



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

Name of designated centre:	Dearglishe Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	05 December 2018
Centre ID:	OSV-0002610
Fieldwork ID:	MON-0023339

## About the designated centre

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

Dearglishe Services is a centre operated by the Health Service Executive. The centre is part of a large campus setting located on the outskirts of a town in Co. Sligo. The centre can provide residential care for up to eight male and female residents, who present with an intellectual disability and who may also have specific health care, behavioural and mobility needs. Residents have access to their own bedroom, shared bathroom facilities and communal areas. Staff are on duty both day and night to support residents who avail of this service.

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

Number of residents on the date of inspection:	8
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## How we inspect

To prepare for this inspection the inspector or 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
05 December 2018	10:15hrs to 17:10hrs	Anne Marie Byrne	Lead

## Views of people who use the service

Four out of the eight residents who live in this centre were present on the day of inspection. Although two of these residents engaged with the inspector, these residents were unable to speak with the inspector about the care and support they receive. During the course of this inspection, the inspector observed residents to access all areas of the centre freely and appeared very comfortable in the company of staff who were on duty. Overall, the inspector found staff were very understanding in their engagement with the residents.

The person in charge and staff working in the centre spoke confidently with the inspector about the care and support all residents received in areas such as, social care, health care, behaviour support and general welfare and development.

## Capacity and capability

Although one action from the centre's last inspection in August 2017 still required completion, the provider had plans in place to address this and could demonstrate to the inspector the progress made towards completing this remaining action.

The centre was resourced to ensure the effective delivery of care and support to residents and there was a clearly defined management structure in place which identified clear lines of authority and accountability. The person in charge was found to meet the requirements of the regulations and had a good knowledge of residents' needs, the needs of the service and of her regulatory responsibilities. She was supported in her role by a person participating in management and by the staff working in the centre. She told the inspector that the current governance arrangements within the organisation supported her to have the capacity to fulfil her role as person in charge for this centre. She was regularly present in the centre to meet with residents and staff and also regularly met with her line manager to discuss operational issues, which had a positive impact on the oversight of this service. The provider had effective monitoring systems in place, ensuring the annual review and six-monthly provider-led audits were completed and action plans were put in place to address the identified areas for improvement. Where adverse incidents occurred, the person in charge had a system in place to ensure all incidents were responded to and reported to the Chief Inspector as required by the regulations.

Staffing arrangements ensured that the number, qualifications and skill mix of staff was appropriate to meet the needs of the residents. Staff attended regular meetings which facilitated them to discuss and raise concerns about the care received by

residents with the person in charge . In response to the changing needs of residents living in the centre, the person in charge told the inspector of the plans in place to review the current staffing arrangements to ensure the level of staff support was at all times sufficient to meet the needs of residents. Effective training arrangements ensured staff were adequately supervised, received mandatory training and had access to refresher training courses, as required. Rosters were found to be well-maintained and demonstrated the start and finish times worked by staff in the centre.

An effective complaints management system ensured that where complaints were received, these were responded to in a timely manner. Residents had access to an easy-to-read complaints procedure and a nominated person was in place to deal with any complaints received. However, some improvement was required to the complaints procedure to ensure it adequately described the process in place for the management of complaints within this centre.

Although there was a directory of residents in place, it required review to ensure it included all information as required by Schedule 3 of the regulations. The statement of purpose also required further review to ensure it included all information as required by Schedule 1 of the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to meet the requirements of regulation 14. She was regularly present in the centre, found to have good knowledge of her regulatory responsibilities and had the capacity to fulfill her role as person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the centre had adequate staff numbers to meet the needs of resident. A planned and actual roster was in place which identified the names of staff working in the centre and their start and finish times.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had received up-to-date mandatory training and refresher training was available to them, as required. Staff received regular supervision from their line

