



## Office of the Chief Inspector

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

Name of designated centre:	Dungloe Services
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	07 May 2019
Centre ID:	OSV-0003331
Fieldwork ID:	MON-0021417

## About the designated centre

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

Dungloe services provide both shared and full-time residential care and support to adults with a disability. Dungloe services comprises of two premises, which includes a bungalow located in a rural town and a two-storey house located on the outskirts of the same town. As well as their bedrooms, residents have access to communal facilities in each house which includes kitchen/dining rooms and sitting rooms, as well as bathroom and laundry facilities.

Residents are supported by a team of both nursing and health care assistants and staffing levels are directed by residents' assessed needs. At night, residents who live in the bungalow are supported by both a waking night and sleep over staff member, due to their assessed needs. Whereas in the house, only a sleep over arrangement is provided. In addition, the provider has arrangements in place to provide management support outside of office hours, weekends and public holidays when required.

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

Current registration end date:	25/02/2021
Number of residents on the date of inspection:	8

## How we inspect

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
07 May 2019	08:35hrs to 15:25hrs	Stevan Orme	Lead

## Views of people who use the service

The inspector met with seven residents who lived at Dungloe services during the inspection. Residents, who spoke to the inspector, said that they liked living at the centre and were supported by staff to do activities they enjoyed in the local community and to achieve their personal goals. Some residents told the inspector about plans they were involved in which related to moving to a new centre closer to their relatives. Residents were excited about the planned move and told the inspector that they had visited the house and met with other residents they would be living with.

Residents also showed the inspector around their bedrooms and the inspector observed that they were personalised in nature and reflected the resident's likes and interests. Residents also told the inspector that they were supported by staff as and when required and they felt safe and secure at the centre.

One resident showed the inspector their easy-to-read personal plan which included photographs of goals they had achieved so far during the year as well as a summer holiday they had been on in 2018, which they said they enjoyed. The same resident also showed the inspector, garden herbs they were growing both in the centre's garden and kitchen which they were proud of and was also linked to one of their personal goals.

Throughout the inspection, the inspector observed that residents appeared both relaxed and comfortable at the centre, with staff providing care and support in a dignified manner in line with residents' assessed needs.

## Capacity and capability

Residents at Dungloe Services received a good standard of care and support which ensured that their assessed needs were met at all times. Resources available at the centre and staff practices ensured that residents were supported to achieve their personal goals and engage in a range of activities in their local community which reflected their likes and interests.

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 residents' needs were met by an appropriate number of suitably skilled staff, which comprised of both nursing and health care assistants. Staffing levels 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 regularly enjoyed a range of community activities such as personal shopping, meals out, trips to the cinema and attendance at music concerts. Furthermore, staffing arrangements at the centre enabled residents choose whether they wished to access activities either as a group or individually. In addition, staffing arrangements ensured that residents' personal goals were achieved which included residents learning new independence skills such as cookery or enjoying going on a summer holiday.

Staff skills were kept up-to-date and reflective of residents' needs through regular access to training facilitated by the provider organisation. Staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, positive behaviour management and fire safety. Access to regular training opportunities ensured that staff practices at the centre were in line with both the provider's policies and current developments in health and social care.

In addition, the person in charge facilitated one-to-one 'personal development plans' with staff, which enabled them to identify any additional training needs they required and offered ongoing support with their personal career development. In addition, the person in charge facilitated regular staff team meetings across the two houses within the centre, which provided staff with an opportunity to gain clarity on and raise concerns about the care and support provided at the centre. Staff meeting further ensured that staff were regularly updated on any operational changes at the centre, ensuring that their knowledge was up-to-date and a consistency of approach was maintained in meeting residents' needs.

A range of comprehensive management audits enabled the person in charge to ensure that residents consistently received a good standard of care and support at the centre. 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 at the centre, which further examined the effectiveness of care and support provided to residents. When areas for improvement were identified following the audits and visits such as staff training needs, the inspector found that they had and were being addressed in a responsive manner and within agreed time frames by the person in charge.

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, which ensured they effectively protected residents from harm.

## Regulation 14: Persons in charge

The person in charge was suitably qualified, experienced and employed in a full-time capacity. The person in charge was knowledgeable about residents' assessed needs and actively involved in the day-to-day governance and management of the centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that an appropriate numbers of suitable 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

Staff had access to regular training, which ensured they were suitable skilled to support residents' assessed needs and their practices reflected current developments in health and social care.

