



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

Name of designated centre:	Dreenan
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	04 December 2018
Centre ID:	OSV-0005490
Fieldwork ID:	MON-0023408

About the designated centre

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

Dreenan provides full-time residential care and support to adults with a disability. The designated centre comprises of a purpose built six bed bungalow. In addition to their individual bedrooms, residents also have access communal facilities at the centre which include two sitting rooms, dining room, kitchen, laundry room and bathroom facilities. 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, residents are supported with their assessed needs by four staff members with one nurse being on duty at all times. At night-time, residents are supported by two staff comprising of a nurse and health care assistant, 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:	05/11/2020
Number of residents on the date of inspection:	5

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
04 December 2018	10:00hrs to 15:15hrs	Stevan Orme	Lead

Views of people who use the service

The inspector met with five residents who lived at the centre on the day of inspection. Where residents were able to tell the inspector about the care and support they received, they said they liked living at the centre and were happy with the support they received from staff. Residents also told the inspector that they were able to do activities of their choice and were also supported to maintain links with their families and visitors were always welcome at the centre.

Where residents were unable to express their opinions on the quality of care and support provided, the inspector observed that they appeared both happy and comfortable with all supports received from staff during the course of the inspection.

Capacity and capability

Residents at Dreenan received a good standard of care and support which ensured that their assessed needs were met at all times. The centre's governance arrangements ensured that residents were supported to access activities in their local community and achieve their personal goals.

The centre's governance arrangements were robust in nature with a clearly defined management structure. The person in charge was knowledgeable about residents' assessed needs and actively involved in the day-to-day operational management of the centre. The person in charge ensured that the centre's staff team were suitably skilled to support residents' assessed needs through the provision of regular training. Staff were supported to access mandatory training in-line with the provider entity's policies and procedures in areas such as manual handling and fire safety, which ensured their practice, was in-line with current developments in health and social care. In addition, the person in charge facilitated one-to-one 'personal development plans' with staff where they discussed their roles at the centre, and identified additional training to support both residents' needs and assist their personal career development. In addition, the person in charge facilitated regular staff team meetings, providing staff with a forum to express their views on practices at the centre and be updated on any operational changes at the centre, which ensured a consistency of approach in meeting residents' needs.

The provider had ensured that appropriate numbers of staff were engaged at the centre at all times to meet residents' assessed needs. Staffing arrangements ensured that nursing support was available at all times to residents to meet their needs as recommended in care plans and risk assessments. Staffing levels further ensured that residents were able to regularly enjoy activities both at the centre and in the local community which reflected their needs and wishes. Residents were supported regularly by staff to enjoy a range of community activities such as

personal shopping in local towns and meals out in local cafes and restaurants. In addition, staffing levels further ensured that residents were able to achieve their annual personal goals at the centre such as having a short-break holiday.

The provider and person in charge ensured that the standard of care and support provided to residents was good through a comprehensive range of management audits. Scheduled audits looked at the effectiveness of all aspects of the centre's practices and were completed by either the person in charge or a delegated nurse. In addition to internal audits, the provider also completed six-monthly unannounced visits to the centre which further examined the effectiveness of care and support provided to residents. Areas identified for improvement following audits and visits were shared with staff through team meetings to both ensured their knowledge was up-to-date and a consistent response to the findings. The inspector found that all actions identified for improvement following completed audits had been, or were being, addressed in a responsive manner and in-line with agreed time frames by the person in charge or delegated staff member

The provider's risk management practices ensured that residents were kept safe from harm and procedures were in place to effectively respond to adverse incidents which might occur. Staff were knowledgeable on identified risks at the centre as well as agreed risk management plans. The person in charge further ensured that all risk management interventions were subject to regular review to ensure they effectively protected residents from harm. In addition, the provider had arrangements in place for both the recording of and monthly analysis of accident and incidents which occurred at the centre. Completed analysis of incidents and accidents was then used by the person in charge to identify any trends or patterns which would require changes to residents' nursing interventions or service provision at the centre.

Regulation 15: Staffing

The provider had ensured that appropriate numbers of suitably skilled staff were in place at the centre to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice.

Judgment: Compliant

Regulation 16: Training and staff development

Governance arrangements ensured that staff had access to regular training, which ensured they were suitably skilled to support residents' assessed needs and their skills reflected current development in health and social care practices.

Judgment: Compliant

Regulation 23: Governance and management

Governance arrangements ensured that all practices at the centre were subject to regular monitoring and review to ensure their effectiveness. Management arrangements further ensured that appropriate resources were available at all times to support residents with their assessed needs, kept them safe from harm and enabled them to achieve their personal goals.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had measures in place to ensure that residents and their representatives were aware of their right to make a complaint and access advocacy services. Where complaints had been lodged, records showed that they had been addressed in-line with the provider's policy and to the satisfaction of residents and or their representatives.

Judgment: Compliant

Quality and safety

During the course of the inspection, the inspector found that residents received a good quality of care in-line with their assessed needs at Dreenan. Care and support arrangements in place at the centre ensured that residents were protected from harm and they were reviewed regularly to ensure their effectiveness.