manager.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
Although a directory of residents was in place, it did not include all information as required by Schedule 3 of the regulations.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
The registered provider had ensured clear lines of authority and accountability were in place for this centre and that systems were in place to ensure the care delivered to residents was regularly monitored and reviewed. The annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
The registered provider had ensured that a written agreement was in place for each resident. At the time of this inspection, one written agreement required signing by the resident but the provider had identified this through their own monitoring systems and had plans in place to address this.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
There was a statement of purpose available in the designated centre and it was regularly reviewed. However, the inspector found it did not contain all information as required by Schedule 1 of the regulations.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were recorded, reviewed and reported to the Chief Inspector as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had a system in place to ensure all complaints received were managed and responded to the satisfaction of the complainant. However, the complaints procedure required review to ensure it adequately guided the complainant on how complaints are received, responded to and managed in the centre.

Judgment: Substantially compliant

## Quality and safety

Residents had access to the transport and staffing arrangements they required to take part in activities of interest to them, which had a positive impact on their quality of life. Residents were consulted daily on how they wished to spend their time and staff were very knowledgeable of each resident's interests and preferences for their daily routine. Although no residents were participating in education or employment at the time of this inspection, the provider had systems in place to support residents who may wish to do so.

The centre comprised of one premises which was located on a campus setting. Since the last inspection, residents now had access to their own bedroom, which were observed by the inspector to be tastefully decorated and provided residents with adequate space to store their personal possessions. Residents also had access spacious communal areas and bathroom facilities. The centre was found to be clean, comfortable, in a good state of repair and provided residents with a comfortable environment to live in.

Residents who presented with specific health care needs received regular review. Staff who spoke with the inspector, were very knowledgeable of how they were required to support these residents and were very aware of the changing needs

of other residents. Although effective measures were taken to support residents with specific health care needs, some improvements were required to ensure personal plans adequately guided staff on the specific measures now in place for these residents.

Staff also spoke confidently with the inspector about how they supported residents requiring behavioural support and were very familiar with the specific de-escalation techniques in place for each resident. Staff were found to be knowledgeable of the restrictive practices in place and of their appropriate application in practice. These practices were also subject to regular multi-disciplinary review. Safeguarding arrangements ensured that residents were safeguarded from abuse and the provider ensured systems were in place to support staff to identify and report any concerns they had regarding the safety and welfare of residents.

The provider had ensured effective fire safety precautions were in place, including, clear evacuation plans, regular fire checks and adequate emergency lighting. Although fire drills were occurring on a regular basis, the provider had not completed a fire drill using minimum staffing levels. In the days subsequent to this inspection, written assurances were provided to the inspector that a minimum staffing fire drill was completed, which ensured the timely evacuation of all residents from the centre. Staff had received up-to-date training in fire safety and spoke confidently with the inspector on their role in evacuating residents from the centre. However, the displayed fire procedure required review to ensure it adequately guided staff on how to respond to fire in the centre.

The registered provider had a system in place for the identification, assessment and monitoring of risks. Staff who spoke with the inspector were aware of specific risks relevant to the residents living in the centre of their responsibility in keeping these residents safe at all times. A process was also in place for the person in charge to escalate high-rated risks to senior management, as required. However, some improvements were required to ensure high-rated risk assessments were reviewed to demonstrate the positive impact the implementation of effective control measures had on the care and welfare of residents presenting with specific risks. Similarly, the system in place for the review of organisational risks, had not given to consideration to the assessment, review and on-going management of all relevant risks in the centre. Where adverse incidents occurred in the centre, there was a clear procedure in place for the recording, review and monitoring of trends. Although the provider had responded in a timely manner to the occurrence of adverse incidents, some improvements were required to the identification of specific trends to ensure adequate protocols were put in place to guide staff on how to respond, should these incidents re-occur.

## Regulation 13: General welfare and development

Residents had access to the staffing and transport arrangements they required to participate in activities of interest to them. The provider had systems in place to

support residents to engage in education, employment and local engagement, if they wished to do so.

