



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

Name of designated centre:	Dunwiley & Cloghan
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	18 September 2018
Centre ID:	OSV-0005489
Fieldwork ID:	MON-0024924

## About the designated centre

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

Dunwiley and Cloghan provides full-time residential care and support to adults with a disability. The designated centre comprises of a six bed bungalow and a four- bed bungalow. In addition, the four bed bungalow has a separate one bed self-contained apartment attached. The centre is located within a campus setting which contains a further three designated centres operated by the provider. The campus setting is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported by a staff team of both nurses and care assistants. During the day, support is provided by up to five staff dependant on occupancy levels and the assessed needs of residents in each of the bungalows. At night-time, residents are supported by two staff members in each bungalow, with additional support being provided by a nurse in charge who is responsible for the entire campus.

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

Current registration end date:	19/11/2020
Number of residents on the date of inspection:	8

## How we inspect

To prepare for this inspection the inspector or 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
18 September 2018	09:00hrs to 15:10hrs	Stevan Orme	Lead

## Views of people who use the service

The inspector visited only one of the designated centre's bungalows as part of the inspection, but had the opportunity to meet four residents who lived there on the day.

The inspector was only able to speak to one resident about the quality of care and support they received at the centre. The resident told the inspector that they liked the staff at the centre and was supported to do activities of their choice. They also told the inspector that they were unhappy with the noise levels of their fellow residents at the centre.

Where residents were unable to tell the inspector about the service they received, the inspector observed that residents appeared relaxed and comfortable with the support they received from staff at the centre. Furthermore, the inspector observed that residents were treated with dignity and respect, and supported to make choices during the day of inspection.

## Capacity and capability

The provider's governance and management arrangements at the centre had not ensured that residents were protected at all times from risk and supported in-line with their assessed needs.

The provider had ensured that a clear management structure was in place, with regular audits being carried out into the effectiveness of practices at the centre.

The provider's risk management arrangements clearly identified all areas of concern at the centre and reflected staff knowledge. However, although risk interventions were subject to regular review, the inspector found that not all risk interventions were effective. Risk management arrangements for the safeguarding of vulnerable adults and management of challenging behaviour had not led to a reduction in incidents of concern and had resulted in a negative impact on the lived experience of residents at the centre.

Residents were supported by a team of suitably qualified nursing and care staff. However, the provider had not consistently ensured that appropriate staffing levels and skill mixes were available at the centre, as described in its statement of purpose, to meet residents' assessed needs. Furthermore, where appropriate staffing was not in place, additional staff were gained through ad-hoc arrangements with neighbouring designated centres. This practice impacted on the continuity of care provided, as at times it was unclear to residents how their needs

would be met and by whom.

Staff were knowledgeable on residents' assessed needs and had access to regular training opportunities to keep their skills up-to-date in mandatory areas such as fire safety and manual handling. However, the provider had not ensured that all staff had received training identified in risk interventions to support residents' assessed needs such as breakaway techniques and autism awareness.

### Regulation 15: Staffing

The provider had not ensured that residents' assessed needs were supported at all times by an appropriate number of suitably skilled staff at the centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to regular training opportunities and were knowledgeable on residents' assessed needs and practices at the centre. However, not all staff had received training in-line with risk interventions and residents' assessed needs.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Governance arrangements at the centre had not ensured that the service provided to residents was safe, consistent and appropriate to their assessed needs at all times .

Judgment: Substantially compliant

### Quality and safety

Care and support arrangements in place at the centre did not ensure that residents were safe from the risk of abuse and that their assessed needs were meet at all times.

Residents' personal plans were comprehensive in nature and reflected staff knowledge. In addition, personal plans were regularly updated and subject to an annual review into their effectiveness with the involvement of both residents and their representatives.

Residents were supported to maintain links with their families as well as regularly participate in activities of their choice. Residents were involved in a range of activities in their local community and regularly accessed leisure amenities, cafes and shops.

The provider had arrangements in place for the support of residents with challenging behaviour. Residents' behaviour support plans were subject to regular review and included proactive and reactive management strategies which reflected staff knowledge.

However, the inspector found that behaviour management arrangements were not effective in nature, with a high number of incidents being regularly reported by staff. Records showed that a high number of incidents of residents' challenging behaviour were attributed to their reaction to the behaviours of their peers, with seven incidents of this nature recorded in August 2018. In addition, the inspector found that there was a reliance on the administering of 'as and when required' (PRN) medication by staff to manage incidents of challenging behaviour. Although behaviour plans stated that PRN medication should only be given as a last resort, records from the 1 – 18 September 2018 showed that PRN medication had been given on 21 occasions due to incidents of challenging behaviour.

Governance and management arrangements at the centre ensured that staff received up-to-date training on the safeguarding of vulnerable adults from abuse. With information on reporting arrangements being displayed throughout the centre. Staff were knowledgeable about current safeguarding risks at the centre and their associated interventions.

However, the inspector found that current safeguarding arrangements were not effective and had not ensured that residents were kept safe from repeated incidents of abuse such as psychological. The inspector found that residents were regularly affected by the behaviours of their peers through noise levels and witnessed incidents of challenging behaviour, which impacted on their quality of life at the centre.

### Regulation 13: General welfare and development

Residents were supported to access and participate in a range of activities which reflected their assessed needs and enabled them to achieve their personal goals.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider's management arrangements had identified all risks at the centre. However, the inspector found that implemented control measures and support interventions had not lead to a reduction in the occurrence of risks, which impacted on the quality of life experienced by residents.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents' personal plans were comprehensive in nature and reflected both staff knowledge and observed practices at the centre. Plans were available to residents in an accessible version and regularly reviewed to ensure they supported residents' assessed needs and facilitated the achievement of personal goals.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Arrangements for the positive management of residents' challenging behaviour had not lead to a reduction in its frequency at the centre. Furthermore, support arrangements were reactive in nature and with a frequent reliance on the use of PRN medication to support residents during incidents of challenging behaviour.