Residents participated in a range of activities in the local community which reflected their personal choices and assessed needs. Residents accessed activities which reflected their needs and interests throughout the week such as music therapy facilitated by the campus' day service. In addition, to accessing the campus' day service, one resident was supported to access an external day service which they had attended prior to moving to the centre. When not at day services, staff arrangements at the centre ensured that residents were provided with a bespoke day programme which further reflected their needs and wishes. Residents were supported to access reflexology as well as the campus' sensory room. In addition, residents either on a one-to-one basis or in a group enjoyed visiting local places of interest, the cinema and meals out in local cafes and restaurants.

Personal planning arrangements were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal

plans were regularly updated when their needs changed or in response to recommendations from associated multi-disciplinary professionals. The regular updating of personal plans by residents' named nurses ensured both the effectiveness of supports provided and that staff knowledge was up-to-date and ensured a consistency of approach when meeting residents' needs. Staff spoken to during the inspection were knowledgeable on all supports provided to meet residents' assessed needs including any associated risk management interventions. The effectiveness of residents' personal plans was further ensured through annual review meetings. Review meetings were attended by the resident or their representatives as well as centre staff and associated multi-disciplinary professionals to ensure all views on its effectiveness were gained. Minutes showed that discussion occurred on the effectiveness of all supports provided to meet the residents' needs including progress made in achieving annual personal goals. Where review meetings resulted in changes or recommendations towards residents' care and support, personal plans were swiftly updated to ensure their ongoing effectiveness and to update staff knowledge. As well as their attendance and involvement in review meetings, the provider further ensured that residents and their representatives were active participants in the personal planning arrangements through the availability of an accessible version of their personal plan known as 'My Person Centred Plan'. The availability of 'My Person Centred Plan' ensured that both residents and their representatives were informed about how the residents' needs would be met by staff at the centre.

Where residents had behaviour that challenges, the provider had arrangements in place which ensured that individuals were supported through a multi-disciplinary approach. Comprehensive behaviour support plans were developed by qualified behavioural specialists and reviewed regularly to ensure their effectiveness and guide staff. Where residents' assessed needs were supported by the use of a restrictive practice, governance arrangements ensured that a clear rationale was in place for its use which was subject to both approval and frequent review by multi-disciplinary professionals associated with the residents' care and support. Regular reviews and ongoing monitoring on the use of approved restrictive practices further ensured that practices were only used as and when required and were the least restrictive option to meet residents' needs.

Following the last inspection, staff had supported a resident to move into the centre. Transition arrangements in place to support the resident clearly guided staff on their support needs and ensured the admission was as smooth as possible. Arrangements put in place also attempted to reduce any associated anxiety for the resident with the move and included their continued attendance at their long-term day service and bringing personal items to decorate their new room at the centre. Throughout the transition period, the provider ensured consultation occurred with both the resident and their representatives. In addition, advocacy services were made available to the resident, by the person in charge to enable them to fully express any their concerns they had during the transition period.

Residents were protected from harm at the centre, with arrangements for the reporting of accident, incidents and safeguarding concerns in place. Where safeguarding incidents had occurred, staff had ensured that actions taken

were in accordance with the provider's policies and procedures, with robust safeguarding plans being implemented to reduce any possible future re-occurrence. In addition, safeguarding plans were reviewed regularly by staff and the centre's designated safeguarding officer to ensure their ongoing effectiveness. Staff knowledge on how to address safeguarding concerns was further kept up-to-date through discussions at regular team meetings and their attendance at 'Safeguarding of vulnerable adults' and 'Children First' training conducted by the provider entity.

Regulation 10: Communication

Residents were supported by staff to express their needs and wishes through their preferred method of communication.

Judgment: Compliant

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

Residents were kept safe from harm through management arrangements which identified and assessed possible risks at the centre. Where risks were identified, the provider ensured that risk control measures were implemented, with these being subject to regular review to ensure their effectiveness.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans clearly described residents' assessed needs and associated nursing interventions and were subject to regular review to ensure their effectiveness. In addition, personal plans were available to residents in an accessible version to inform them and about how their needs would be supported by staff at the centre.

Judgment: Compliant
Regulation 6: Health care
Residents were supported to access health care professionals as and when required, with all provided supports being subject to regular review and reflecting up-to-date recommendations from health care professionals. In addition, resident were supported to access preventative health care measures such as vaccinations and health screening programmes.
Judgment: Compliant
Regulation 7: Positive behavioural support
Where residents had behaviours that challenge, the provider had ensured that positive behaviour support plans were in place to both support the person and reduce any risk to others. Furthermore, staff were knowledgeable on residents' behaviour support plans and had received up-to-date positive behaviour management training which ensured their practices reflected current developments in health and social care.
Judgment: Compliant
Regulation 8: Protection
The provider had arrangements in place to safeguard residents from abuse which included clear reporting arrangements and up-to-date training for staff. Where incidents of this nature had occurred, safeguarding plans had been implemented which ensured that residents were kept safe from harm and reflected staff knowledge.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant

Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant