



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

Issued by the Chief Inspector

Name of designated centre:	Donagh House (with Ros na Ri as a unit under this Designated Centre)
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Short Notice Announced
Date of inspection:	24 July 2020
Centre ID:	OSV-0002456
Fieldwork ID:	MON-0029509

About the designated centre

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

Donagh House offers full-time residential care and support to 12 adults with an intellectual disability, and there are no gender restrictions. The centre comprises two detached bungalows on the outskirts of the local town. Each bungalow has spacious outside space, and sufficient communal and private living space. Two residents share a large double room with an en-suite bathroom, and all other residents have their own room. The centre is staffed with a mix of nursing and social care staff including waking night staff, and the person in charge is full-time and supernumerary.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 24 July 2020	11:30hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

There were 12 residents at the centre on the day of the inspection, and the inspector met and spent some time with them. The residents all appeared to be comfortable in their home, and at ease with their interactions with staff members, who were familiar to them. Residents were observed to approach staff for support during the day, and to discuss various issues with them.

Two residents shared a spacious double room with an en-suite bathroom, and had shared a room for over 20 years, both in this house and in their previous residence. Both residents have said that this is their preferred arrangement. All other residents had their own rooms and shared communal living areas.

Residents told the inspector that they were happy in their home and described their relationships with other residents and with staff. They also spoke about their activities and hobbies, and explained the effects of the restrictions due to COVID-19 on their normal daily lives. They described supports which had been put in place during the crisis, and the inspector observed various newly introduced activities taking place.

Residents had been supported to maintain contact with their families and friends, and had been kept informed throughout the crisis in accordance with their personal communication needs. Some residents were observed to be complying with infection control guidance, and others were supported by staff to maintain safe practices. Residents could explain to the inspector who they would go to if they had a problem or a complaint, but said that they were currently content.

The inspector observed residents going about their daily lives, engaging in activities and relaxing in their home within a pleasant atmosphere.

Capacity and capability

The centre was effectively managed. There was a clearly defined management structure in place with clear lines of accountability and appropriate governance processes to ensure effective oversight of the centre.

The provider had ensured that key roles within the centre were appropriately filled. The person in charge at the time of the inspection was appropriately skilled, experienced and qualified, and was involved in the training and development of

staff.

Various systems of oversight and governance were undertaken by the person in charge and senior management. A regular schedule of audits was undertaken, including audits of infection control, medication management and person centred planning. An annual review of the care and support offered to residents had been developed and was available. Required actions for improvement were identified through these processes, and there was a clear process in place to monitor the implementation of required actions. All required actions reviewed by the inspector had either been completed within the identified time frame, or where the restrictions due to the COVID-19 had postponed actions, were kept under review.

The provider had developed and implemented detailed guidance in relation to the COVID-19 crisis. The person in charge and staff in the centre were familiar with the guidance and the changes in practice that were required to safeguard residents. The inspector observed these practices during the course of the inspection, including appropriate hand hygiene practices and appropriate use of personal protective equipment. Residents were encouraged to adhere to current guidance in accordance with their understanding, and the inspector had several conversations with residents who were able to implement the current guidance.

There was a system whereby any accidents and incidents were recorded and analysed, and changes in practice from learning from incidents was implemented. Oversight of incidents was formally conducted on a monthly basis.

While large group staff meetings had been temporarily suspended due to infection control restrictions, small meetings were held and various methods of communication with staff had been ongoing including individual meetings, written communications and dissemination of information by the person in charge. Agreed actions from these processes were found to have been completed, including the requirement to review the goals of residents under the current restrictions.

The provider had arrangements in place to ensure a consistent and up-to-date staff team. Rosters were planned, and a record of the actual roster was maintained as required by the regulations. The number and skill-mix of staff was appropriate to meet the needs of residents. Additional staff had been redeployed from the day services of the organisation to support residents within the restrictions of the current public health crisis. There was regular formal supervision and performance management of staff. A review of the documentation of these procedures, together with discussion with staff members, indicated a practice that was supportive to staff.

Staff were in receipt of regular training and were knowledgeable about the support needs of residents. A training matrix was available which indicated that staff were supported to maintain their skills. Additional training had been undertaken by staff members relating to COVID-19 and infection control principles. Staff were observed to be implementing the documented guidance on the support requirements of residents.

A directory of residents was in place which included all the information required

under the regulations.

There was a clear complaints procedure in place which was clearly available to residents. Any complaints were followed up, and a recent complaint had been investigated, reported as required, and managed to the satisfaction of the complainant.

Overall, the inspector found that oversight of the centre was robust, that issues were addressed in a timely manner, and that the quality of life for residents was upheld.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in relation to the current public health crisis.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management
There was a clear management structure in place and robust systems to monitor the quality of care and support delivered to residents. The provider provided additional assurances in relation to COVID-19.
Judgment: Compliant
Regulation 31: Notification of incidents
All required notifications, required by the regulations, were made within the required time frames.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a clear complaints procedure which was available in an accessible version, and residents knew who to approach if they had a complaint. Any recent complaint had been investigated to the satisfaction of the complainant.
Judgment: Compliant
Regulation 4: Written policies and procedures
All the policies required under Schedule 5 were in place and had been reviewed within the required time-frame.
Judgment: Compliant
Quality and safety
The provider had put arrangements in place to ensure that residents had support to lead a meaningful life, had access to healthcare and relevant information and that

their choices were respected. Residents' rights were respected for the most part, although some institutional practices were still in place which did not support a home-like environment for residents.

These practices related to signage throughout the centre, some of which were in response to the current public health crisis. The glass panes at the front door of one of the houses were almost obliterated by multiple yellow COVID-19 posters which could be seen from the road and, the hallway in the house; the doors off the hall were similarly covered in posters. While responding to the public health crisis is vital, the inspector was unable to find a clear rationale for this excessive signage, given that there was clear guidance in the provider's contingency plan in relation to visitors. There was further signage throughout both houses, in residents' private bedrooms and throughout the living accommodation, which was unrelated to COVID-19 and outlined instructions and notices for staff.

Otherwise, there was an ethos of upholding the rights of residents, and the inspector identified no further rights restrictions. The restrictions applied to all due to COVID-19 had been explained to residents in detail in accordance with residents' preferred ways of communicating. Some residents discussed the implications of these with the inspector, indicating that they felt supported by staff in maintaining their quality of life in various ways. Different activities had been introduced, and where residents could not verbally communicate with the inspector, these activities were observed during the inspection.

Two residents shared a room, and have continually said that they were happy with this arrangement. Their room was spacious and screens were in place to ensure privacy. As all the residents in the house had shared their home for many years, and none of them wished to relocate, there was no meaningful alternative to this arrangement. The person in charge gave assurances that should separate rooms become available, these residents would be offered this option. The inspector found no evidence that the arrangement was having a negative impact on residents' quality of life.

Residents' meetings had continued, within public health guidelines, and where residents had raised issues that concerned them. These had been addressed and resolved, and it was clear that these were meaningful interactions. Communication with residents was prioritised, and where residents did not communicate verbally, methods of communication were documented in their personal plans, including detail relating to gestures or vocalisations that were meaningful to them.

There were robust systems in place in relation to the safeguarding of residents. All staff had appropriate training and there was a safeguarding policy in place to guide staff. Both staff and the person in charge were aware of their roles in relation to safeguarding of residents. A recent complaint from a resident in relation to personal finances had been thoroughly investigated, and additional measures had been put in place to ensure the resident was safeguarded from financial abuse.

Each resident had a personal plan in place based on detailed assessments of needs and abilities, each of which was regularly reviewed with the resident. There was

guidance in each of these plans to ensure that residents had a meaningful life, and had access to various activities and interests in accordance with their preferences and abilities. Goals had been set in consultation with each resident, and these goals were meaningful, and subject to ongoing review. Where goals could not be achieved due to the public health crisis, temporary goals had been set with residents, and progress towards these goals was documented.

Healthcare needs were supported, and residents had access to allied healthcare professionals in accordance with their needs. Healthcare plans were in place for each identified healthcare need, there was clear guidance in each plan for staff and the implementation of the plans was documented.

Where residents required positive behaviour support, there was a detailed assessment and behaviour support plan which was regularly reviewed. Behaviour support plans outlined detailed guidance for staff throughout stages of escalation of support needs. Staff engaged by the inspector could describe the steps required.

Where restrictive practices were required to ensure the ongoing safety of residents there were risk assessments in place to ensure that the practices were the least restrictive necessary to mitigate the identified risks, and these were regularly reviewed. Consent to any restrictive practices had been sought from residents and their agreement was documented.

There was a risk policy which included all the requirements of the regulations and all identified risk in the centre had been assessed. Risk management plans were in place, and the processes in place indicated that risk management was robust and that the safety of residents was prioritised.

There were systems and processes in place in relation to fire safety. There was safety equipment and fire doors throughout. All staff had completed fire safety training. There was a personal evacuation plan in place for each resident which included detail of any specific assistance required to ensure their safe evacuation. Regular fire drills had taken place, under both daytime and night-time circumstances, which indicated that all residents could be evacuated in a timely manner in the event of an emergency.

Regulation 10: Communication

Residents were supported in communication so that their voices were heard, and that information was available to them.

Judgment: Compliant

Regulation 12: Personal possessions

A record was kept of residents personal possessions and valuables.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which included all the requirements or the regulations. There was a risk assessment and management plan in place for all identified risks, including risk relating to COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place. Infection control policies had been updated to reflect the current public health crisis and these policies were being implemented.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre. There was evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the residents and their families.

Judgment: Compliant

Regulation 6: Health care
Provision was made for appropriate healthcare. Residents had access to appropriate healthcare professionals, and healthcare plans were in place.
Judgment: Compliant
Regulation 7: Positive behavioural support
Behaviour support was provided by appropriate health care professionals.
Judgment: Compliant
Regulation 8: Protection
There were systems in place to ensure that residents were protected from all forms of abuse.
Judgment: Compliant
Regulation 9: Residents' rights
The voices of the residents were heard, and the rights of residents were upheld for the most part, but there were notices throughout the centre outlining instructions to staff which did not uphold the right of residents to a homely environment.
Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for Donagh House (with Ros na Ri as a unit under this Designated Centre) OSV-0002456

Inspection ID: MON-0029509

Date of inspection: 24/07/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure this centre comes into compliance with this regulation the following actions will be undertaken:</p> <ul style="list-style-type: none"> • The signage for the current Covid 19 pandemic has been removed from the front door of one of the houses. • Signage is displayed in the staff office and on one notice Board in the kitchen for the residents. 	

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 09(3)	The registered provider shall ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	24/07/2020