Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Edencrest & Cloghan Flat
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	24 July 2024
Centre ID:	OSV-0005487
Fieldwork ID:	MON-0043014

About the designated centre

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

Edencrest and Cloghan flat provides full-time residential care and support to adults with a disability. The designated centre comprises of a five bedded bungalow and a one bedroom flat located within a campus setting operated by the provider. Residents in the bungalow have their own bedroom and have access to a small kitchenette, dining room, two sitting rooms, a relaxation room, visitors room and bathroom facilities. Cloghan flat provides self contained accommodation with a bedroom, bathroom, kitchen and living room. Meals are prepared and cooked in a centralised kitchen on the grounds of the campus and delivered at specific times throughout the day. The centre is located in a residential area of a town which is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported on a 24/7 basis by a staff team of both nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 24 July 2024	14:50hrs to 18:30hrs	Angela McCormack	Lead
Thursday 25 July 2024	09:35hrs to 14:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to monitor compliance with the regulations and to follow up actions from the last inspection by the Health Information and Quality Authority (HIQA) in June 2023. As part of the inspection, the inspector met with all residents, the local management team and staff members. Overall, residents were found to be provided with a person-centred service that kept their care and support needs under ongoing review.

Edencrest and Cloghan flat was one of seven designated centres located on a small campus setting in Co. Donegal. There were six residents living in the centre at the time of inspection, five in the main house and one resident lived alone in a flat attached to another designated centre on the campus. The inspection was carried out over two half days; during early evening and the following morning. During this time the inspector got the opportunity to observe practices and meet with all residents and staff to establish the lived experience of residents.

Some residents met with did not communicate verbally; however they interacted with the inspector in their own way through gestures and with the support of their staff. A review of documentation also occurred, including person-centred plans and daily records which gave information on the residents' day to day lives. Some other residents spoke with the inspector, with one resident requesting to speak with the inspector in private.

Overall, residents expressed that they were happy with their home, and with the supports they received. This was also observed in practice, with residents seen to freely move around their home and were comfortable interacting with their support staff.

Residents spoke about their interests and their day-to-day lives. It was clear from talking with residents and reviewing documentation that residents were consulted about the centre and could make choices in their day-to-day lives. Staff had undertaken Human Rights Training and they spoke about how residents were offered choices in their lives through various communication methods. All staff had been trained in communication methods since the last inspection. Some staff spoke about methods that they used, such as objects of reference, and about how this was under ongoing review to try to establish individual residents' preferred communication. Observations on the days of inspection were that staff were knowledgeable about the individual supports that residents required and were responding to residents' communications in line with their care plans.

The systems in place in the centre ensured that residents' health and wellbeing were prioritised. On the day of inspection, one resident was supported to attend a medical appointment, and the following day due to close monitoring by staff they were supported to seek medical advice and treatment due to a medical need that developed. Records were well maintained and kept up-to-date which further

supported the continuity of care and allowed for the effective monitoring of any change in needs.

In addition, residents were supported to be as independent as possible and to have control and choices in their lives. Residents' meetings were held each week where residents could make choices about activities, meals and shopping. These meetings also allowed a forum for information to be shared with residents about various topics. There were also a range of easy-to-read documents developed to support residents' understanding of topics such as keeping safe and human rights. Residents could choose to attend these meetings, or not. Records showed how non-verbal residents' indicated their choices and satisfaction with choices offered. As mentioned earlier, staff had completed training in communication methods and communication supports were kept under ongoing review with the multidisciplinary team (MDT), which included a speech and language therapist. The further development and trial of various communication supports with residents would further support them in making choices in their lives and in expressing their will and preferences more effectively.

In addition, it was clear that residents' complaints were taken seriously. One resident spoke about how when they raised issues with the person in charge, that they sorted it out for them. One resident spoke about how they were supported to manage their finances and spoke about being happy with the supports given and they explained how their bills were paid for example. Residents had access to advocacy services. Consultation about changes proposed included family representatives and advocates, as relevant. The provider was reviewing residential placements in the context of de-congregation in line with the national policy for congregated settings. Meetings were ongoing to review compatibility. In addition, the provider had ensured that familiar staff worked with individual residents to try to establish their will and preference about future living arrangements. The local management team spoke about how residents' needs and preferences were established through multidisciplinary team (MD) meetings and consultation with advocates/family representatives. This included a review of the timing of discussing moves with residents in order to minimise any negative impact on them. A meeting was held on the day of inspection, where it was discussed about how to support residents' understanding about transitions to new homes. The provider had a policy and procedure in place to provide guidance and ensure a transparent process. The inspector was informed that social stories were being developed. One resident spoken with mentioned about moving to a new home off the campus in future. They said that they were very happy in their current home and were nervous about any move in case the new home may not be as nice as their current home.

