



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

Issued by the Chief Inspector

Name of designated centre:	Cill Aoibhinn Group Home and Ballydevitt Group Home
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	19 August 2020
Centre ID:	OSV-0002503
Fieldwork ID:	MON-0029850

About the designated centre

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

Cill Aoibhinn and Ballydevitt Group Homes provide full-time residential support to adults with a disability. The designated centre comprises two premises which are located in rural areas outside of a town. Due to the location of the centre's premises, they each have access to their own suitably adapted vehicle to enable residents to travel easily to amenities such as day services, shops and leisure facilities in the surrounding area. Cill Aoibhinn provides accommodation for up to eight residents. In addition to their own bedrooms, residents have access to communal facilities including a kitchen, dining room, two sitting rooms, sensory room, laundry room and bathroom facilities. Ballydevitt provides accommodation for up to four residents with the premise's design incorporating a communal kitchen/dining room, sitting room, bathroom and laundry facilities. Each of the centre's premises is fully accessible, with additional aids and adaptations such as overhead hoists being provided where required to meet residents' needs. Residents at Cill Aoibhinn are supported by a team of both nursing and care staff. Residents are supported with their needs by up to four staff during the day. At night-time, residents' needs are met by two staff (nursing and care staff), who undertake a waking night duty. At Ballydevitt, residents are supported by one care staff at all times, with the staff member undertaking a 'sleep over' duty at night. In the event, that residents at Ballydevitt require nursing support, the provider has arrangements in place to provide this through nursing staff based at Cill Aoibhinn Group Home. Furthermore, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Wednesday 19 August 2020	11:50hrs to 17:50hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

The inspector visited one of the two units of this centre as part of the inspection. On the morning of the inspection, the inspector observed that two residents were supported to go out for a walk in the local community. The inspector met briefly five residents living in the centre throughout the course of the inspection and residents appeared comfortable and happy living in their home.

Residents were supported to access a range of activities both in the home and in the local community and the individual skills and contributions of residents were acknowledged and valued, for example, doing the post, baking and helping with household jobs. One resident told the inspector of their goals for the upcoming year and another resident told the inspector they were happy living in the centre.

Staff were observed to provide care and support in a respectful and caring manner, and it was evident from speaking with two staff members and from observation that staff know the residents well and were cognisant of their individual preferences and needs.

Capacity and capability

The provider had ensured there were appropriate management systems in place to ensure a safe and effective service was provided to residents. Regular monitoring of the centre was completed, however the time frame for completion of works relating to fire safety and premises was not met following a number of reviews. The provider had ensured the centre was resourced sufficiently, enabling staff to comprehensively meet the needs of the residents.

There was a clearly defined management structure in the centre. The provider had employed a full-time person in charge, who also had responsibility for two other centres within the surrounding area. The person in charge was in attendance in the centre daily when on duty and was supported in their role by a clinical nurse manager, who was based in the centre. The person in charge provided good leadership and had a good knowledge of the residents' needs and support requirements. Three staff spoken with stated they could raise concerns with the person in charge regarding the care and support provided to residents if required. Responsibility for the day to day running of the centre was delegated to the clinical nurse manager, and staff stated they had good support from the clinical nurse manager. Overall the inspector found the management systems had ensured that the care and support provided was of a good standard, and met the needs of the residents in a holistic and person centred manner.

An annual review of the quality and safety of care and support was completed in November 2019. The provider completes bi-annual resident and family questionnaires, the outcome of which contributed to the annual review. Action plans were developed following the annual review, however some actions identified as a priority in relation to fire safety works remained outstanding on the day of inspection.

Six monthly unannounced visits had been completed and the inspector reviewed these reports post inspection for October 2019 and April 2020. Actions were identified for areas of concern following the visit, and from a sample review of the actions, it was evident that that some actions had been completed within the stated timeframe. However, actions relating to the completion of fire safety works remained outstanding.

The person in charge and clinical nurse manager completed a quality improvement plan weekly, which was subsequently submitted to the general manager. The inspector reviewed two quality improvement plans, one for March 2020 and one for August 2020. While it was evident that actions within the remit of the person in charge were progressing as planned, or completed within the time frame, actions relating to fire safety and the premises continued to be highlighted as areas of concern, despite being initially identified in October 2018 and March 2019 respectively.