Judgment: Not compliant

## Regulation 8: Protection

Safeguarding arrangements were not effective in nature and did not protect residents from experiencing repeated incident of alleged abuse at the centre.

Judgment: Not compliant



## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Dunwiley&CloghanOSV-0005489

Inspection ID: MON-0024924

Date of inspection: 18/09/2018

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>There is a planned and actual Rota showing staff on duty during the day and night and this is updated as required            Six staff are rostered on duty daily; 1 staff nurse 5 Healthcare assistants and on night duty 1 staff nurse and 1 Healthcare assistant.            The residents in Dunwiley are also supported by the staff in Day Services to engage in social and recreational activities</p> <p>Measure needed to achieve compliance            (1) Recruitment of staff nurses to ensure that a staff nurse is rostered on day/night duty. HR department has completed a recruitment campaign and nursing post vacancies post will be filled by the 15-11-2018</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>An Annual Training plan is completed for the centre &amp; training records are maintained. Staff are trained in Managing Challenging Behaviours and Autism.</p> <p>Measure needed to achieve compliance</p> <p>1 staff requires Managing Challenging Behaviour Training            3 staff require autism training</p> <p><b>Completion Date : 15-11-2018</b></p>	

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>There is a clear management structure in place with regular audits being carried out into the effectiveness of practices at the centre.</p> <p>Risk management arrangements in place clearly identify areas of concerns, and risk interventions are in place which are subject to regular review.</p> <p>Residents are supported by a team of suitability qualified nursing and care staff.</p> <p>Staff are knowledgeable on residents assessed needs and have access to regular training</p> <p>Measure needed to achieve compliance</p> <ul style="list-style-type: none"> <li>(1) Recruitment of staff nurses to ensure that a staff nurse is rostered on day/night duty. HR department has completed a recruitment campaign and nursing post vacancies post will be filled by the 15-11-2018</li> <li>(2) MDT review of all risks Identification of additional controls required and a timeframe for the implementation of same.</li> <li>(3A) Reduce Numbers in Dunwiley</li> <li>(3B) Behavioural Assessment to be completed for each resident in conjunction With psychology.</li> <li>(3C) Development of Behaviour support plans based on individual needs as outlined In the behavioural assessment</li> </ul> <p><b>Completion Date</b> : (1) 15-11-2018 (2) 30-11-2018 (3A) 30-04-2019 (3B) 30-11-2018, (3C) 15-12-2018</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The following policies are in place as per schedule 5 policy</p> <ol style="list-style-type: none"> <li>1. Policy on Managing Health and Safety</li> <li>2. Policy and Procedure in Integrated Risk Management and Emergency Planning Intellectual Disability Service</li> <li>3. Policy on Multi – Disciplinary Person Centred Risk Management for Intellectual Disability Services</li> </ol>	

Safety Statement in place to include Corporate Safety Statement, Intellectual Disability Safety Statement, Departmental Safety Statement, Site Specific Safety Statement, Hazard and Risk identification, and measures put in place to control risks.

Tracking and Trending of Incidents & Accidents

Measures needed to achieve compliance

- (1) MDT review of all risks
- (2) Identification of additional controls required
- (3) Action plan outlining what additional controls are required and a timeframe for the implementation of same.

**Completion Date:** 30-11-2018

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The following policies are in place as per schedule 5

- (1) Policy and Procedures for staff on the use of restrictive Procedures for the Management of Behaviours of Concern
- (2) Policy and Procedures for the staff on the use of Restrictive Procedures for the Management of Behaviours of Concern.

Staff trained in Managing Challenging Behaviour ( 5 modules )

Staff trained in Breakaway

Behaviour Support Plans / Crisis Management Plans in place.

Schedule of activities in place for all service users.

1 service user has approval for a third party external placement, the placement will be available from the second week in November 2018. The need for the external placement was based on a MDT decision.

1 service user is currently on the National Emergency House List for a placement outside Ard Greine Court. This placement is based on an MDT decision.

Measures needed to achieve compliance

- (1) Reduce Numbers in Dunwiley
- (2) Behavioural Assessment to be completed for each resident in conjunction psychology

- (3) Development of Behaviour support plans based on individual needs as outlined in the behavioural assessment.
- (4) MDT completing a piece of work titled " Improving Life Experiences " for service users in Dunwiley. This piece of work came about as a result of an MDT workshop held regarding this centre.

**Completion Date : 15-12-2018**

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

The following policies are in place as per schedule 5 policies

- (1) Guideline for the Reporting of Concerns regarding Vulnerable Adults at risk from Abuse IDS
- (2) Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures Health Service Executive.

All staff have received training in the National Policy and Procedures for Safeguarding Vulnerable Person at Risk of Abuse.

Intimate Care Plans in place for resident

Designated Officers identified within the service

All allegations or suspicions of abuse are investigated and reported in line with policy

All allegations or suspicions of abuse are notified to HIQA

Monthly MDT safeguarding meetings on site

Garda Liaison Officer visits the site on a monthly basis

Measures needed to achieve compliance

- (1) MDT review of all safeguarding plans

**Completion Date : 15-11-2018**

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	15.11.2018
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	15.11.2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Substantially Compliant	Yellow	15.11.2018

	refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	15.12.2018
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	15.12.2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30.11.2018
Regulation 7(5)(a)	The person in charge shall ensure that, where	Not Compliant	Orange	15.12.2018



	a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	15.12.2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	15.11.2018