Through a review of documentation and discussions with staff and residents, it was clear that residents were supported to engage in a variety of activities that were meaningful to them. These included; going for beauty treatments, going swimming, going on shopping trips, going for overnight stays in hotels and going to the cinema. Photographs in place in personal plans showed residents' enjoyment of their chosen activities. In addition, residents were supported to practice their faith and to attend religious events if they wished. Residents were also supported to visit family members and to receive visitors to their home if they wished. One resident spoke

about looking forward to receiving family from abroad to visit them in the coming weeks.

Some residents availed of a day service during the week, which they reported to enjoy. There were six staff on duty each day in the main house to support residents to take part in individual activities and interests. Residents had access to vehicles also to allow individual activities to be carried out. The staffing levels, spacious environment and having access to two vehicles helped to ensure that residents could engage in individual activities.There were plans in progress for one resident to commence a day service. This had been identified as personal goal for the resident. This had not yet been achieved; however it was clear that the person in charge was following up on this to ensure this goal was met for the resident.

Throughout the inspection residents were observed coming and going to various outings such as attending personal appointments, going on the bus for an outing and one resident had been out for breakfast which was reported to be something they liked to do each week. Residents were observed freely moving around their home and were supported by staff where required. Where residents required support with mobility needs, there were the numbers of staff available to support this.

The home was spacious for the needs and numbers of residents. The design of the rooms and placement of furniture considered residents' individual choices. Since the last inspection, the provider applied to change the function of some rooms. This facilitated the development of a relaxation room/sensory room, which one resident in particular was reported to enjoy relaxing in. Another resident was observed sitting in a chair in the hallway at the front of the house where they could observe all the coming and goings to their house. They were also observed to be tidying away items in the office, which staff explained that they liked to do and they were facilitated to do this, as they wished.

Residents had access to televisions, music players and telephones. One resident was observed relaxing in a preferred room during the inspection, where they were listening to country music and holding items of importance to them.

From the walk around of the centre, the inspector found that the homes were well ventilated, clean and spacious for the numbers of residents. There were colourful furnishings, framed photographs and personal effects throughout which created a warm and homely atmosphere. Residents had individual bedrooms, all of which were nicely decorated and personalised with artwork, photographs, individual personal items and soft furnishings. The garden at the main house was accessible through double doors leading off the two sitting-rooms and dining room. The garden was accessible to all and contained a water feature, a basket-ball hoop, potted shrubs and garden furniture for sitting out on.

Overall, Edencrest and Cloghan service was found to provide high quality, person-centred and individualised care and support to residents. Observations throughout the inspection were that residents were treated in a caring and respectful manner by staff.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that there were improvements in the overall governance and management of the centre since the last inspection by HIQA. At the last inspection, there was a gap in the local management structure which had an impact on the tasks being completed and in the completion of actions in line with the provider's processes. This gap had been addressed which led to improved oversight and overall improvements in compliance levels.

The local management team consisted of a person in charge and a clinical nurse manager 1(CNM1). Both had responsibility for one other designated centre located on the campus. The CNM1 supported the person in charge in the operational management of the centre. This included tasks such as completing regular audits, of which the person in charge had oversight and monitored actions.

There were good arrangements for overseeing and monitoring of the centre by the local management team and the provider. A suite of audits were completed by the local management team, The provider carried out unannounced visits as required under the regulations. A comprehensive report was developed after these visits, and action plans to improve the service put in place. These systems for audits were found to be effective for identifying areas for improvement.

The centre was staffed with a skill mix of nurses and healthcare assistants. The centre appeared to be effectively resourced to meet the needs of residents. Staff received training to support them carrying out their role. Some training was outstanding and the provider was aware of this.

In general the management and monitoring of risk was good. However, a concern raised by night staff had not been assessed as a risk. This related to responding to competing demands by residents in the two locations when there were only two staff on duty. The management team undertook to follow up on this to ensure an assessment of the risks occurred.

All Schedule 5 policies and procedures were in place as required in the regulations. These included a range of procedures for residents' protection, and which outlined the supports to be provided in areas such as the management of risk, the protection of finances, transition planning and communication approaches. These procedures were found to be followed in the delivery of care and support, which led to good outcomes for residents.

Overall, the arrangements in place ensured effective oversight and monitoring of the centre and actions identified through the management audits were found to be under ongoing review for completion.