The inspector found there were sufficient staff employed in the unit visited, with the right skills, experience and knowledge to comprehensively meet the needs of the residents. The inspector reviewed a sample of planned and actual rosters for four weeks. The unit was staffed by a minimum of four staff during the day and two staff at night time. The staff complement comprised two staff nurses and two to three care staff during the day, and one staff nurse and one care staff at night, ensuring continuity of care was provided.

Regulation 15: Staffing

There were sufficient staff in the centre with the right skills, experience and knowledge to meet the needs of the residents. Actual and planned rosters were maintained for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there were appropriate management systems in place to

ensure a safe and effective service was provided to residents. There was a clearly defined management structure and the person in charge was in attendance in the centre regularly. Staff could raise concerns about the quality and safety of care and support with the person in charge should the need arise. An annual review of the quality and safety of care and support had been completed and the views of residents and families had been considered as part of this review. Six monthly unannounced visits by the provider were completed and weekly quality improvements plans were reviewed and completed by the person in charge. While the inspector found the actions arising from auditing processes, within the remit of the person in charge were completed or in progress, the provider had not satisfactorily addressed issues arising regarding fire safety and the premises.

Judgment: Substantially compliant

Quality and safety

The inspector found residents were provided with a good standard of support and care, which considered residents' individual wishes, preferences and needs. The care and support focused on those aspects of each resident's life, which the residents valued, allowing residents to learn and contribute from everyday and new life experiences and skills. The complex care needs of the residents were found to be respectfully and holistically managed by staff in the centre. However, some improvement was required in the arrangements for the containment of fire, some works to the premises and in the arrangements to ensure an identified need of a resident was met.

The inspector reviewed three personal plans. Each resident had an up to date assessment of need completed which identified their health, personal and social care needs. Needs had been identified in conjunction with multidisciplinary team assessments and were reviewed annually or as needs changed. Personal plans developed reflected the needs identified through assessment and overall arrangements had been made to ensure those needs were met. However, in one case, a need identified in 2017 relating to a communication assessment had yet to be completed.

Personal plans were detailed and specified the support residents required in order to meet their needs. The individual preferences of residents were considered in the development and implementation of plans. For example, goals relating to residents' personal preferences for social activities were developed and supported. One resident had visited their home county and told the inspector they were planning a return visit. Another resident had developed a list of activities and goals they would like to achieve in the year and the inspector observed that photos of the resident engaging in these preferred activities were maintained. Residents were supported with a range of activities both in the centre and in the community. Personal plans were subject to review a minimum of annually or as needs and circumstances

changed.

Residents were provided with appropriate and timely healthcare in accordance with their needs. Residents had regular access to a range of healthcare professionals such as a general practitioner, speech and language therapist, psychologist, physiotherapist and occupational therapist. Families had been kept up to date on residents' wellbeing. Residents and families had been involved in the planning of end of life care should that be required.

Residents were provided with support in order to manage their emotional needs. Behaviour support plans were developed for residents where required. The inspector reviewed two behaviour support plans. Regular reviews of plans were completed by a psychologist in consultation with the staff in the centre. Behaviour support plans clearly identified behaviours of concern and outlined the proactive and reactive strategies to be used in order to support residents with their emotional needs.

There had been some safeguarding concerns reported relating to peer to peer issues. The person in charge had ensured the issues were reported appropriately and safeguarding plans were developed and implemented in order to minimise the risk of recurrence. The inspector spoke to the person in charge and the clinical nurse manager and found they were knowledgeable about the potential safeguarding risks and the safeguarding plans. Similarly, the inspector met with two staff members who were knowledgeable on the response required in the event of a safeguarding concern, the identified risks relating to safeguarding concerns in the centre, and on the measures in place to reduce the risks of safeguarding incidents.

Appropriate risk management systems were developed in the centre. Individual resident and site specific risks had been identified and assessed, and management plans were developed outlining the control measures in place to mitigate these identified risks. The centre had an up to date Safety Statement which included the measures and actions to control the risks specified in Regulation 26(1)(c). The inspector reviewed records of incidents for the preceding eight months. Adverse incidents had been recorded and investigated. There was evidence that follow up measures were taken with the relevant personnel following adverse incidents involving residents, in order to prevent recurrence, and risk management plans were updated accordingly.

