



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

## Issued by the Chief Inspector

Name of designated centre:	Dreenan Ard Greine Court
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	27 July 2020
Centre ID:	OSV-0005490
Fieldwork ID:	MON-0030063

## About the designated centre

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

Dreenan provides full-time residential care and support to six adults with a disability. The designated centre comprises a purpose built six bedroom bungalow. In addition to their individual bedrooms, residents also have access to communal facilities at the centre which include two sitting rooms, a dining room, a kitchenette, a laundry room and bathroom facilities. The centre is located within a campus setting which contains a further three designated centres operated by the provider. It is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported by a staff team of both nurses and care assistants. During the day, residents are supported with their assessed needs by four staff members with one nurse being on duty at all times. At night-time, residents are supported by two staff, a nurse and health care assistant, with additional support being provided by a nurse in charge who is responsible for the entire campus.

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

Number of residents on the date of inspection:	5
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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
Monday 27 July 2020	09:00hrs to 15:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met briefly with two residents over the course of this inspection and spoke with two family representatives over the phone so as to get their feedback on the service provided. Staff interactions with the resident were observed to be warm and caring and residents were observed to be relaxed in the company and presence of staff.

The inspector spoke with one staff nurse during the inspection process and it was observed that they knew the residents needs well. They also reported that the person in charge provided good supervision and support and was very approachable. However, it was observed that the centre was operating for some time without a clinical nurse manager II (CNM II) and at the time of this inspection, the provider had yet to address this gap in the staffing levels.

During the course of the day some residents were engaged in their daily routines while others were relaxing in the sitting room or their bedrooms. One resident was particularly keen on gardening and it was observed that they had their own garden space, which they took care of and maintained to a high standard.

The inspector spoke with two family representatives over the phone. Both were positive about the staff team saying they were kind and caring and that currently, the quality of care provided to their loved ones was good. One family representative expressed some dissatisfaction with the provider organisation, however; they also reported that staff, including the person in charge were pleasant and approachable. The other family representative reported the care was very good and they had no complaints whatsoever. They also reported that the staff team were great and the service was a 'home away from home' for their loved one.

Systems were in place to ensure residents had access to GP services as required. While some restrictions were in place regarding community based activities due to COVID-19, residents were being supported to engage in activities of interest and social outings.

The premises formed part of a campus-based setting, were observed to be clean on the day of this inspection and indeed, decorated to the individual style and preference of the residents. However, some everyday practices were observed to be institutional in nature, were not person centred and did not promote the dignity of the residents. For example, while there was a kitchenette on the premises, it was not a fully functional facility and residents' main meals were prepared in a large centralised kitchen off site and delivered to the house each day. Additionally, some of the organisational documentation and templates used in the centre did not promote a person centred culture and referred to the residents as 'patients'.

Overall, at the time of this inspection residents appeared happy and relaxed in the centre and feedback from family representatives about the staff team and person in

charge was positive. However, the staffing arrangements required review and some of the everyday practices in use in the centre were observed to be institutional in nature.

## Capacity and capability

At the time of this inspection residents appeared happy and contented in their home however, the provider had failed to address issues regarding the staffing arrangements for the centre, which had been on-going for some time.

The centre had a clearly defined management structure in place consisting of an experienced person in charge, who was a qualified clinical nurse manager (CNM). The person in charge was found to be responsive to the inspection process and was aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and was found to be responsive to the inspection process.

The inspector spoke with one staff member as part of this inspection and they reported that the person in charge was approachable and provided good supervision and support. However, the centre was operating with a shortfall of a clinical nurse manager II (CNM II) and the provider had not made arrangements to address this issue in a timely manner. It was also observed that in some instances, social outings were curtailed for one resident. This was because the resident in question required nursing support on a 24/7 basis to meet their assessed needs, however; there were a times inadequate nursing cover to provide for some social activities.

The person in charge ensured staff were provided with relevant training to assist them in supporting and meeting the residents assessed needs. Training provided included safeguarding of vulnerable adults, fire training, manual handling and positive behavioural support. The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19. For example, all staff had received training in infection control to include hand hygiene.

Systems were in place to ensure the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. The person in charge also carried out a suite of audits in the centre. Some of these audits were observed to be bringing about positive changes to practices in the service. For example, a recent audit on the fire log found that an up-to-date fire drill was required in the centre. This drill had been carried out on June 04, 2020. The annual review for 2020 (which feeds into a quality improvement plan) identified that some residents hospital passports required updating. This issue had been actioned and completed by the time of this inspection. However, and as identified earlier in this report, the provider had failed to address a gap in the staffing levels in a timely manner and at the time

of this inspection, the centre was operating without a CNM II.