Registration Regulation 8 (1)

Since the last inspection by HIQA, the provider had applied to vary one condition of the registration of the centre to reflect changes in the functions of some rooms. All the required documentation to support this application had been submitted to the Chief Inspector, as required.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training matrix maintained by the management team, which recorded all the mandatory and site specific training undertaken by staff. Where additional training was required, this was sought and provided. For example, some staff had recently attended a specific training to help them support a resident with a behaviour that may cause harm. This showed the provider's commitment to support staff to have the competencies to support residents with complex needs. However, there were some some outstanding training as follows:

- refresher training in 'minimal handling' for one staff
- 'clamping training' for six staff
- 'standard precautions' training for two staff

The management team were aware of these gaps and dates were set for most of these training needs, with further dates awaited.

Staff received support and supervision through annual personal development meetings with their line manager. In addition, the person in charge met bi-monthly with their line manager. Staff spoken with said that they felt well supported in their role.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents in place in the centre, which was found to include all the required information as required under Schedule 3 of the regulations. This

also included dates when residents were absent form the centre and the reasons why.

Judgment: Compliant

Regulation 23: Governance and management

There were good arrangements in place for the management of the centre. The centre appeared to be suitably resourced with the numbers of staff and transport to meet residents' needs.

There was a schedule in place for a suite of audits to occur at set intervals during the year to monitor the quality and safety of care in the centre. These audits included: finances, fire safety, medicines, infection prevention and control (IPC), safeguarding, complaints, restrictive practices and personal plans. In addition, the management team completed monthly reviews of incidents that occurred, where trending of incidents took place for example, in relation to resident bruises. The audits were found to be effective in identifying areas for improvement. Actions required through various audits were included on a service quality improvement plan (QIP). The progress of actions were kept under ongoing review. This helped to ensure that actions were completed in a timely manner.

The provider ensured that an annual review of the quality and safety of care provided in the service occurred which included consultation with residents and their representatives, as relevant. In addition, unannounced visits by the provider representative were completed as required in the regulations. The assistant director of nursing (ADON) also undertook visits to the centre to review the care and support.

Staff were supported through ongoing training and annual meetings with their line manager. In addition, staff had opportunities to raise any concerns that they have about the quality and safety of care and support in the service through regular team meetings. Staff spoken with were complimentary of the management team, and said that they felt well supported and could raise any concerns that they have.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider ensured that there was a policy and procedure in place that outlined the criteria for admission to the service. Residents had written and agreed contracts of care in place which outlined the provision of services and fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that there was an up-to-date statement of purpose in place that included all the information required under Schedule 1 of the regulations. This had been updated within the year to reflect the change of function in some rooms as mentioned earlier in the report.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all information that was required to be submitted to the Chief Inspector of Social Services was submitted as required in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all the polices and procedures that are required under Schedule 5 of the regulations were in place, up to date and available for review.

Judgment: Compliant

Quality and safety

Edencrest and Cloghan flat was found to provide good quality care and support to residents. Residents were observed to be relaxed and happy with the care and support provided. Residents spoken with said they were happy living in their home. Staff were knowledgeable about how to support residents with their individual needs. However, some improvements were required in the assessment of risk and in providing occupational therapy (OT) support for residents in line with their assessed needs.

There were good arrangements in place to assess and review residents' care and support needs. This included regular review by the multidisciplinary team (MDT) also. Care plans were in place to guide staff in the supports required. These were found to be kept under review for any changes. Staff spoken with were knowledgeable about the needs of residents and about their various communication preferences.

In general residents had access to multidisciplinary team (MDT) members as required. These included psychology services, physiotherapy, behaviour specialists, and speech and language therapy. However, some residents were awaiting assessment by occupational therapy (OT) and this had not yet occurred.

Residents' protection was promoted through ongoing review of incidents and through ensuring regular discussion about, and auditing of staff awareness, of safeguarding processes. Safeguarding concerns that arose were followed up in line with the procedures. High staffing levels and the use of the environment helped support residents to enjoy individual time with their preferred activities.

In summary, this inspection found that this service provided residents with a safe and good quality, person-centred service.

Regulation 10: Communication

There was a policy and procedure in place for communication. Most residents living in the centre required supports with communication .Residents' communication needs were assessed and kept under ongoing review. This included regular multidisciplinary team (MDT) meetings where the speech and language therapist was in attendance.

In addition, all staff received training in communication methods to support them to promote a total communication approach with residents. Staff spoken with talked about various forms of communication used by residents, such as facial expressions/vocalisations, pictures and objects of reference. Staff explained that these were under ongoing review with residents to establish their preferences and to further support opportunities for non-verbal residents to express their will and preferences. Residents had care plans in place that outlined their communication preferences.

