



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

## Issued by the Chief Inspector

Name of designated centre:	Dearglishe
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	08 July 2020
Centre ID:	OSV-0002610
Fieldwork ID:	MON-0029742

## About the designated centre

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

Dearglishe is a centre operated by the Health Service Executive. The centre is part of a large campus setting located on the outskirts of a town in Co. Sligo. The centre provides residential care for up to eight male and female residents, who present with an intellectual disability and who may also have specific health care, behavioural and mobility needs. Residents have access to their own bedroom, shared bathroom facilities and communal areas. Staff are on duty both day and night to support residents who avail of this service.

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

Number of residents on the date of inspection:	8
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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 8 July 2020	11:15hrs to 15:10hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

Three residents were present at the centre on the day of inspection but due to their communication needs, they were unable to speak with the inspector about the care and support they required.

The person in charge along with two staff members who were on duty, told the inspector of how residents had adapted very well to their new routines, following the introduction of public health safety guidelines. Some residents were availing of day services within the campus and others had recommenced going on short drives and day trips. Due to high mobility and cognitive needs, residents did require staff support for the majority of all activities of daily living. Staff told the inspector that residents got on very well together and that plans were in place to recommence visiting to the centre, once safe to do so.

## Capacity and capability

Overall, the inspector found this service provided residents with a safe and good quality of service that met their assessed social care and health care needs.

The person in charge was based full-time on the campus setting, which gave her multiple opportunities to visit the centre to meet with staff and residents. She knew the residents and the needs of the service very well and the current arrangements allowed her to have the capacity to effectively manage this centre.

Staffing levels were subject to regular review, which ensured consistency in the staff who were caring for residents. The inspector spoke briefly with two staff members who were on duty and both spoke of how well residents had adapted to new routines following the introduction of public health safety guidelines. On-call arrangements were in place, ensuring a member of senior management was available to staff both outside of normal working hours and at weekends, as and when required. The provider had contingency plans in place to respond to reducing staffing levels and to respond to an outbreak of infection at the centre. These plans were subject to on-going review by the senior management team.

Due to public health safety guidelines, the provider had revised the centre's meeting structures. The person in charge currently met with staff on a one-to-one basis as part of her regular visits to the centre to discuss and review residents' needs. Management meetings were also occurring on a frequent basis by teleconference to discuss any operational issues arising within the service. The provider had ensured effective monitoring systems were in place to oversee the quality and safety of care delivered to residents. Six monthly provider-led audits, quality improvement plans

and internal audits were regularly occurring. Where improvements were identified, action plans were put in place to address these. The inspector did observe that some actions had fallen outside their due date. When brought to the attention of the person in charge, she informed that these were subject to review by senior management in the coming weeks to bring them back within measurable time frames.

#### Regulation 14: Persons in charge

The person in charge had good knowledge of residents' needs and of the operational needs of the service. She was based full-time on the campus, which gave her multiple opportunities to visit the centre each week to meet with staff and residents. She held responsibility for one other service operated by the provider and current arrangements ensured that she had the capacity to also effectively manage this service.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that adequate staffing levels were in place to meet the assessed needs of residents. These staffing levels were subject to very regular review by the person in charge, which ensured consistency in the overall staffing arrangements. Management cover arrangements were also in place for weekends and evenings.

Judgment: Compliant

#### Regulation 23: Governance and management

The provider had ensured the centre was adequately resourced to support the assessed needs of residents, in terms of staffing, equipment and transport. Regular staff and management team meetings were occurring to discuss issues arising within the service. Six monthly provider-led visits, quality improvement plans and other internal audits were regularly occurring and where improvements were identified, action plans were put in place to address these.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had a system in place for the identification, reporting, response and monitoring of incidents. She had also ensured that the Chief Inspector was notified of all incidents, as required by the regulations.

Judgment: Compliant

## Quality and safety

The provider had ensured that residents received a good quality of life and promoted an environment where residents were supported by staff in accordance with their assessed needs and capacities.

The centre is located on a campus setting, where residents have their own bedroom, shared bathrooms, some en-suite facilities, living room and kitchen. Some residents who live at this centre require assistance with their mobility needs and the layout and design of the centre supported residents to safely access all areas. Various manual handling equipment was available to residents including, safety belts when walking, wheelchairs and hoists. Overall, the inspector found the centre was clean, spacious, comfortable and tastefully decorated.