Overall, residents appeared happy and contented in their home and staff interactions with them were observed to be warm and caring. The person in charge was aware of their remit to the regulations, however; the provider had failed to address issues with the staffing arrangements in a timely manner.

#### Regulation 14: Persons in charge

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

They were also aware of their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and responsive to the inspection process.

Judgment: Compliant

#### Regulation 15: Staffing

The the centre was operating with a shortfall of a clinical nurse manager II (CNM II) and the provider had not made arrangements to address this issue in a timely manner. It was also observed that in some instances, social outings were curtailed due to the current staffing arrangements.

Judgment: Not compliant

#### Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Positive Behavioural Support, Fire Safety and Infection Control.

Judgment: Compliant

#### Regulation 23: Governance and management

The governance and management arrangements required review so as to ensure the service was delivered in accordance with the statement of purpose and appropriate to the needs of the residents.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

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 incident occurring in the centre.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was being monitored as required by the regulations and residents' assessed needs were being provided for. However, issues were identified with regard to aspects of some individual personal plans, positive behavioural support and residents rights.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that residents were being supported to achieve goals that were meaningful and important to them. Some of these goals were on hold due to the current COVID-19 pandemic. However; the inspector saw that prior to lock down, residents had been supported to go on short holiday breaks, celebrate milestone birthdays, redecorate their bedrooms, go visit a donkey sanctuary, avail of trips to national parks, the beach and shopping outings. While access to multi-disciplinary support also formed part of the service provided, access to speech and language therapy was restricted and not available to



residents who were non-verbal as an intervention to support their communication needs. There were also some limitations on facilitating some social activities due to the staffing arrangements in the house.

Notwithstanding, systems were in place to ensure that where required, access to GP services was provided. Residents also had access to a range of other allied healthcare professionals to including optician, dentist, physiotherapy and occupational therapy. Hospital appointments as required were also facilitated. Access to psychology support was provided and, where required, residents had a positive behavioural support plan in place. However, some of the positive behavioural support plans required review as they did not provide adequate guidance on how best to support a resident in managing specific behaviours, some which were impacting adversely on their overall safety and well-being. Notwithstanding, staff had up-to-date training in positive behavioural support techniques and of the staff spoken with, the inspector was assured that they had the knowledge required to support residents in a low arousal manner.

At the time of this inspection systems were in place to safeguard the residents and where required, safeguarding plans were in place. From a sample of records in the centre, staff also had training in the safeguarding of vulnerable adults.

The person in charge had 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 premises were observed to be clean on the day of this inspection, there was sufficient access to hand sanitising gels and hand-washing facilities and staff had access to personal protective equipment (PPE) if required. Staff spoken with by the inspector said that there were adequate levels of PPE available to them and it was being used in line with national guidance. The centre also had access to a separate living facility to support a resident if they were required to isolate due to COVID -19. Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being.

While the premises were observed to be clean and comfortable on the day of this inspection, aspects of the building were institutional in design and nature. For example, residents meals were prepared in a centralised facility on the grounds of the campus and were delivered to the house at specific times throughout the day. It was also observed that some of the standardised documentation used in the centre was not person centred and did not promote the dignity of the residents living in the house as it referred to them 'patients'.

Overall, the quality and safety of care provided to the residents was being monitored as required by the regulations and residents' assessed needs were being provided for. However, a number of issues were found regarding individual personal plans, positive behavioural support and residents rights.

## Regulation 17: Premises

While the premises were found to be clean and personalised to the likes and preferences of the residents, aspects of them were institutional in design. For example, while there was a kitchenette in the house that was available to residents, it was not a fully operational facility and meals were prepared in a centralised facility on the grounds of the campus which were delivered to the house at specific times throughout the day.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being.

Judgment: Compliant

### Regulation 27: Protection against infection

The person in charge had 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 premises were observed to be clean on the day of this inspection, there was sufficient access to hand sanitising gels and hand-washing facilities and staff had access to personal protective equipment (PPE) if required.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged however, access to speech and language therapy was restricted and not available to residents who were non-verbal as an intervention to support their communication needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Systems were in place to ensure that where required, access to GP services was provided for. Residents also had access to a range of other allied healthcare professionals to include optician, dentist, physiotherapy and occupational therapy. Hospital appointments as required were also facilitated

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some of the positive behavioural support plans required review as they did not provide adequate guidance on how best to support a resident to manage specific behaviours, some which were impacting adversely on their overall safety and well-being.

