



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

Issued by the Chief Inspector

Name of designated centre:	Dunmanway Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	30 September 2021
Centre ID:	OSV-0002110
Fieldwork ID:	MON-0030082

About the designated centre

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

Dunmanway Residential consists of a large purpose built single storey building located in a town. The centre provides a respite service for up to six residents of both genders primarily for those between the ages of 0 and 18 although it can support those up to the age of 20 if they are still in their final year of education. The centre supports those with intellectual disabilities. Support to residents is provided by the person in charge, nurses, social care workers and health care assistants. Individual bedrooms are available for residents and other facilities in the centre include bathrooms, a dining area, a kitchen, a living room, a sunroom and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

0

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
Thursday 30 September 2021	10:25hrs to 16:25hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

A suitable premises was found to be provided for residents to avail of respite in with opportunities for various activities and outings facilitated.

This designated centre generally provided respite from Friday afternoon to Sunday afternoon and as this HIQA inspection took place on a Thursday, no residents were present when the inspector was present. As a result the inspector did not get to meet any residents nor observe any interactions between residents and staff members. However, the inspector did have opportunities to speak with the person in charge and one member of staff while documentation relating to the running of this designated was reviewed during the inspection.

Included amongst this was the two most recent annual reviews that had been conducted for this centre. In the annual review carried out in 2020, feedback from one resident was included with this resident stating that liked the food provided, the staff working in the centre, the outings that they went on and the bedroom they used when in this centre. Feedback from the family representatives of five residents who availed of respite in this designated centre was also included with all five indicating that they were very happy with the respite service offered but would like more of it. One representative specifically praised the staff working in the centre.

The second annual review was carried out in 2021. While this annual review did not include resident feedback, it did provide feedback from some family members. In one section of this, a brief summary of feedback from the parents of five residents was included. Again all indicated that they were very happy with the respite service offered but would like more of it. Another section of this annual review contained more specific feedback from one parent of a resident who stated that they very happy with the care their child received in the centre and that the child was very happy going to the respite centre where a variety of opportunities were available. This parent also indicated that they had no concerns but that if they did, they would feel comfortable speaking to the person in charge or staff members.

The one staff member spoken with during this inspection, demonstrated a good knowledge of the operations of the designated centre. They described how whenever a resident came to avail of respite in the designated centre, a meeting would take place between the resident and staff to decided what activities the resident wanted to do during their respite stay. From speaking with this staff member and records reviewed, activities and outings which residents participated in while present in this centre included parks visits, trips to the cinema, walks, visits to a sensory garden and going to the beach. When the designated centre was in use a vehicle was provided to facilitate such outings while the centre was located right beside a playground which was also available for residents to use.

Activities within the designated centre were provided for with records indicating that residents took part in things like baking and arts. In-house activities were also

available with various movies, books and games available for residents. When residents were using this respite centre it was also noted that they had specific goals identified for them which were intended to improve residents' skills and independence. For example, some residents had goals highlighted in their personal plans such as making sandwiches or putting on their seat belt independently. Records reviewed indicated that residents were achieving these goals with support and encouragement from staff where necessary.

The premises of the centre was observed to presented in a bright and homely manner with plenty of arts works, ornaments, photo collages and photos of residents on display on the walls. Some of the bedrooms which residents would use while present in this designated centre were seen by the inspector which were noted to be brightly decorated. A small enclosed patio area was available to the rear of the centre with a garden bench for residents to sit out on. Overall the premises was generally seen to be clean, well-maintained and well-furnished both internally and externally but it was seen that there was an area of staining on the ceiling of the dining area while one lighting fixture in the kitchen needed replacing.

In summary, there was evidence that residents were well supported when using this centre and were facilitated to participate in various activities and outings. Support and encouragement was also given to residents to achieve specific goals. The premises provided had facilitates for recreational activities and was generally maintained to a good standard although some areas in need of maintenance were observed

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

Capacity and capability

This designated centre was found to be well run but some improvement was needed regarding the annual review and the provision of refresher training.

HIQA previously inspected this designated centre, which operated as a respite centre, in February 2020 and following that inspection, the centre had its registration renewed until July 2023 with no restrictive conditions. Shortly after the onset of the COVID-19 pandemic, the designated centre was closed for a period but reopened in July 2020. Since then, in response to COVID-19 considerations, the provider had reduced the levels of respite services provided in the centre with such respite being offered on a priority basis with more home supports provided. This remained in effect at the time of this inspection.

Based on the levels of respite that this designated centre was offering at the time of inspection, the inspector was satisfied that appropriate staffing arrangements were

in place to support residents availing of the centre. The person in charge did highlight though that were the levels of respite to increase, additional recruitment would be needed but that the provider was experiencing difficulty in this regard. The staff member spoken with during this inspection demonstrated a good knowledge of the operations of the designated centre while records reviewed indicated that appropriate training was provided to staff members in areas such as manual handling and first aid although some refresher training was overdue for training in de-escalation and intervention.

Staffing was an area that was reviewed by the unannounced visits that the provider carried out for this centre. Such visits are required by the regulations and since the February 2020 HIQA inspection, it was seen that three such visits had been carried out with reports maintained of these visits. The inspector reviewed these reports and noted that they also considered areas such as notifications, accidents and incidents, restrictive practices, safeguarding and complaints. Where any areas for improvement were identified, an action plan was put in place to address such issues.

