



# 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:	13 October 2021
Centre ID:	OSV-0002610
Fieldwork ID:	MON-0034371

## 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:

5

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 13 October 2021	10:30hrs to 16:15hrs	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

There was a good quality service in this centre that addressed the needs of the residents and supported them to engage in activities that they enjoy. Residents received good quality care from staff and appeared very comfortable and happy in their home.

This was a short notice announced inspection to allow the provider to make arrangements to reduce the risk of infection from COVID-19. At all times, the inspector adhered to public health guidance on the prevention of infection of COVID-19. The inspector visited the centre in the morning and in the afternoon to inspect the premises and to meet residents and staff. A review of documentation was conducted in an office separate to the designated centre.

The centre was part of a congregated setting and located in one part of a large building on the ground floor. On arrival, the inspector noted that the centre was clean, warm and welcoming. Each resident had their own bedroom, one of which was en-suite. The bedrooms were decorated in different styles according to the residents' tastes. Residents had been supported to choose wall paper, paint colours, bed clothes and personal objects for their rooms. The residents' personal photographs were on display in the hallway and in the bedrooms. Profiling beds were available for those residents who required it and there was ample storage in every room. There was one large sitting room with a television, comfortable armchairs and a two-seater couch. There was supportive seating for some residents that had been provided by an occupational therapist to meet the residents' specific seating needs. In addition, there were new items of furniture purchased recently. There was a desk in the sitting room that was used by staff. The room was decorated for Halloween on the day of inspection with items that had been chosen by the residents. A large kitchenette was located next to the sitting room where residents enjoyed their meals. Fresh fruit, breakfast cereals and snacks were available in this kitchenette but all hot meals were cooked in a central kitchen and delivered to the centre at certain points in the day. There was one main bathroom with a wetroom style shower and a separate WC. The centre had a sluice room with a sluice machine to the rear of the room and a hand hygiene sink next to it. There was no soap dispenser at this sink and this was brought to the attention of the person in charge. A soap dispenser was mounted next to the sink before the end of the inspection. A shower chair, commode and laundry hampers were stored in the sluice room, creating a risk in relation to infection prevention and control. This will be discussed later in the report. Outside, there was a smoking hut that was used by residents next to the back door into the kitchen. The centre was located on a campus with large grounds that were well-kept and provided space and opportunities for residents to go for walks.

The inspector met with four residents on the day of inspection. Some residents spent the day relaxing in the sitting room, while others attended day services in a separate building on the campus. Residents were supported to communicate by

staff. One resident chatted about a pub that they enjoyed visiting. Another resident talked about their day services, the new furniture and the Halloween decorations. Residents were busy going about their daily routines and appeared very comfortable and happy in their home.

Staff interacted with residents in a very friendly and respectful manner, and spoke fondly of the residents. They were knowledgeable of the residents' communication style and preferred topics of conversation. They were observed sharing jokes, stories and laughter with residents. They were knowledgeable of residents' care needs and their likes and dislikes. They discussed activities that they had undertaken with the residents recently. They spoke about supporting residents to visit family, do some personal shopping and go for a meal or coffee. They discussed the supports that residents need to access the wider community and some of the activities that occur in the centre.

Residents' rights were respected. Residents were offered choices regarding their clothing, food and activities. These choices were respected. Staff discussed times when residents had changed their minds about engaging in planned activities and that this had been respected and supported by staff. Positive risk taking to promote residents' independence was noted and one resident left the centre on their own to walk to their day services.

Overall, residents appeared happy in their home and had a good quality of life. Staff interacted with residents in a friendly manner and supported the residents to engage in activities that they enjoyed.

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

## Capacity and capability

There was good governance in this centre. There were clear reporting relationships and lines of accountability. Staffing arrangements met the needs of the residents. However, improvement was needed to ensure that findings on audit were addressed by the provider.

