



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

Issued by the Chief Inspector

Name of designated centre:	Dun Aoibhinn Services Golden
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	18 June 2020
Centre ID:	OSV-0005064
Fieldwork ID:	MON-0029578

About the designated centre

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

The service is described as offering long-term residential care to 4 adults, both male and female with intellectual disability autism, mental health and age related care needs who require support with nursing oversight available. It is located in a community setting in a rural town with good access to all amenities and services. There are day care and training services locally which residents participate in. The premises is a detached bungalow in its own grounds. All residents have their own bedrooms and there is community living space and suitable shower and bathroom facilities and gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 18 June 2020	10:00hrs to 15:30hrs	Deirdre Duggan	Lead
Thursday 18 June 2020	10:00hrs to 15:30hrs	Margaret O'Regan	Support

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between inspectors, residents, staff and management took place from at least a two metre distance and was time limited in adherence with national guidance. Three residents were present in the designated centre on the day of this inspection. One resident who had been in the process of transitioning into the centre prior to the COVID-19 pandemic had chosen to remain at home for the duration of the government restrictions in place around this. The person in charge told inspectors about how contact was being maintained with this resident, including letters from her peers in the centre.

Inspectors had the opportunity to meet with the remaining residents and staff of this designated centre on the day of the inspection. One resident asked for an introduction to the inspectors shortly after their arrival and spoke briefly with inspectors about her plans for the morning. This resident used an activity board to plan their day and staff were observed facilitating this resident, where required, to complete their daily activity schedule and carry out activities of their own choosing. Another resident was observed relaxing in the sitting room on her favourite spot on the couch. One resident spent the morning in their room watching television and spoke to an inspector briefly about a topic of interest. Some of the activities residents took part in were observed by inspectors. These included going out for walks and drives, knitting, watching TV and spending time sitting out in the garden in the company of peers and staff. One resident was completing a further education course with the assistance of staff in lieu of attending day services.

Staff were heard to encourage residents to complete activities of daily living independently where possible. Residents were observed to be comfortable in their home and in the presence of the staff working with them on the day of the inspection. A home cooked meal was prepared for residents while inspectors were in the centre and a homely atmosphere was present throughout the centre. Personalised artworks and photographs were on display and residents' bedrooms were personalised and appropriately decorated to reflect their interests.

Capacity and capability

The inspectors reviewed the capacity and capability within this designated centre and found a high level of compliance with the regulations. Systems were in place to ensure a safe and effective service was provided to residents.

The person in charge was present in the centre on the day of the inspection. This person had been appointed by the provider to maintain oversight of the centre

while the regular person in charge was absent for a prolonged period of time. While the registered provider had notified the office of the Chief Inspector of this change, this notification was not received within the required time limit.

At the time of the inspection, this person in charge had remit over two designated centres. Inspectors had an opportunity to speak with the person in charge on a number of occasions throughout the day. She spoke in depth about the residents of the centre and their specific support needs and was knowledgeable about their specific support needs. She occupied a clear presence in the centre and inspectors observed that residents and staff were familiar with her and relaxed in her company. She also told inspectors about arrangements in place to monitor the service provided including staff supervision arrangements. The person in charge possessed the required qualifications and necessary experience for the role and demonstrated a good awareness of her responsibilities within the centre.

An annual review of the quality and safety of care and support in the centre had been completed and was made available to inspectors. This offered an overview of the services provided and identified areas of good practice and areas that required review or improvement. The person in charge outlined the management structure within the designated centre to inspectors and spoke positively about the support that was available to her from the two persons appointed to participate in the management of this centre. Inspectors were satisfied that the management arrangements in place for the centre ensured adequate oversight to afford residents an effective and safe service. The person in charge spoke about plans that were in place for the residents of this centre to move to a bigger premises that would be more suitable for their future needs. An inspector had the opportunity to view this proposed premises on the day of the inspection and found it had been thoughtfully chosen to suit the needs of residents.