Annual reviews are another regulatory requirement and it was seen that two such reviews had been carried out, one each in 2020 and 2021. Both of these reviews were also reflected in written reports and assessed if the provider was providing a service in keeping with relevant national standards. Such reviews must also provided for resident and family consultation and while it was seen that this was achieved in the 2020 annual review, it was noted that the 2021 annual review only included the outcome of consultation with family members. While this was an area for improvement, it was observed that both of these annual reviews were on display in the designated centre.

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents availing of the centre at the time of inspection. Planned and actual staff rosters were maintained in the designated centre which indicated a consistency of staff support.

Judgment: Compliant

Regulation 16: Training and staff development

Various trainings were provided to staff members although it was noted that some refresher training was overdue for training in de-escalation and intervention.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place that contained most of the required information but it was seen that it did not outline the gender of residents as required while the date of admission to the designated centre was unclear.

Judgment: Substantially compliant

Regulation 23: Governance and management

Provider unannounced visits and annual reviews were being carried out as required but it was noted that the most recent annual review did not include the outcome of consultation with residents. It was indicated to the inspector that where this centre to increase the levels of respite offered in the centre then additional recruitment would be required for staffing resources.

Judgment: Substantially compliant

Quality and safety

Based on the available evidence, residents were being well supported in an appropriate environment when they availed of respite in this designated centre.

The residents who availed of respite in this designated centre had personal plans in place as required by the regulations. The inspector reviewed a sample of such plans and noted that they had been informed by a comprehensive assessment of needs while multidisciplinary meetings were also held to discuss individual residents. It was seen that residents' personal plans had been reviewed within the previous 12 months and contained a good level of guidance on how to support residents with various needs such as providing intimate personal care.

Also contained with residents' personal plans were personal emergency evacuation plans (PEEPs). These outlined the supports residents needed to evacuate the centre in the event of a fire and were noted to have been reviewed in 2021. The fire evacuation procedures were on display in the designated centre while fire drills were being carried out regularly in the centre with very low evacuation times recorded. It was noted though that records of such drills did not indicate what time of day such drills took place nor if they reflected night-time situations when staffing levels would be at their lowest.

In addition, to the PEEPs in place and the regular fire drills carried out, it was seen

that the designated centre was equipped with appropriate fire safety systems including a fire alarm, emergency lighting, fire containment measures, fire extinguishers and a fire blanket. Such systems were being serviced at the required intervals by external contractors to ensure that they were in proper working order. It was also noted, from records provided, that staff members who had worked in this designated centre undergone relevant training in fire safety.

Further training was also provided to staff members in the areas of infection prevention and control. There was evidence that appropriate practices in this area were being followed during this inspection. For example, there was regular cleaning of the centre carried out daily including cleaning conducted after one respite resident left the centre but before another arrived. Symptom monitoring of residents and staff were also carried out multiple times daily. The staff member spoken with during this inspection demonstrated a good awareness of how to respond in the event that a suspected case of COVID-19 were to arise when this centre was operational. Since the onset of the pandemic there had been no confirmed case of COVID-19 impacting a resident in this centre.

Regulation 13: General welfare and development

Residents were supported to participate in various activities and outings when availing of the centre. Support and encouragement was also being given to residents to develop their skills.

Judgment: Compliant

Regulation 17: Premises

The premises provided was generally seen to be homely, well-maintained, well-furnished and clean on the day of inspection with appropriate recreational facilities available. It was noted though that part of the dining area ceiling was stained while a lighting fixture in the kitchen needed replacing. Hoisting equipment in the centre was seen to have been serviced during 2021.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate infection and prevention practices were being followed including regular cleaning and symptoms monitoring. Relevant training was provided and the one staff member spoken with during this inspection indicated that there was no

shortage of key items such as face masks, cleaning supplies or hand gels while also demonstrating a good understanding of how to respond to a suspected case of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place while staff had undergone relevant training. Residents had PEEPs provided and fire drills were carried out regularly although it was noted that that records of such drills did not indicate what time of day such drills took place or if they reflected night-time situations when staffing levels would be at their lowest.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were subject to an assessment of needs, had multidisciplinary input and were reviewed within the previous 12 months.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified during this inspection and records reviewed indicated that staff had received relevant training. Guidance on supporting residents with intimate personal care was available in their personal plans.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunmanway Residential OSV-0002110

Inspection ID: MON-0030082

Date of inspection: 30/09/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. The PIC will organize for staff to attend refresher training in de-escalation and intervention by March 2022	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The registered provider shall ensure the directory of residents for Dunmanway Residential will include gender of residents and date of admission to the designated centre by December 2021.	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure that the Annual Review of the designated centre shall provide for consultation with residents and their representatives.</p> <p>The registered provider will ensure that designated centre is resourced to ensure effective delivery of care and support in accordance with the statement of purpose.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider shall ensure the premises of the designated centre are of sound construction and kept in good repair externally and internally.</p> <p>The light fitting in the kitchen was replaced on October 6th 2021.</p> <p>The damp patch in the ceiling in the kitchen will be investigated and repaired by December 2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider will ensure, by means of fire safety management and fire drills at suitable intervals, that staff and is so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</p> <p>The registered provider will ensure that staff record the time of day/night the fire drill has taken place to reflect night time situations when staffing levels would be at their lowest.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2021
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(1)(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/12/2021

	designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
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	31/12/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2021