The provider had good oversight of the service. The person in charge was new to the role. They facilitated the inspection in conjunction with the previous person in charge. They had good knowledge of the care needs of the residents and the service requirements to meet those needs. The provider had completed an annual review and six-monthly unannounced audits of the service in line with the regulations. Findings from these reports were included in a quality improvement plan that was updated monthly. There were specific actions and timelines laid out to address any issue identified. In addition to this, the provider had a suite of other

audits that were completed at various times throughout the year. However, a review of these audits found that issues identified were not always acted upon. For example, an environmental audit completed in July 2021 had identified areas relating to heating and ventilation, electrical equipment and the boiler that needed to be checked with maintenance. This was also noted on the same audit in October 2021. The timeline and person responsible for these actions had not been identified and it was not included in the quality improvement plan.

The number and skill-mix of the staff in the centre was adequate to meet the assessed needs of the residents. There was access to nursing support at all times. There was a consistent team of staff working in the centre and the person in charge reported that, when agency staff was required, the same staff members worked in the centre. The provider was implementing a process at the time of the inspection to recruit some of the existing agency staff. This was to maintain a core team who were familiar to the residents. Household staff were also employed in the centre who completed routine and enhanced cleaning of the centre. Staff received supervision in line with the provider's policy and team meetings occurred regularly. Staff reported that they felt supported and would be comfortable raising any concerns that they may have regarding the service. The provider-led annual review of the centre identified staff training as an area requiring improvement and a date for completion was identified. While a number of staff required refresher sessions in different areas of mandatory training, this had been identified by the person in charge. Staff who required refresher training had been added to waiting lists to access those training sessions when they became available. There were definite dates for when the training sessions would commence.

Overall, the provider had good leadership and management of this centre. Staff numbers and skill-mix met the needs of the residents. Staff training needs had been identified by the provider with a plan in place to address this. Further improvements are needed in the area of audit and ensuring that audit findings are addressed.

### Regulation 15: Staffing

The number of staff and their skill-mx was sufficient to meet the assessed needs of the residents. Nursing staff was available as required. The rota showed that there was a core, familiar team working with the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training was up to date in some areas. Where training was out of date, this had been identified by the person in charge and staff were listed for refresher

courses.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had completed annual reviews and six-monthly unannounced audits of the service. Staff received supervision in line with the provider's policy and there were mechanisms in place for staff to raise concerns if needed. The provider had implemented a suite of other audits. However, not all findings from these audits were acted-upon and addressed.

Judgment: Substantially compliant

### Quality and safety

Residents were supported by a good standard of care in this centre. The provider had measures in place to protect the rights and safety of residents. However, further improvement in relation to infection prevention and control was needed in relation to the management of the sluice room.

The provider had taken steps to protect the residents from infection. Household staff were available to complete cleaning tasks and enhanced cleaning schedules were introduced since the onset of COVID-19. A review of documentation found that this schedule was completed as required. When household staff were not available, cleaning was undertaken by other staff members. The provider had a contingency plan to support residents to self-isolate in cases of suspected or confirmed COVID-19. The person in charge reported that there was 24 hour telephone access to an infection prevention and control nurse specialist if a case of COVID-19 was identified. Staff were observed adhering to COVID-19 public health guidelines relating to hand hygiene and mask-wearing. However, the inspector noted that the use of the sluice room to store a shower chair, commode and laundry hampers was not in keeping with best practice regarding infection prevention as access to the sluice and hand hygiene sink was blocked. The storage of cleaned shower chairs next to the sluice was also not in keeping with infection prevention guidelines.

The provider had also taken measures to protect residents from the risk of abuse. All staff, including those who did not work directly with residents, were knowledgeable of the steps to be taken if there was any concern regarding abuse. Safeguarding was a standing item on staff and residents' meetings. Each resident had an intimate care plan. The centre's comprehensive risk register and individual resident risk assessments also promoted residents' safety. The risk assessments



identified risks to residents and staff and outlined the control measures that were taken to reduce those risks. These assessments were reviewed regularly.