Staff training records were viewed on the day of the inspection. Staff had completed up to date training in required areas including fire safety, first aid, medication management and safeguarding. Some staff had completed dysphagia training and training on being an effective team member. Guidance in respect of the COVID-19 pandemic was available to staff, and staff had completed additional online training to support them in adhering to infection control procedures. Mandatory training had been completed as required.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications, skills and experience necessary for the role and demonstrated good oversight of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training. Formal supervision was occurring in the centre and guidance issued by public health was available to staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with management systems in place to ensure that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored. An annual review had been completed in respect of the centre and arrangements were in place for the supervision of staff.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The office of the chief inspector had been given notice in writing that the person ordinarily in charge of this designated centre was absent for more than 28 days. The required notification was not received within 28 days as is required by the regulations.

Judgment: Substantially compliant

Quality and safety

Inspectors examined quality and safety within the designated centre and overall found good evidence of compliance over a number of areas. Some areas for improvement were identified in relation to fire precautions, risk management procedures and protection against infection.

The design and layout of the centre met the aims and objectives of the service. The premises was adequately maintained, appeared clean and well presented, and was decorated in a homely fashion. There was a welcoming outdoor garden space available to residents. Residents had their own bedrooms, and these were tastefully decorated taking into account individual preferences. Some minor decoration and upkeep works had been identified in the provider's annual review of this service, and where these had not been completed yet, a plan was in place for this to be carried out once public health restrictions were lifted.

Residents in this centre had comprehensive personal plans in place to guide staff in supporting them, and to ensure that their care and support needs were met. A sample of these plans were viewed by inspectors. These were found to contain a wealth of important and relevant information about the residents. Individualised goals had been identified and there was evidence that these were reviewed regularly and reflected the current status of residents. Plans were being reviewed annually and included input from residents and their representatives.

Residents had access to a variety of multi disciplinary supports as required, including appropriate medical input and mental health supports. Numerous support plans were in place around the health care needs of residents to ensure that any recommendations were made available to staff in a clear and concise manner. Clear guidance was available to staff in relation to wound care and head injury care for a resident who at times presented with self injurious behaviours. There was evidence that residents had taken part in national health screening programmes as appropriate. Arrangements were in place to transfer residents to acute services, should the need arise.

A sample of positive behaviour support records were viewed during this inspection. The previous inspection had identified some issues in this area. This inspection found that improvements had been made since then, and that residents were being adequately supported to manage any behaviours of concern. Residents had access to appropriate supports, including a principal clinical psychologist and psychiatrist. A behaviour support plan in place for one resident had recommended that staff receive training in a particular intervention technique, and training records indicated that this had been completed.

Some restrictive practices were occurring in the centre. Inspectors found that where these were in place, there was an adequate rationale for their use. Restrictive practices were clearly documented in individual plans, appropriately reviewed and reported to the office of the chief inspector as required.

This centre had previously been inspected in 2018. During that inspection some issues relating to fire precautions had been highlighted. Some improvements had been made since the previous inspection. However, inspectors found that fire

precautions in place on the day of this inspection remained inadequate. While some fire doors had been installed since the previous inspection, fire doors were not present in one section of the centre, including a number of resident bedrooms. Management had put in place an action plan to address this and these works had been commissioned. The person in charge informed inspectors that these works were due to be completed within one month and inspectors viewed documentary evidence of this.

There were a number of measures in place to safeguard residents against risk posed by fire in the designated centre. This included daily and monthly checks in relation to, for example, exits, equipment and emergency lighting. Fire detection and containment measures included appropriate firefighting equipment such as fire extinguishers and fire blankets and an automatic fire alarm system and equipment was serviced on a regular basis by competent personnel. Systems for safe evacuation of residents and staff were present with clear guidance for staff on procedures to adhere to including personal evacuation plans. Regular evacuation drills including night time simulations were taking place, and there was clear evidence available that learning from these was occurring. For example, the person in charge had identified that residents were using predominantly one exit during evacuation drills and had put in place an action plan. This ensured that residents became familiar with using the most appropriate exit during fire evacuation drills.

Safeguarding training had been completed by all staff and residents. Where a safeguarding concern was present, appropriate plans were in place to protect the resident and to guide staff in the management of this. Individualised plans around providing personal care to residents were present. Residents consent was obtained where possible. Residents had recently been asked for consent to take part in a screening programme for the COVID-19 virus and where residents had not consented this had been respected.

