



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

## Issued by the Chief Inspector

Name of designated centre:	Dungloe Services
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	11 November 2020
Centre ID:	OSV-0003331
Fieldwork ID:	MON-0030871

## About the designated centre

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

Dungloe services provide full-time and part-time residential care and support to both male and female adults with a disability. Dungloe services comprises of two premises, which includes a bungalow located in a rural town and a two-storey house located on the outskirts of the same town. As well as their bedrooms, residents have access to communal facilities in each house which includes kitchen/dining rooms and sitting rooms, as well as bathroom and laundry facilities. Residents are supported by a team of both nursing and health care assistants and staffing levels are directed by residents' assessed needs. At night, residents are supported with sleepover staff, due to their assessed needs. In addition, there are arrangements in place to provide support outside of office hours, weekends and public holidays for staff, if required.

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

Number of residents on the date of inspection:	7
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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 - 2015 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 11 November 2020	09:10hrs to 15:00hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

Due to the COVID-19 pandemic, the inspector spent time in one house only and met with residents and staff while adhering to the public health guidance of physical distancing and the wearing of face masks. There were four residents living full-time in the house that the inspector was based in, and three residents living in the other house, with one resident who received respite care remaining at home with their family at this time during the pandemic.

The inspector met with three residents towards the end of the inspection. One resident chose not to meet with the inspector instead opting to remain in their bedroom doing activities of choice. In addition, the inspector had a telephone conversation with one resident from the second house during the day.

Residents spoke with the inspector about how they were getting on at this time and about the activities that they were engaging in. Some of these activities included; drives, baking, art, jigsaws, using technology to access the internet, watching sports, watching music videos and exercise such as walking and using exercise equipment. One resident told the inspector that they had a wrist watch that counted the steps that they took while walking, and they said that they liked going for walks in the local area. The resident also pointed out some artwork that they had completed, and spoke about Halloween celebrations that had taken place in the house recently and they had photos printed of this event.

Another resident spoke about the death of a family member lately, and talked about going to the graveyard and getting an ornament for the grave. This resident spoke about holidays that they had previously enjoyed prior to the COVID-19 pandemic, and they had photographs in a book that they showed the inspector from a distance.

Residents spoken with said that they get on well with each other. Residents appeared happy and comfortable in their environment and with each other. They appeared knowledgeable about the COVID-19 pandemic and associated public health restrictions, and expressed a bit of frustration about it with one resident saying 'I wish it was over'. Residents said that they were keeping in contact with family and friends via telephone and drive-by visits, and some residents said that they were missing their day services. One resident said that they hoped to return to day services soon, and the person in charge stated that she was following up to review if some form of return to their day services could resume soon. Residents mentioned about how some of their friends from day service did a drive-by visit lately and how they had connected with them via technology also. Throughout the day residents were noted to be supported with going out for a local drive with staff, and being assisted by staff with having their hair done.

The inspector spoke with one resident from the second house via telephone call. The resident had moved to the centre earlier in the year and when asked, they said

that they liked living at the centre and were getting on well with everyone. They talked about their past, schools attended and about their friends in the centre. They also stated that they were looking forward to moving to a new house soon, adding that there were three new houses being built at the moment. The resident said that they were helping with the monitoring of the work of these houses, and said that they were busy doing this and that they were also in the process of compiling a memory book at this time. They said that they didn't mind being at home from day services during the COVID-19 pandemic and they spoke about contact that they had with their family. They said that they missed going to music concerts at this time due to the restrictions during COVID-19.

In addition, the inspector spoke with two staff who were supporting residents. Staff spoken with appeared to be very familiar with residents' likes and needs. Staff said that residents were missing their day services and usual social activities, but were taking part in alternative in-house activities at this time in line with their wishes. Staff said that one resident was really missing going to the hair salon and getting their nails done; however staff were supporting the resident to look after their hair in line with their preferences at this time, for example supporting them to colour their hair.