The residents' risk assessments formed part of their personal plans. In addition, the personal plans identified the residents' health and social care needs. Where a need was identified, a corresponding care plan was devised. These plans clearly outlined how best to support the resident with their needs. They were regularly reviewed and updated throughout the year. There was an annual review of each residents' health and social care needs. The review had input from a multidisciplinary team and the provider had made efforts to include the resident or their family in these meetings. Residents' goals were reviewed routinely and there was evidence that residents were supported to reach these goals. Residents had access to a range of healthcare professionals as required. The personal plans also included behaviour support plans for those residents who needed them. These were devised with input from a variety of professionals, including a behaviour support therapist. The plans identified situations that could result in an increase in discomfort or stress for residents, how to identify this and how best to support residents manage their behaviour.

As outlined above, residents' rights were upheld. Residents meetings were held weekly and minutes of these meetings were recorded. Residents were supported to communicate their needs and wishes. Staff were knowledgeable of the residents' communication styles. Residents had communication profiles that outlined how best to support residents and these had been devised with the support of a speech and language therapist. Residents were offered choices. A review of menus found that residents were offered healthy and nutritious meals. Their communication of these choices was supported with the use of picture menus.

The centre itself was comfortable and suited to the residents' needs. It was fully accessible to all residents. Residents had their own room for privacy and there was adequate communal space. There were plans for some residents to move from the centre to a new house in the community. The provider had made preparations to support residents to make the move to the new house in the near future. A transition plan had been devised with input from a number of relevant professionals to ease the transition process.

Overall, residents had a good quality of life in this centre and were in receipt of good safe person-centred care. Their rights were upheld and they were supported to engage in activities that they enjoyed.

## Regulation 10: Communication

Residents communication needs were supported by staff. Residents had communication profiles that outlined how best to support them express their needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

The centre was suited to the needs of the residents. Each resident had access to a private bedroom. The centre was clean and decorated with the residents' personal possessions. The centre was in good structural repair.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were provided with a choice of wholesome and nutritious food. The food was prepared in line with the residents' assessed needs.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents who were planning to move to a new centre were supported with this transition through a detailed transition plan. This was devised by a number of relevant healthcare professionals who identified the supports that the resident would require.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a comprehensive risk register in the centre and individual risk assessments that identified hazards and the control measures needed to reduce the risk. The risk assessments were regularly reviewed and updated.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had taken steps to protect residents from the risk of infection through the use of cleaning schedules, COVID-19 contingency planning and good practice in relation to public health guidelines. However, improvement was required in relation to the use of the sluice room in order to reduce the risk of infection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident's health and social care needs were assessed. A corresponding care plan was devised to address any needs identified. There was evidence of input from a variety of health professionals as required. The plans were reviewed annually.

Judgment: Compliant

### Regulation 6: Health care

The provider had made arrangements to meet the health needs of residents. Residents had access to appropriate healthcare professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had behaviour support plans that clearly outlined the supports required to assist them manage their behaviour in response to challenging situations. Staff were knowledgeable on the contents of these plans and how to support residents.

Judgment: Compliant

### Regulation 8: Protection

The provider had measures in place to protect residents from abuse. Staff were knowledgeable on the steps that should be taken in cases of suspected abuse. The residents' personal plans included intimate care plans

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld. Residents were routinely offered choices and these choices were respected by staff.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dearglishe OSV-0002610

Inspection ID: MON-0034371

Date of inspection: 13/10/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with regulation 23 the provider has ensured the following actions have been undertaken</p> <p>All Audits completed within the center will have clear actions stating the timeline to complete these actions and who is responsible to complete these actions.</p> <p>The actions will be added to the center’s QIP.</p> <p>The Person In Charge will ensure these actions are completed within the timeframe identified .</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27 the provider has ensured the following actions were undertaken</p> <p>The Laundry hampers are reduced due to the reduction in occupancy within in the center The remaining hamper will now be stored in the adjacent bathroom.</p> <p>The shower chair /Commode will be stored in the shower area where it is utilized</p>	

To ensure there is a clear access to the sluice room and the hand hygiene sink the PIC has put clear signage on the sluice room door to highlight this.



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	01/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	01/11/2021

	published by the Authority.			
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