Risk management procedures in place in the centre were found to be robust. A risk register was in place to provide for ongoing identification, monitoring and review of risk. There was evidence that the risk register was regularly reviewed and that control measures were in place to manage and mitigate hazards identified. A number of individualised risk assessments were viewed. Processes and procedures relating to risk were set out in an organisational risk management policy. There was an organisational plan in place in relation to COVID-19, including an addendum to the organisations national risk management procedure.

Inspectors' were satisfied that the provider, person in charge and staff were adhering to public health advice around protecting residents from infection. The premises was visibly clean. A cleaning schedule was in place. Staff were diligent around completing this schedule. This had been their practice prior to the COVID-19 pandemic. Appropriate arrangements were in place for the management of waste. Appropriate hand washing facilities were available and staff were seen to use them in a correct manner, including the use of warm water, paper towels and covered pedal waste bins. Hand sanitiser, the wearing of masks when a two metre distance could not be maintained, and the use of shoe coverings/or change of shoes were seen to be part of the staff practices. Residents were comfortable with these

routines and this indicated they were well informed and reassured around the practices in place to prevent a spread of the COVID-19 virus.

Staff had undertaken further training on infection control within the past three months. This was mandatory for all staff and completion certificates for these online course were seen in training record files.

The person in charge articulated clearly to the inspectors the management plan for each resident, should it be suspected or confirmed that the resident had COVID-19. However, the succinct details of this valuable information were not captured in a written format in individual personal plans nor in a centre specific COVID-19 contingency plan.

Regulation 13: General welfare and development

Residents were observed to be relaxed and comfortable in their home and in the company of the staff that supported them. Residents were provided with opportunities for community involvement and recreation. Residents were supported to access further education and training if desired. The future needs of residents had been considered and appropriate actions taken to ensure continuity of care.

Judgment: Compliant

Regulation 17: Premises

The centre presented as clean and homely and was decorated to take into account residents individual preferences with adequate bathroom facilities and outdoor space.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there are systems in place in the designated centre for the assessment, management and ongoing review of risk. The registered provider had put in place an appropriate risk management policy.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had measures in place that were in line with public health guidance on infection control and in line with guidance published by HIQA. Inspectors were informed of the individual procedures that would be adopted if there was a resident who was a suspect Covid-19 case or a confirmed case. However, these individual procedures were not clearly captured in the documentation reviewed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire containment measures in place were not adequate on the day of the inspection in that fire doors were not present throughout the centre on the day of the inspection. There was a clear plan in place in relation to this.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that comprehensive assessment of residents was completed as frequently as required and that arrangements were in place to meet the assessed needs of residents. Personal plans were in place for residents that were appropriate to their needs and wishes and took into account changing circumstances. Plans were regularly reviewed and were available in accessible format.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate health care. The person in charge had ensured that residents had good health care support and were facilitated to access allied health professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had appropriate training and information to guide them in responding to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The person in charge had ensured that all staff had received appropriate training in the safeguarding and protection of vulnerable adults. Appropriate individualised plans were in place to guide staff on the provision of personal care. The person in charge had put in place appropriate safeguarding supports to ensure that residents were protected from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with prior to events such as medical interventions. House meetings were taking place daily with the minutes of these maintained in both written and pictorial format. Residents were supported to access advocacy services as appropriate. The person in charge was proactive in securing access to advocacy services for residents.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not 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	Compliant

Compliance Plan for Dun Aoibhinn Services Golden OSV-0005064

Inspection ID: MON-0029578

Date of inspection: 18/06/2020

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
Regulation 32: Notification of periods when the person in charge is absent	Substantially Compliant
Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent: The Registered Provider undertakes to ensure timely notification to the Authority for any future periods of absence of the person in charge in line with the Regulations.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: An individualised Covid 19 Risk Assessment and Support plan for a suspected or confirmed case has been developed for all residents.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The remaining required fire doors were installed on 17/07/2020.	



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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	19/06/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	17/07/2020
Regulation 32(3)	Where the person in charge is absent from the designated centre as a result of an	Substantially Compliant	Yellow	19/06/2020

	emergency or unanticipated event, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice in writing to the chief inspector of the absence, including the information referred to in paragraph (2).			
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