Residents had access to telephones, mobile phones, televisions, radios, music devices, magazines and the internet in line with their individual preferences.

Judgment: Compliant

Regulation 11: Visits

There was a policy and procedure in place for visitors. Visitors were welcome to the centre and there were suitable facilities in place for residents to receive visitors in private if they so wished. One resident spoken with talked about their family members coming to visit in the coming weeks and it was clear that they enjoyed receiving visitors to their home and could do so without restriction.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had policies and procedures in place for the management of residents' personal property, finances and possessions. Residents were supported to retain access and control of their belongings. Residents had individual bedrooms that had space for storage of personal belongings. The centre had facilities for laundry and residents could launder their clothes as they wished.

Residents had 'patient private property' accounts in line with the provider's policies and procedures. Residents were supported to manage their personal finances in line with their wishes and capacity as assessed through financial assessments. Regular checks were completed by the staff and management team to ensure that records of finances were well maintained and accurate. Residents received quarterly statements about their finances. One resident spoke about the supports that they were given with managing their finances and said that they were happy with the arrangements for paying bills and requesting funds when they need it for holidays for example. They felt that the system in place supported them to budget effectively.

Judgment: Compliant

Regulation 17: Premises

Both Edencrest and Cloghan flat were found to be clean, bright and well maintained. They were spacious and accessible to meet residents' needs. Each resident had their own bedroom that was decorated in line with their preferences and clearly personalised to their individual interests. Residents also had private space to store personal belongings and aids and appliances.

Edencrest had ample communal areas for residents to relax and receive visitors. One vacant bedroom room had recently been changed to a 'relaxation room' which provided for a sensory and relaxing space for residents. One resident in particular was reported to enjoy using this room. The rooms were bright, clean and

comfortable. The kitchenette in Edencrest had been refurbished since the last inspection by HIQA, and had new counter tops installed.

The back garden area of the house was fully accessible and contained garden ornaments, a water feature, potted plants and garden furniture for residents to sit out and relax if they so wished.

One resident who had their own individualised living arrangement as part of the centre said that they loved their home. It was clear that they had full control over the design and decor of their home and it was observed to be personalised and decorated in line with their preferences.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider had a policy and procedure for admissions, transfers and discharge of residents. This outlined the procedures for supporting residents as they transfer between services. The inspector was informed that two residents were due to move to a new home together in the coming months, as part of the provider's de-congregation plan for the campus. A review of documentation and discussions with the management team showed that there were regular meetings held about the transition. In addition, there were compatibility assessments completed by staff who knew residents well. Meetings included input from members of the MDT. Family representatives and advocates were invited to attend meetings on behalf of residents. Where decisions were taken with regard to the timing of informing residents about future moves from their homes, these decisions were taken by the MDT and were decided with the aim to reduce stress on the residents involved. The person in charge updated the inspector about a meeting that was held on the day of inspection, where easy-to-read accessible information was agreed to be developed to support and consult residents in understanding the plans discussed at meetings.

In addition, it was found that the person in charge ensured that supports were made available and offered to residents while they were temporarily absent from the centre. For example, a review of documentation and discussions with staff showed that all relevant information was exchanged to the persons responsible for providing care at times when residents were admitted to hospital for example. One resident was attending hospital on the day of inspection and staff explained to the inspector the supports that were to be provided and the information to accompany the resident to ensure the safe continuity of their care.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy and procedure in place for risk management. There were emergency plans in place for adverse events. Risks that had been identified were assessed, documented and kept under ongoing review. This included individual risk management plans for individual residents, where risks to their well-being and safety were identified, assessed and kept under ongoing review.

However, the following required action;

- one safety concern that staff members flagged to the management team as a risk to residents at night had not been assessed in line with the provider's procedures for risk management. This related concerns that the staff team had regarding their capacity to respond to all residents' needs at night time across the two premises, in the event of issues arising that required prompt response in one location. Although the management had responded to the concern through a meeting with staff, the risks had not been clearly identified and assessed. The completion of this assessment would ensure that all concerns raised are assessed, risk rated and where required appropriate mitigating control measures put in place and reviewed as required. The local management team undertook to follow this up.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that comprehensive assessments of the health, personal and social care needs were completed for each resident. Where the need was identified, care and support plans were developed and these were kept under ongoing review and updated as required and if there was any change in need. Records were well maintained and easily accessible, which meant that staff had access to up-to-date guidance and knowledge on the supports residents required.

