fire, medication, residents finance, cleaning and documentation. In addition, the provider had completed a six monthly unannounced visit at the time of the inspection and this had identified any further actions that were required. In addition, the provider had plans in place to complete the annual review for the centre as required by the regulations.

Judgment: Compliant

## Regulation 4: Written policies and procedures

On review of the schedule 5 policies, the inspector found that they had been reviewed and were in date at the the time of the inspection. There were further policies that were schedule for review later in the year and the management team advised that these were in progress at the time of the inspection.

Judgment: Compliant

## Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the services provided in this centre. Residents received person centred care that ensured that each resident's wellbeing was promoted at all times, personal development and community involvement was also encouraged, and that residents were kept safe from all risks.

The provider had plans in place for review meetings annually at the time of this inspection, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans reviewed during inspection were clearly recorded and up to date. In addition, the person participating in management spoke about the new planned documentation systems that would be introduced after staff had received guidance on the new process.



The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The house had a well equipped kitchen, adequate communal and private space, and gardens at the front and rear of the centre.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support each resident in an individualised way. During the inspection, the inspector saw that residents were spending most of their time out and about doing things they enjoyed in the local area.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required, The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans where required.

On review of residents' rights the inspector found that residents participated and consented to decisions about their care and support. Residents views and wishes, and as such their choices, were key factors in the decisions on the way the centre was organised, and how care and support was provided. As described individual activity choices were respected and provided for, as was residents' choices on food and drink preferences. Residents' privacy and dignity was observed to be respected, in that residents had their own rooms, personal information was securely stored, and staff were observed to assist residents in a respectful and dignified way.

There was a system in place to manage risks in the centre and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. Adverse incidents had been reported and recorded, with follow up actions taken to prevent re occurrence and to inform learning.

Record keeping and documentation was found to be well kept, organised and informative. Records viewed during the inspection included personal planning, fire drills, healthcare plans, audits and risk management assessments.

## Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental and age appropriate activities both at the centre, and in the local community. Suitable support was provided to residents to achieve this in accordance with their individual

choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The inspector found the centre clean, suitably decorated and comfortable and had adequate private and communal space for residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had appropriate fire safety precautions in place at the time of the inspection, including fire detection, emergency lighting and regular fire safety checks. Fire drills demonstrated that staff could effectively support residents to evacuate the centre in a timely manner. Personal evacuation plans were in place for the residents which clearly guided staff on how to respond in the event of an emergency in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had ensured that appropriate and safe systems were in place in the centre which ensured that medication management practices were in line with local policy and procedure.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and supported in the centre. Residents had good access to a range of healthcare supports, such as general practitioners and allied health professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that residents were appropriately supported with their emotional needs. Behaviour support plans had been developed as required for residents, following ongoing assessment, and in consultation with a behaviour therapist. Behaviour support plans gave detailed guidance on environmental accommodations and programme interventions to support residents with their emotional needs.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant