



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

Issued by the Chief Inspector

Name of designated centre:	James Connolly Memorial Residential Unit
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	04 June 2020
Centre ID:	OSV-0002502
Fieldwork ID:	MON-0029510

About the designated centre

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

James Connolly Memorial Residential Unit is a congregated setting providing care and support to 16 adults with disabilities (both male and female) in Co. Donegal. The premises consist of a large two storey building and are institutional in design. Communal facilities include two large sleeping dormitories (where five female residents sleep in one dormitory and four male residents sleep in the other). There are also three single and two double occupancy bedrooms. All bedroom facilities are on the ground floor of the centre. The ground floor also has a large bright sitting/TV room, multiple bathroom/restroom facilities, a relaxation/sensory area, dining rooms and a small kitchenette which is available for residents to use. There is also a larger industrial-style kitchen on the ground floor (not accessible to the residents) that provides meals at specific times throughout the day to residents. The second floor of the building has facilities for management and staff of the centre including offices, a kitchen, a staff dining area and staff restroom. The centre is located on a site from which a range of other Health Service Executive (HSE) services are accommodated. The building is surrounded by gardens and grounds that are well-maintained and private parking facilities are also available. The centre is staffed on a 24/7 basis with a full time person in charge (who is a clinical nurse manager II), a team of staff nurses and a team of health care assistants. Access to GP services and other allied healthcare professionals form part of the service provided to the residents. Transport is also provided for residents to have access to nearby towns and go on drives to the local countryside and nearby beaches.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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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
Thursday 4 June 2020	09:30hrs to 15:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector did not have an opportunity to meet with any residents as part of this inspection process. However, they did at times observe staff interactions with residents over the course of the day. As with previous inspections, residents were observed to be relaxed and enjoying the company of staff members and staff were seen to be attentive to their needs. While some restrictions were in place regarding community access due to the current public health crisis, residents were supported to go for walks around the large, well-maintained gardens and grounds of the centre.

Although the centre remained institutional in design, significant improvements had been made to the building which enhanced the living environment for each resident. For example, corridors and communal areas had been painted and redecorated. Repairs had been made to the dining room area and it was observed to be a more homely and welcoming environment for residents to socialise and have meals in. Some bathrooms had been upgraded to better meet the needs of the residents. Significant improvements had also been made to the multi-occupancy bedrooms. For example, they had been redesigned to better provide for the privacy and dignity of each resident. Sleeping areas had been upgraded, redecorated and personalised to each resident's individual likes and preferences.

The inspector spoke with a family representative over the phone during the course of this inspection. They were very complimentary of the staff and management team and of the service provided to their loved one. They reported that the care was very good and that they had no concerns whatsoever about the support provided to their family member. They also reported that, while there were restrictions on visiting the centre due to the current public health crisis, management and staff had gone to great lengths to ensure that regular contact was maintained between residents and family representatives. For example, the centre had recently upgraded their IT and Internet system and were now facilitating regular video calls between residents and family members. This family representative reported that the healthcare needs of their loved one were also being provided for and that overall, they had no complaints about the service provided.

Systems were also in place to meet the assessed healthcare needs of the residents and access to allied healthcare professionals (including GP services) was provided for on an 'as required' basis. Staff nurses kept in regular contact with GP services and relevant clinicians via telephone to consult with and seek advice on each resident's overall health and wellbeing.

Capacity and capability

While the premises remained unsuited for its stated purpose, significant refurbishment and improvements had been made to them so as to better promote the privacy and dignity of each resident. Issues of non-compliance with governance and management, risk management and staff training (found on the last inspection in August 2019) had also been addressed. Additionally, the person in charge, director of nursing and provider representative had taken the necessary steps to reduce the risk of an outbreak of Covid-19 in the centre.

The centre had a management structure in place which was responsive to residents' needs and feedback from family representatives. There was a clearly defined management structure in place which consisted of an experienced person in charge who was a qualified clinical nurse manager II (CNM II). The person in charge worked on a full-time basis in the organisation and was supported in her role by a full-time and experienced clinical nurse manager I (CNM I) and a director of nursing (DON). She was also aware of her statutory remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

The provider representative had taken the necessary steps in relation to ensuring someone was in charge of the centre in the absence of the person in charge. The centre had a CNM I who, with the support of the DON, could ensure the effective day-to-day operational management of the centre in the absence of the person in charge

The person in charge provided good leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the regulations. She also ensured staff were appropriately qualified, trained, supervised and supported to ensure they had the required skills to meet the assessed needs of the residents. Of the staff spoken with, the inspector was assured that they had the experience and knowledge required to support the residents in a safe and effective way. All staff had undertaken a suite of in-service training including safeguarding of vulnerable adults, fire training, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The centre was working with its full complement of staff at the time of this inspection and contingency plans were in place to ensure that, in the event of a shortfall of staff, additional staff (with appropriate training and vetting) would be available. The person in charge had also taken the necessary steps in relation to staff training to prepare for a possible outbreak of Covid-19. For example, staff had recently undergone training in hand hygiene, breaking the chain of infection and donning and doffing of personal protective equipment (PPE).

Systems were in place to ensure the centre was monitored and audited as required by the regulations and such monitoring remained ongoing and up to date during the time of this current public health crisis. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. The service also had weekly quality improvements plans in place which identified where the service was compliant with the regulations and where

improvement was required. Action plans had been developed in order to ensure these improvements were achieved in a reasonable time frame. The director of nursing informed the inspector that during this time of the public health crisis, very regular contact was being maintained between the centre and the provider.