Since the last inspection, the provider had significantly improved the overall assessment of risk at the centre. Risk assessments had been revised to provide clarity in demonstrating specific measures that the provider had implemented in response to certain risks. At the time of inspection, the provider was completing a further review of some other risk assessments relating to staffing levels and choking risks. Risk-ratings were also subject to regular review, which ensured a more accurate assessment of risk was now completed. The provider's prompt identification and response to risk at the centre was largely attributed to the effectiveness of the centre's incident reporting system and regular communication between staff and management.

Residents' health care needs were subject to on-going review. Where residents had specific health care needs, clear personal plans were in place to guide staff on how to support these residents, particularly in the areas of nutrition and elimination. Staff spoke confidently about these areas with the inspector and were very familiar with their role and responsibilities in supporting these residents. The provider had systems in place for the prescribing, administration and storage of medicines, however; a review of some prescription records was required to ensure clarity on the route of administration, particularly for residents with assessed nutritional needs.

Since the introduction of public health safety guidelines, the provider

had implemented a number of infection and control measures to ensure residents and staff were maintained safe. Daily temperatures were recorded and staff supported residents to practice social distancing, good hand hygiene and cough etiquette.

Fire drills were completed on a scheduled basis and records demonstrated that staff could effectively evacuate all residents in a timely manner. As this centre was located on a campus setting, a responder system was in place which identified a number of staff from nearby designated centres who were available to assist in the evacuation of residents from this centre, both day and night, if required. The person participating in management (PPIM) told the inspector that although three wheelchair accessible fire exits were available in the centre, senior management were in the process of seeking approval for another wheelchair accessible fire exit to be installed.

There were some residents in this centre who required behavioural support and these residents were supported by staff who knew them well and were familiar with how to effectively respond to their needs. The last inspection of this centre in October 2019 reviewed the management of restrictive practices and since then, the provider had updated the restrictive practice policy. A number of restrictive practices were identified at the centre and although staff were very aware of these, some practices were not being managed in accordance with the centre's policy. For example, the centre's restrictive practice log identified some wardrobe locks and smoking protocols as restrictive practices, but these were not being fully managed in accordance with the requirements of the centre's restrictive practice policy.

### Regulation 26: Risk management procedures

Since the last inspection the provider had improved the overall assessment of risk in the centre, ensuring risk assessments now accurately detailed specific measures that the provider had put in to place in response to risk. Systems were also in place for the timely identification and response to risk.

Judgment: Compliant

### Regulation 27: Protection against infection

Since the introduction of public health safety guidelines the provider had implemented a number of infection prevention and control measures to ensure all residents and staff were maintained safe. These measures, along with a number of contingency plans were reviewed regularly by senior management.



Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, regular staff training in fire safety and multiple fire exits. Fire drills were regularly occurring, which demonstrated that staff were able to effectively evacuate all residents in a timely manner. Clear fire procedures were also available to guide staff on how to respond in the event of fire at the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the prescribing, administration and storage of all medicines at the centre. However, a review of some prescription records was required to ensure clarity on the route of administration, particularly for residents with assessed nutritional needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support they required. Clear personal plans and risk assessments were in place to guide staff on the level of support these residents required. All residents had access to a wide range of allied health care professionals, as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable arrangements in place to care for residents requiring behavioural support. However, a review of identified restrictive practices was required to ensure that these were assessed and managed in accordance with the centre's restrictive practice policy.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no safeguarding concerns in this centre at the time of inspection. The provider had ensured arrangements were in place for staff re-fresher training in safeguarding, as and when required. Procedures were also in place to support staff in the identification, reporting and monitoring of any concerns to the safety and welfare of residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Dearglishe OSV-0002610

Inspection ID: MON-0029742

Date of inspection: 08/07/2020

## 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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:            A review of all prescription records has been completed within the Designated Centre. Prescriptions now clearly identify the correct administration route of all medications.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:            A full review of the Designated Centres restrictive practices has been completed in line with the HSE Sligo/Leitrim/ West Cavan Disability Service Policy and Procedure for staff on the use of Restrictive Practices.            All protocols have been reviewed , frequency of use will be documented on the appropriate log and all restrictive practices will be notified on the quarterly notifications as stated in the Regulations.</p>	



## 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 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	09/07/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based	Substantially Compliant	Yellow	28/07/2020

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