Judgment: Compliant

### Regulation 23: Governance and management

Governance arrangements were robust and ensured that practices at the centre were subject to regular review to ensure they were effective in meeting residents' needs. Management arrangements further ensured that appropriate resources were available at all times to support residents, keep them safe from harm and enable them to achieve their personal goals.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose reflected the services and facilities provided to residents and contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that arrangements were in place to inform the chief inspector of any adverse events occurring at the centre as described in the regulations, with all such events being reported within the required timeframes.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had measures in place to ensure that residents were aware of their right to make a complaint about the care they received. Measures further ensured that in the event of a complaint being received, they were investigated in line with the provider's policy and recorded the complainant's satisfaction with the outcome.

Judgment: Compliant

## Quality and safety

Residents at Dungloe Services received a good standard of care and support which met their assessed needs. Care support arrangements further ensured that residents were kept safe from harm and were supported to enjoy activities of their choice and achieve their personal goals.

Residents were supported to participate in a range of activities both at the centre and in the local community which reflected their personal goals, assessed needs, wishes and interests. Residents also attended day services in their local area, which they enjoyed. Where some residents had chosen not to attend day services on certain days of the week, their choice was supported by the provider with additional staffing being made available to facilitate activities such as bespoke retirement programmes

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated to reflect changes in support, which ensured a consistency of care was provided. Furthermore, staff were knowledgeable on residents' needs and staff interactions with residents were observed to be both timely and dignified in nature. The provider further ensured



that residents were made aware of the supports they would receive at the centre through accessible versions of their personal plans, which residents took pride in showing to the inspector during the inspection. The provider also had arrangements in place which ensured that each resident's personal plan was reviewed at least annually to ensure its effectiveness. Annual review meeting examined all aspects of the resident's personal plan and assessed whether or not it met their needs and enabled them to achieve their personal goals. Residents were actively encouraged to participate in their review meetings and where unable to, family members and their representatives advocated on their behalf. The provider also invited multidisciplinary professionals associated with residents' care and support to attend annual review meetings, which ensured a holistic approach to meeting residents' assessed needs.

The inspector was also informed during the inspection, that some residents at the centre had been identified to move to a new centre which would be more suitable to their needs as closer to their families. Residents spoke excitedly about the plans to move to the new centre and had, had the opportunity to visit the centre and meet other prospective residents they would be living with. The provider had also commenced formal transition plans for residents, which included opportunities for resident consultation, further visits and the involvement of both multidisciplinary professionals and family members.

Residents were protected from possible harm through the provider's arrangements for the reporting of safeguarding concerns, although no concerns of this nature were being addressed at the time of the inspection. Where safeguarding concerns had been identified previously, the provider had ensured that they were managed effectively and in line with their policies, ensuring all affected parties were protected from future re-occurrence of the identified concern. Staff were very aware of safeguarding arrangements at the centre and had access to regular training to ensure their knowledge was up-to-date and reflected current best practices in health and social care.

Where residents had assessed needs which related to behaviours that challenge, they were supported through a multidisciplinary approach by the provider. Comprehensive behaviour support plans were developed by a qualified behavioural specialist, which were subject to regular review and clearly guided staff on both proactive and reactive strategies to be used to in support of residents' needs. Restrictive practices such as the locking of external doors were in place at the centre. The provider ensured that where these practices were employed they were reflective of residents' assessed needs, with associated protocols in place to guide staff on why, how and when they should be used. The provider had also ensured that practices were the least restrictive in nature and used only as and when required.

The centre's two premises were well maintained and decorated to a good standard. In one of the centre's premises, two residents shared a bedroom and the inspector observed that the bedroom reflected individuals' tastes and interests as well as ensuring their right to privacy, through the availability of privacy screening. The inspector also observed that following the last inspection, the provider had ensured

that appropriate separate storage facilities were in place, with each resident having their own wardrobe and bedside locker. Where residents showed the inspector their bedrooms, it was evident that they were supported to personalise their rooms to their own taste and took pride in showing their bedrooms.

### Regulation 13: General welfare and development

Residents were supported to both access and participate in a range of activities which reflected their assessed needs, wishes and interests and assisted them to achieve their personal goals.

Judgment: Compliant

### Regulation 17: Premises

The centre's two premises were well-maintained, decorated to good standard and met residents' assessed needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents were identified, assessed and appropriate control measures were implemented. Review arrangements ensured that all implemented risk management interventions were regularly monitored to ensure they were effective in keeping residents safe from harm.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety equipment and arrangements were in place at the centre, with regular fire drills being carried under all circumstances to ensure the effectiveness of the centre's fire evacuation plan.

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 including health promotion and screening programmes. Health support plans were regularly updated to reflect multidisciplinary recommendations and were reviewed to ensure their effectiveness in meeting residents' assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents had behaviours that challenged, the provider ensured that staff training and positive behaviour supports were in place to effectively support the individual and reduce any risks to others.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from harm which included clear reporting arrangements and up-to-date training for staff.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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