Overall, while the premises remained unsuited for their stated purpose, they had been significantly improved upon since the last inspection of this centre. There was also a clear and effective management structure in place to ensure the service remained responsive to the assessed needs of the residents.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nursing professional with significant experience of working in and managing services for people with disabilities.

She was also aware of her responsibilities under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

The person in charge had also taken the necessary steps in ensuring adequate staffing cover in the event of an outbreak of Covid-19. The centre was working with its full complement of staff at the time of this inspection including nursing staff, healthcare assistants and household staff. Contingency plans were in place to ensure that in the event of a shortfall of staff, additional staffing support would be available.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training to support them to provide a safe and effective service. Staff had training in safeguarding of vulnerable adults, positive behavioural support, fire safety and manual handling. From speaking with one staff member, over the course of this inspection, the inspector was assured they had the experience and knowledge necessary to support the residents and meet their assessed needs.

The person in charge had also taken the necessary steps (in relation to staff training) to prepare for an outbreak of Covid-19. Staff had recently completed training in hand hygiene, breaking the chain of infection and donning and doffing of personal protective equipment. Systems were in place to ensure this training was being implemented effectively and the person in charge was in daily contact with their staff team to ensure all infection control measures were being adhered to.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Management systems were also in place to support and promote the delivery of safe, quality care services. The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate and responsive to the assessed needs of the residents.

The provider representative and person in charge had also taken the necessary steps in relation to the governance and management of the centre in preparation for a possible outbreak of Covid-19. The provider representative was in regular contact with public health officials and control measures were in place to mitigate the risk of infection. Furthermore, plans were in place to isolate residents if the need arose and there were adequate supplies of personal protective equipment available.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any notifiable event, as required by the regulations.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored appropriately and found to be of a good standard. Issues and non-compliance pertaining to the management of risk, found on the previous inspection in August 2019, had been addressed.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to maintain links with their families. At the time of this inspection, access to the community was restricted for residents due to the current Covid-19 pandemic. However, residents had access to large well-maintained gardens and were supported to go for walks around them when requested. While restrictions remained in place due to Covid-19, links and regular communication with family members was being maintained and supported via telephone and video calls.

As found in the previous inspection of this centre, systems were in place to ensure the healthcare needs of the residents were being provided for. Regular access to GP services remained ongoing and access to a range of other allied healthcare professionals, such as physiotherapists and dietitian, was provided for as required. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had access to psychological and or psychiatric support. Where required, residents had a positive behavioural support plan in place and it was also observed that staff had training in positive behavioural support techniques. This meant that they had the skills required to support residents in a professional and calm manner if or when required.

Systems were in place to ensure residents were adequately safeguarded in the centre. Where required, safeguarding plans were in place and reviewed by the person in charge accordingly. Systems were also in place to review, respond and learn from adverse incidents occurring in the centre. Staff had training in safeguarding of vulnerable adults and, at the time of this inspection, there were no current safeguarding issues to report.

The issues pertaining to the management of risk as found in the previous inspection had been addressed and, overall, the systems in place to manage and mitigate risk

had been improved upon. Where required, each resident had number of individual risk assessment on file so as to promote their overall safety and wellbeing. For example, where a resident may be at risk of falling, a falls risk assessment had been completed and a number of control measures were in place (such as specialised equipment and walking aids) to mitigate this risk.

The registered provider and person in charge had also ensured that control measures were in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre. The provider representative was in regular contact with public health, the premises was observed to be clean throughout, there were enhanced plans in place for the disposal of waste, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment as required.

The person in charge also had systems in place for staff to confirm in writing if they had any symptoms of Covid-19 prior to commencing each shift. Staff were also required to change their clothes coming on and going off duty and have their temperatures taken prior to commencing work. Where physical distancing was not possible, staff were required to wear personal protective equipment (PPE) as required by national policy and guidelines. The inspector witnessed these measures in place on the day of the inspection.

The provider representative had also made an additional fully functioning facility (separate to the centre) available for residents who may have to isolate due to a suspected or confirmed case of Covid-19. The person in charge informed the inspector that only staff who were familiar with the residents would provide their care and support in this facility. The inspector did not visit this facility as part of this inspection process.

Overall, the management team had systems in place to ensure the care provided to the residents was being monitored appropriately and responsive to their assessed needs. Issues and non-compliance pertaining to the management of risk, as found on the previous inspection in August 2019, had been addressed and a suite of control measures and contingency plans were in place to mitigate and manage the risk of an outbreak of Covid-19 in the centre.

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents. The management team had also ensured that control measures were in place to minimise the risk of infection of Covid-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge, provider representative and director of nursing had taken steps in relation to infection control in preparation for a possible outbreak of Covid-19. The person in charge ensured that appropriate and regular cleaning of the premises, plans had been updated and contingency plans developed so as to ensure ongoing adequate and appropriate management of waste, sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels.

Judgment: Compliant

Regulation 6: Health care

Systems were in place to ensure the healthcare needs of the residents were provided for and access to GP services (and other allied healthcare professionals), as required, formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to enjoy the best possible mental health and, where required, had access to psychology and or psychiatry support. Where required, residents had a positive behavioural support plan in place and it was also observed that staff had training in positive behavioural support techniques.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to ensure residents were adequately safeguarded in the centre. Where required, safeguarding plans were in place and reviewed by the person in charge accordingly. However, at the time of this inspection there were no active safeguarding issues.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for James Connolly Memorial Residential Unit OSV-0002502

Inspection ID: MON-0029510

Date of inspection: 03/06/2020

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
Outline how you are going to come into compliance with :	

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