Judgment: Substantially compliant

### Regulation 8: Protection

At the time of this inspection systems were in place to safeguard the residents and where required, safeguarding plans were in place. From a sample of records viewed in the centre, staff also had training in the safeguarding of vulnerable adults.

Judgment: Compliant

### Regulation 9: Residents' rights

Some of the practices observed in the service were institutional in nature. For example, residents did not have access to a fully functioning kitchen in their own home which meant their meals were prepared in a centralised facility on the grounds of the campus and were delivered to the house at specific times throughout the day. It was also observed that some of the standardised documentation used in the centre was not person centred and did not promote the dignity of the residents living in the house as it referred to them 'patients'.

Judgment: Not 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>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Dreenan Ard Greine Court OSV-0005490

Inspection ID: MON-0030063

Date of inspection: 27/07/2020

## 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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In order to bring this centre into compliance the following action is being taken: A Clinical Nurse Manager will be appointed to this centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to bring this centre into compliance the following action is being taken: A Clinical Nurse Manager will be appointed to this centre.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In order to bring this centre into compliance the following is in place: Residents are supported by staff to prepare simple meals and baking in the centre should they wish to do so. There is a fully accessible kitchenette in the centre. This is equipped with the following <ul style="list-style-type: none"> <li>• Hob</li> </ul>	

- Grill & Oven
- Microwave
- Toaster
- Kettle
- Fridge/Freezer
- Sandwich Toaster
- Food Processor
- Blender
- Smoothie maker
- Baking equipment and utensils
- Cooking utensils – saucepans, frying pan
- Individual snack boxes

Breakfast is prepared in the centre and there is a wide range of options available based on individuals preferences.

All Meals are provided taking into account individual preferences and assessed needs. (SALT assessment and dietetic recommendations)

Dinner and evening meals are provided from a kitchen separate to the centre. There is a choice of two hot meals as well as soup and salads.

Meals are prepared by qualified chefs.

In addition, the service is at the early stages of planning for the development of a number of community based houses in conjunction with the County Council and Social Housing representatives. These houses will be equipped with a kitchen which will facilitate residents to prepare their own meals.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

In order to bring this centre into compliance the following actions will be taken:

The Person in Charge will submit Individual referrals for Speech & Language Intervention to the SALT Department.

The Person in charge will complete a risk assessment and escalate to the Registered Provider outlining the deficit of this therapy for residents.

Regulation 7: Positive behavioural	Substantially Compliant
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support	
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In order to bring this centre into compliance the following action will be taken:  The Person In Charge in conjunction with the Senior Clinical Psychologist, named nurse and keyworker will review positive behavior support plans to ensure they provide specific guidance for staff on managing individuals behaviours of concern.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  In order to bring this centre into compliance the following is in place:  Residents are supported by staff to prepare simple meals and baking in the centre should they wish to do so. There is a fully accessible kitchenette in the centre.  This is equipped with the following</p> <ul style="list-style-type: none"> <li>• Hob</li> <li>• Grill &amp; Oven</li> <li>• Microwave</li> <li>• Toaster</li> <li>• Kettle</li> <li>• Fridge/Freezer</li> <li>• Sandwich Toaster</li> <li>• Food Processor</li> <li>• Blender</li> <li>• Smoothie maker</li> <li>• Baking equipment and utensils</li> <li>• Cooking utensils – saucepans, frying pan</li> <li>• Individual snack boxes</li> </ul> <p>Breakfast is prepared in the centre and there is a wide range of options available based on individuals preferences.  All Meals are provided taking into account individual preferences and assessed needs. (SALT assessment and dietetic recommendations)  Dinner and evening meals are provided from a kitchen separate to the centre. There is a choice of two hot meals as well as soup and salads.  Meals are prepared by qualified chefs.</p> <p>In addition, the service is at the early stages of planning for the development of a number of community based houses in conjunction with the County Council and Social Housing representatives. These houses will be equipped with a kitchen which will facilitate residents to prepare their own meals.</p>	



The Person in charge has contacted the local Infection Prevention and Control Department to request that national HSE Infection prevention and control documentation be amended to use person centred terminology as opposed to using the term "patient". The IPC Dept will escalate this matter nationally and will revert to the Person in charge.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/10/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	24/08/2020
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management	Not Compliant	Orange	31/10/2020

	structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	15/09/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/09/2020
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural	Not Compliant	Orange	30/10/2020

	background of each resident.			
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