Overall, residents appeared comfortable and content in their environment, with each other and with staff. They spoke about various in-house recreational activities that they were involved in; however they did express some frustration about the impact that the public health restrictions as a result of COVID-19 was having on them; such as missing their day services, friends and family.

## Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection in May 2019.

Overall, the inspector found that there was a good governance and management structure with systems in place for oversight and monitoring by the provider and person in charge. However, the inspector found that the oversight systems required strengthening as some improvements were found to be required in the documentation of risks, identification of restrictive practices, notifications to the Chief Inspector of Social Services and in consulting with residents and their representatives in the annual review of the care and support provided in the centre. These will be discussed in more detail throughout the report.

There was a planned and actual rota in place which showed that residents were supported by a team of consistent staff, which included nursing staff and health care assistants. Staff were facilitated to attend training to support them in their role; such as safeguarding, hand hygiene, use of personal protective equipment (PPE) and fire safety. Staff spoken with said that they felt well supported and could raise any concerns to the person in charge if needed. Staff meeting notes were reviewed

which demonstrated staff participation and consultation about issues relating to the service.

The person in charge had responsibility for two designated centres in the area; including an isolation unit in the event of a COVID-19 outbreak. The person in charge was supported in her role by a staff nurse who worked across both houses within the designated centres and who took on some areas of responsibility; including assessments and maintenance of documentation. There was a team of health care assistants who worked with residents and provided sleepover cover each night. There was an on-call system in place whereby nursing staff from another designated centre were on-call for staff working alone, if clinical support was needed. The inspector was informed that this was in place as Dungloe services only had one staff nurse. The person in charge had identified this as an action to improve the service, and it was noted that this was also identified as an action in the last two unannounced provider audits. In addition, another action relating to strengthening the governance of the centre was noted in the provider's audits and in the person in charge's compliance self-assessment tool and associated service quality improvement plan. As the actions had not been successfully concluded, these had been identified as a risk and escalated through the risk management process and this was in progress at the time of inspection. It was noted on the risk escalation form that the person in charge was working additional hours in order to fulfil all of her duties at this time, and that duties had to be prioritised with some duties temporarily deferred due to the increased workload. There was a need for this risk to be addressed in a timely manner so as to ensure that the quality of service did not deteriorate.

There was a system in place for regular internal auditing in the centre in a range of areas; including medication management, fire management systems, personal plans, finances and health and safety audits. In addition, there was a system in place for reviewing incidents and accidents that occurred every month. The provider ensured that six monthly unannounced audits occurred as required by regulation, and where areas for improvement were identified, action plans had been developed and were kept under review.

The provider ensured that an annual review of the quality and safety of care and support in the centre occurred. The inspector found that the most recent annual review did not include the consultation that occurred with residents through questionnaires. For example, there were questionnaires completed with residents, and three out of four residents gave feedback that they were not happy with the garden access. However, this feedback was not included in the annual review and did not form part of the quality improvement action plan. In addition, there was no evidence that consultation had occurred with residents' representatives as part of the annual review of the service.

The statement of purpose was recently reviewed and updated, and contained all the requirements of Schedule 1 of the regulations. The inspector found that notifications that were required to be submitted to the Chief Inspector failed to include one restrictive practice, due to this practice not being identified as a restriction. This will

be discussed further in the quality and safety section of the report.

### Regulation 15: Staffing

There was a rota in place which reflected what was being worked on the day of inspection, and demonstrated that residents were supported by a consistent team of staff to ensure continuity of care. Staff files were not reviewed on this inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The oversight and monitoring systems required strengthening to ensure that all risks were managed and documented in line with organisational procedure, and that all restrictions were identified and assessed. In addition, the provider's annual review failed to include consultation with residents' representatives and did not include the consultation that was completed with residents in which areas for improvement had been identified.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which was reviewed recently and contained all the requirements as outlined in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge did not ensure that all restrictions in use in the centre were notified to the Chief Inspector as required by regulation.