There were some arrangements in place in relation to fire safety, however the provider had not ensured there were appropriate systems in place for the containment of fire in the centre. While the provider had identified this as an issue as part of their quality improvement plans, the actions outlined in the provider response following the inspection in October 2018 were not completed within the specified timeframe with regards to the containment of fire, and remained outstanding on the day of inspection.

Emergency lighting was available in the unit of the centre inspected, and appropriate detection and firefighting equipment was also provided. All fire safety equipment had recently been serviced. Fire drills were completed twice a month and had included night time evacuation drills. All drills were completed in a timely

manner and where issues arose during drills corrective action had been taken to mitigate risks. Personal emergency evacuation plans were developed and specified the support residents required to evacuate the centre. Two staff spoken with were knowledgeable on the support requirements of residents in the event the centre required to be evacuated.

The provider had identified a number of issues in relation to the premises in one unit as part of their quality improvement plan and while works to one bathroom had been completed, some issues remained outstanding. These related to upgrading of a second bathroom, uneven flooring in a corridor and a water leak from a bathroom on to a corridor. Overall the unit of this centre was clean and well maintained.

Suitable arrangements were in place for the prevention and control of infection. Sufficient personal protective equipment (PPE) was provided and enhanced PPE was available in the event of a suspected or confirmed case of COVID-19. Risks relating to COVID -19 had been assessed and arrangements were in place to manage the associated risks. Suitable handwashing and sanitising facilities and equipment was provided and staff were observed to adhere to procedures in line with public health guidelines. The provider had made arrangements to support residents in a separate unit for self isolation purposes should that be required.

Regulation 17: Premises

Overall the centre was clean and well maintained. Some issues identified by the provider as requiring works, remained outstanding on the day of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Appropriate systems were in place for the management of risks in the centre. Risks had been identified and assessed and management plans specified the control measures in place to mitigate risks. Adverse incidents had been reported and investigated, and follow up actions had been taken in order to prevent recurrence.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable arrangements were in place for the prevention and control of infection. Risks relating to COVID-19 had been assessed. Sufficient PPE was provided in the centre and suitable handwashing facilities and procedures were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety arrangements required improvement specifically in relation the containment of fire. The actions the provider outlined following the previous inspection in October 2018 had not been completed within the specified timeframe and remained outstanding on the day of inspection.

Suitable arrangements were in place for the detection and extinguishing of fire and for the evacuation of the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Assessments of need had been completed for residents and in most cases arrangements had been made to meet the assessed needs of residents. However, in one case, an assessed need relating to a requirement for a communication assessment had not been completed since identified in 2017.

Personal plans were developed and guided practice in the support residents required to meet their needs. Plans were implemented and residents were supported to develop and realise goals in accordance with their wishes and preferences. Personal plans were regularly reviewed and updated in line with emerging needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare in line with their needs and had regular access to a range of healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with support in order to manage their emotional needs. Behaviour support plans were developed and regularly reviewed by a psychologist in consultation with staff.

Judgment: Compliant

Regulation 8: Protection

Suitable arrangements were in place to ensure residents were protected. Safeguarding concerns had been reported appropriately and safeguarding plans developed outlining the measures in place to reduce the risk of further safeguarding incidents. Staff were knowledgeable on safeguarding plans and on the reporting mechanisms should a safeguarding concern arise.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cill Aoibhinn Group Home and Ballydevitt Group Home OSV-0002503

Inspection ID: MON-0029850

Date of inspection: 19/08/2020

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 23: Governance and management	Substantially 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 will be taken: Fire Safety works will be completed.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In order to bring this centre into compliance the following action will be taken: An upgrade to the second bathroom will be completed. Remedial works on flooring and plumbing will be completed.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: In order to bring this centre into compliance the following action will be taken: Fire Safety works will be completed.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>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 action will be taken:</p> <p>A re-referral for a Communication Assessment by Speech and Language therapy department will be completed.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2020

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	15/10/2020
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