In addition, residents were supported to identify and set goals for the future though a personal-centred planning (PCP) process. Residents had accessible PCP plans in place which included photographs of goals achieved and activities enjoyed. Residents' personal goals were found to be kept under ongoing review and updated with progress made. Residents and their representatives were involved in the annual review of each residents' care and support as relevant.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing and were well supported and monitored at times of illness. Residents were supported to develop end-of-life plans as appropriate. Residents were facilitated to access a range of allied healthcare professionals and interventions, including national screening programmes, where recommended. Residents reported that they were happy with the support they were given with healthcare. One resident spoke about recommendations from a member of their MDT and about how this helps a particular need that they have with regard to their physical health.

In general, residents had access to healthcare professionals and MDT supports as required. However, the following was found;

- some residents were awaiting occupational therapy (OT) assessment as identified through assessment of their needs. One resident was noted to require a sensory OT assessment following a review in June 2022. Referrals had been made on residents' behalf to community OT services, however this need remained unmet.

The local management team spoke about a plan that they were exploring with external agencies to try to address the gap in in OT services in the region, which may address the unmet needs for residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and restrictive practices. Where residents required support with behaviour management, behaviour plans were developed. These were found to be comprehensive and clearly outlined possible triggers for behaviours, and provided guidance to staff in how best to ensure residents are supported with behaviour and stress management. One resident spoke about strategies that were in place to support them with stress reduction. It was clear that the resident was consulted about their care plans.

Residents had access to MDT professionals, such as psychologists and behaviour therapists, who had input into the development of support plans. Through discussions with staff and a review of various documentation, it was clear that every effort was made to try to establish the cause of behaviours of concern that occurred in order to provide the most appropriate supports.

There was a log maintained of 'restrictive practices' that occurred in the centre. Assessments were completed which outlined the rationale for each restriction in the centre. Reviews of restrictive practices were completed regularly and included as part of the suite of audits that the local management team undertook.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place for safeguarding and for the provision of personal and intimate care. All staff working in the centre had completed training in safeguarding. In addition, regular audits were completed to assess staff knowledge in safeguarding. Safeguarding was a regular agenda item at both staff meetings and residents' meetings. Residents were supported to learn about how to self-protect through accessible easy-to-read information which was discussed with them.

In addition, residents had a range of care and support plans in place to promote their protection, including personal and intimate care plans and overarching safeguarding plans which identified risks to their safety while living in the centre. The staffing arrangements and the spacious environment helped to support residents to live safely together where their protection was not compromised by others' behaviours.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Regular meetings were held with residents, where residents were consulted about the centre and were given a space to choose what activities they would like to do and what shopping items they would like to purchase for example.

The provider had a Human Rights' Committee in place, minutes of which were available for review and which showed ongoing reviews of how the service could improve on the promotion of residents' rights.

Residents were provided with information on rights and advocacy services in an easy-to-read format. Residents had been referred for independent advocacy services where this need was identified and arrangements were facilitated for advocates to visit and meet with 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Edencrest & Cloghan Flat OSV-0005487

Inspection ID: MON-0043014

Date of inspection: 25/07/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The person in charge has scheduled training for one member to undertake training in Manual Handling: Date for completion 13/09/2024 • The Person in charge has scheduled training for six staff to complete training in Clamping: This has been completed 28/08/2024 • The Person in charge has reviewed training needs analysis for centre and has advised the 2 staff to complete Standard Precaution training. All staff have been provided with their updated individual training needs analysis and have been advised on the date this should be completed by. Date for completion 14/09/2024. • The Person in Charge will continue to monitor the training matrix on a monthly basis and schedule training as required – Date completed 31/07/24 • The Clinical Nurse Manager for Qualit, Risk and Service User Safety will continue to monitor the Designated Centres Training Matrix on a Quarterly basis.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The Person in charge has reviewed all risk assessments within Centre and has completed a Risk assessment in relation to staffs capacity to respond to all residents' needs during night time across Edencrest and Cloghan flat. Date completed 30.08.2024	

• The person in charge will continue to monitor this risk on a quarterly basis or sooner if required. Date completed 30.08.2024

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• A risk assessment has been completed on 18/08/23 by the Director of Nursing and escalated to the Service manager and General Manager in relation to the deficit of an Occupational therapist within the Intellectual Disability Services. Date Completed 25/10/23
• This risk has been added to the risk register for Donegal Intellectual Disability services. Date Completed 25/10/23
• Human Resources have completed a campaign for the position of an Occupational therapist however they have been unable to fill this post. The Head of Service is currently exploring the possibility of sourcing an agency Occupational therapist if available to support the service with this deficit. Date for Completion 31.10.2024

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	14/09/2024
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	30/08/2024
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health	Substantially Compliant	Yellow	31/10/2024

	professionals, access to such services is provided by the registered provider or by arrangement with the Executive.			