Judgment: Not compliant



## Quality and safety

Overall, the inspector found that residents were provided with a good quality, safe and person-centred service. It was found that residents were regularly consulted with regards to the running of the centre and were supported to make choices in their daily lives. However, some improvements were required in the assessment of a restrictive practice for one resident, and in the documentation and management of some risks, which would further enhance the quality of care provided.

A sample of resident files were reviewed, which demonstrated that residents' health, personal and social care needs were assessed and care plans developed where this was required. In addition, annual review meetings occurred with residents where personal goals were identified for the future. The inspector found that residents participated fully in their review meetings and in the identification of meaningful personal goals. Personal goals were reviewed in light of the public health restrictions where alternatives were identified and the inspector found that residents were supported to achieve their goals in a timely manner. For example, one resident had chosen to get a new recliner chair and staff had supported the resident in looking at options online. Another resident spoke about how they were getting an ornament for a family member's grave, and this was noted to have been identified by the resident as a goal recently.

Residents' rights and choices were found to be promoted at the centre. Residents took part in house meetings where a range of topics were discussed. This demonstrated that residents were consulted about the running of the centre and were kept up-to-date with ongoing developments; including the COVID-19 pandemic. One resident spoke with the inspector about their involvement in the development of new houses in the area that they will be moving to in the future, and said that they visit the site and take photos of the progress. In addition, residents were supported to access advocacy services, and there were posters on display in the centre about advocacy and rights. The inspector noted as part of the documentation review, that residents had been consulted about their right to vote and were also supported to practice their religious faith and choices in this regard.

The inspector found that safeguarding of residents was promoted in the centre through staff training in safeguarding, discussion at resident meetings about safeguarding and adherence to safeguarding procedures where concerns were raised. Staff spoken with demonstrated knowledge about what to do in the event of abuse. Residents had intimate and personal care plans in place, which were reviewed regularly with residents and which outlined areas where residents required support.

The inspector found that residents were supported to achieve the best possible health by being facilitated to attend a range of allied healthcare services such as psychiatry, chiropody, dietitian, dental and general practitioners, where this need was identified. In addition, residents had been supported to access national screening programmes, and to receive the flu vaccination, in line with their

wishes. Residents were supported to understand the COVID-19 pandemic and associated public health measures, and some residents spoke with the inspector about wearing face masks. This helped to ensure that residents could achieve the best possible health at this time.

Residents who required support with behaviours of concern had plans in place to support them and to guide staff in supportive strategies to use. These plans had a multidisciplinary input, and were found to be kept under regular review. There were some restrictive practices in the centre which were under ongoing review. However, one restrictive practice had not been identified as such, and therefore had not been appropriately assessed and reviewed as part of the personal planning process. This related to a resident's access to their cigarettes. While medical advice had been followed with regard to advising the resident to reduce their cigarette intake for health reasons, it was noted that the residents' access to their cigarettes were restricted as a result with the resident being given a set number of cigarettes given each day. In addition, it was noted in the resident's care plan that as a proactive strategy to support them at times of stress, that they could be offered an extra cigarette; however the resident was not fully supported to make this choice themselves, as their cigarettes were stored in the staff office and they needed staff to access them. The inspector found that this practice was not fully assessed and it was not evident that the resident had consented to this practice. This required review to ensure that the resident's rights were upheld in this regard.

The inspector found that there were good systems in place for infection prevention and control; including hand hygiene equipment, posters, personal protective equipment (PPE), enhanced cleaning schedules, staff and resident symptom monitoring, staff training and discussion with residents about COVID-19. Residents appeared to have very good awareness about the pandemic and public health advice. There was a site specific contingency plan in place which detailed arrangements for staffing and isolation of residents, if required. In addition, the person in charge had completed the Health Information and Quality Authority (HIQA)'s most recent self assessment tool for preparedness planning and infection prevention and control assurance framework.