Judgment: Compliant

### Regulation 17: Premises

The centre was found to provide residents with a clean, comfortable and homely environment to live in. Residents now had access to their own bedroom, shared bathroom facilities and communal areas. The centre was laid out in a manner which met the mobility needs of residents living there.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment and management of risk. However, some improvements were required to:

- ensuring high-rated risk assessments were reviewed where control measures were implemented and found effective
- consideration was given to the development of protocols to support staff in responding to incidents of unexplained bruising and choking in the centre

Improvements were also required to the system in place for the review of organisational risks to ensure this system included and gave consideration for the on-going review of the measures in place for:

- the regular review of staffing arrangements to meet the changing needs of residents
- ensuring residents were safeguarded from accessing unauthorised areas of the campus
- ensuring the safeguarding measures in place in the centre were effective in safeguarding residents from abuse.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had fire safety precaution in place including, regular fire

checks, clear fire exits, detection and fire containment measures. In the days subsequent to this inspection, the person in charge provided written assurances to the inspector that a fire drill with all residents was carried out. Although there was a fire procedure displayed, it required review to ensure it adequately described how staff were to respond to fire in the centre.

Judgment: Substantially compliant

### Regulation 6: Health care

Where residents presented with assessed health care needs, the person in charge had ensured that residents received the staff support that they were required. However, some improvements were required to the following:

- personal plans required review to ensure they adequately informed staff on the specific measures in place to support with specific nutrition and mobility health care needs
- mobility risk assessment required review to ensure they provided clear guidance to staff on the level support these residents required

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where residents required behavioural support, the registered provider had ensured these residents received regular review and had clear plans in place to guide staff on how to support these residents. Although some records were not available to the inspector to review on the day of inspection, staff were found to be knowledgeable of the restrictive practices in place and of their appropriate application in practice. Subsequent to the inspection, the person in charge provided written assurances to the inspector that these practices had risk assessments in place and were subject to regular multi-disciplinary review. These practices were also subject to regular multi-disciplinary review.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had a system in place to ensure staff were supported to identify, report and respond to safeguarding concerns. All staff had received up-to-

date safeguarding training.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Dearthglishe Services OSV-0002610

Inspection ID: MON-0023339

Date of inspection: 05/12/2018

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Person in Charge and the Registered Provider shall ensure the Directory shall include all information specified in paragraph (3) to specifically include date of admission for all residents of the designated centre.</p> <p>This is completed by:07/01/2019</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Registered Provider shall prepare in writing a statement of purpose containing all the information as set out in Schedule (3) (1), this will be completed in line with up to date HIQA Guidance Documentation.</p> <p>This Action will be completed by: 31/01/2019</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  The Registered Provider will review the complaints procedure to ensure it adequately guides the complainant on how complaints are received, responded to and managed in the centre in a clear, transparent manner.</p> <p>Complaints will be managed in line with HSE Your Service Your Say National Policy.</p> <p>This action will be completed by: 15/01/2019</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  A regular review of staffing arrangements to meet the changing needs of residents will be conducted by the Registered Provider and Person in Charge.</p> <p>All residents are safeguarded from accessing unauthorised areas of the campus, this is supported by environmental control and staff awareness of the areas outside of the designated centre.</p> <p>Safeguarding measures have been put in place in the centre to ensure all residents are safeguarded from abuse. Safeguarding is now included in the Designated centres risk register.</p> <p>These actions completed by: 07/01/2019</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The Person In Charge has completed fire drills in compliance with Regulation 28 4(b). A new updated fire procedure will be developed and will be specific to the designated centre.</p> <p>This action will be completed by: 15/01/2019</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: All personal plans have now been updated and reviewed to ensure specific measures to support residents specific individual nutrition and mobility health care needs.</p> <p>In addition, in line with the designated centre review schedule, a full review of each residents personal plan will be completed.</p> <p>Action completed by: 15/01/2019</p>	

## 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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	07/01/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/01/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the	Substantially Compliant	Yellow	15/01/2019

	designated centre.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/01/2019
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	15/01/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	15/01/2019