There were systems in place for the management of risks in the centre, including an escalation pathway whereby risks could be escalated to senior management. As mentioned previously, there was one risk that had been identified through provider and person in charge audits, that had been recently escalated to senior management and was in progress. The person in charge maintained a centre risk register and COVID-19 risk register, where identified risks were documented and kept under review. In addition, residents had individual risk assessments in place for identified risks, including risks associated with COVID-19. However, the inspector found that the documentation of some risks required review to ensure that specific risks were clearly documented, that risk ratings were reflective of the risks identified and that all the control measures were documented. For example, one risk identified had an alarm system in place as a control measure to mitigate against the risk posed; however this was not included on the assessment form. Also, one risk identified for a resident was risk rated as 'high'; however on discussion

with the person in charge, this risk was inappropriately rated.

### Regulation 26: Risk management procedures

Risk management systems and documentation required improvements to ensure that all risks were clearly outlined and detailed specific risks, risk rated appropriately and included all the existing control measures in place to mitigate against the risk.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection. These included enhanced cleaning schedules, access to PPE, staff training, education of residents about infection prevention and control measures and ongoing review of risks associated with COVID-19. There was a site specific contingency plan in place in the event of a COVID-19 outbreak.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had assessments completed with regard to health, personal and social needs. Care plans were developed where required, and were found to be subject to ongoing review. Residents' annual review meetings took place with the maximum participation of residents and their families, where appropriate. Residents were supported to identify personal goals, and these were under ongoing review and amended in light of the public health restrictions during the pandemic.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve the best possible health by being facilitated to access a range of allied healthcare professional where this was recommended and required. In addition, residents were facilitated to take part in national screening programmes and to receive the flu vaccination if they chose to. End-of life plans had been discussed with residents where residents voiced their wishes with regard to

plans, and this was documented and reviewed as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which had a multidisciplinary input. However, one restrictive practice that was in place with regard to a resident's access to their cigarettes had not been appropriately assessed and reviewed and there was no evidence of the residents' consent for restricted access to their cigarettes.

Judgment: Substantially compliant

### Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training, discussion at residents' meetings, care plans for personal and intimate care and a review of incidents and accidents in the centre. Staff spoken with were aware of what to do in the event of a concern of abuse and residents had access to advocacy services.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found through a review of documentation and discussions with residents that residents were consulted in the running of the house. In addition, there was evidence that residents had choice in their daily lives and were supported to vote and participate in religious practices in line with their wishes.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dungloe Services OSV-0003331

Inspection ID: MON-0030871

Date of inspection: 11/11/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Risk assessments were reviewed for 1 resident, to include existing control measures and a review of the risk rating. This was reviewed in conjunction with the Multidisciplinary team.</li> <li>• A Restrictive practice for 1 resident was reviewed by the Multidisciplinary team on 25.11.2020 in conjunction with the resident. All appropriate documentation was updated accordingly. This restrictive practice will be included in the next quarterly notification to the Chief Inspector.</li> <li>• Four families and three residents were consulted with and their views included in the centres annual review.</li> <li>• Actions which are generated from resident's questionnaires have been included on the centres quality improvement plan.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In order to bring this centre into compliance the following action will be taken:</p> <ul style="list-style-type: none"> <li>• A Restrictive practice for 1 resident will be included in the next quarterly notification to the Chief Inspector.</li> </ul>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  In order to bring this centre into compliance the following actions have been taken:</p> <ul style="list-style-type: none"> <li>• Risk assessments were reviewed for 1 resident, to include existing control measures and a review of the risk rating. This was reviewed in conjunction with the Multidisciplinary team.</li> <li>• A Restrictive practice for 1 resident was reviewed by the Multidisciplinary team on 25.11.2020 in conjunction with the resident. All appropriate documentation was updated accordingly. This restrictive practice will be included in the next quarterly notification to the Chief Inspector.</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  In order to bring this centre into compliance the following actions have been taken:</p> <ul style="list-style-type: none"> <li>• A Positive Behaviour Support Plan was reviewed for one resident by the Multidisciplinary team in conjunction with the resident.</li> </ul>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

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	25/11/2020
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	27/11/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	25/11/2020

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2021
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.	Substantially Compliant	Yellow	25/11/2020