



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

Issued by the Chief Inspector

Name of designated centre:	Railway View
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	21 June 2023
Centre ID:	OSV-0005488
Fieldwork ID:	MON-0031357

About the designated centre

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

Railway View provides 24 hour full-time residential support to three female residents some of whom have complex support requirements. The centre comprises one detached bungalows which is located on a small campus based setting. There is a centralised kitchen on the campus from which meals are provided to the residents. There is also a day service where residents can attend external to the campus. The campus is within walking distance to a large town in Co. Donegal. Transport is provided to accommodate residents' access to community based facilities. Each resident has their own bedroom. The bungalow has considerable collective space and spacious gardens. The centre is staffed on a 24/7 basis with a full-time person in charge (who is a clinical nurse manager II), a team of staff nurses and a team of health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 21 June 2023	09:30hrs to 17:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre. From what residents said and from what the inspector observed, it was clear that residents were enjoying a good quality life where they were supported to be active participants in the running of their home and be involved in their communities.

Railway View comprises one bungalow in a campus based setting. The entrance hall was spacious, bright and welcoming. There was a small kitchenette provided. This was used to prepare breakfast, drinks and snacks. It was observed to be in need of some repair. There was a centralised kitchen on the campus from which lunch and dinner was provided for the residents. The inspector observed that the kitchenette required repair and this will be expanded on under regulation 17. The dining room was a pleasant room with doors that opened onto an outdoor seating area for use during the summer months. There were two reception rooms provided, a larger sitting room and a smaller family room. Both were cheerfully decorated. Each resident had their own bedroom with en-suite or shared bathrooms provided. There was a utility room for the laundering of residents clothing.

There were three residents living in Railway View. The inspector met with one resident on arrival to the centre. They did not hold a conversation with the inspector, however, they were observed preparing for a trip to the swimming pool and to a restaurant for lunch. The interactions between the staff members and the resident were observed to be kind, caring and respectful and the resident was encouraged to take their time with their preparations for their day.

The remaining two residents had left the centre for the day. The staff on duty told the inspector that one resident had a routine medical appointment some distance away. This appointment was combined with a day trip to the beach and the third resident had joined the trip.

In advance of the inspection, all residents completed questionnaires with the support of staff members. The residents' feedback said that they were happy in their home, that they were happy with the range of activities offered and that they had choice in their daily lives.

All residents at this centre had good contact with their family members. This included visits to the centre, visits to their homes and telephone calls which were facilitated by staff members. In addition, residents were observed to be active participants in their local community. Some attended a structured day service.

Others participated in sessional community activities such as aerobics, art and music sessions. On occasion, some residents chose to stay at their home and this was accommodated by the service.

The inspector met with the person in charge and with two staff members on the day of inspection. When asked, the staff team spoke with the inspector about using a human rights approach to their work. All staff spoken with had completed training modules in a human rights based approach. They spoke about the importance of the understanding the wishes of non-verbal residents and advocating on their behalf. They also spoke about the importance of treating people with dignity and offering choice in their daily lives. This meant that the staff on duty were aware of the residents' right to make personal choices, to make decisions and of their role in supporting this. This was evident from the staff and resident interactions observed on the day of inspection.

Overall, the inspector found that the staff on duty were very familiar with the residents support needs and very attentive to their requirements. The residents were provided with a good quality, person-centred and rights based service where they were involved in the running of their home and with activities in their local community. Although this was a campus based service, the inspector found that this designated centre was operated in a manner that was suitable for the assessed needs of the residents, afforded independence from the campus if required and their living situation included integration into their local community.

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

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre which ensured that the care delivered to the residents met their needs and was under ongoing review. Improvements with staffing arrangements, training and development and the premises provided would further enhance the quality of the service provided. In addition, the governance and management arrangements in place required review in order to ensure that the service was adequately resourced in line with the provider's quality improvement plan and the statement of purpose.

The provider had a statement of purpose which was available for review. It was revised recently and contained the information required under Schedule 1 of the regulations. In addition, a review of the Schedule 5 policies and procedures found that the sample viewed were up to date.

The management structure at Railway View consisted of a person in charge who

reported to the director of nursing. The person in charge was one year in post. They had responsibility for the governance and oversight of two designated centres in total. The clinical nurse manager 1 (CNM1) post was vacant at the time of inspection. This will be expanded on under regulation 23 below. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role under regulation 14.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available. The inspector found that although the number and skill mix of staff was appropriate, consistency of care and support was not always provided. This was due to the fact that there was a reliance on staff from other centres on the campus or agency staff in order to fulfil the staffing compliment for this centre. In addition, the person in charge was providing nursing cover in the centre on a regular basis and there was no clinical nurse manager (CNM1) in post at the time of inspection.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training. The sample reviewed showed that all mandatory and refresher training modules were up to date. A formal schedule of staff supervision and performance management was in place. This included supervision for the person in charge. At service level, the person in charge told the inspector that they were working through their supervision meeting schedule. However, not all supervision meetings had taken place as planned.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A sample of written policies and procedures were reviewed as part of this inspection and found to be up to date. A range of audits were in use in this centre and an audit schedule was used to assist with planning. The annual review of care and support provided and the unannounced six monthly audit were completed in January 2023. Other audits included monthly checks on medication management, bi-monthly care plan checks and quarterly audits on complaints and restrictive practice. The person in charge had a quality improvement plan (QIP) in place which documented the actions arising from the audits completed. In addition, the provider had a county level quality improvement plan which included an action in relation to the provision of a CNM1 to support the role of the person in charge at service level.

Overall, the inspector found that the good governance and management arrangements in the centre led to improved outcomes for residents' quality of life and care provided. As outlined, an improvement in relation to staffing arrangements, training and development, the premises provided and overall governance and management would further enhance the service provided.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the centre was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider failed to ensure that staff levels were in line with the requirements of the service. The following required review;

- the inspector found that consistency of care and support was not always provided. This was due to the fact that there was a reliance on staff from other centres on the campus, the person in charge or agency staff in order to fulfil the staffing compliment for this centre, especially in regards the provision of nursing support .
- the clinical nurse manager (CNM1) was not in post at the time of inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place. However, the following required review;

- To ensure that the supervision of staff was completed in line with the agreed schedule.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider ensured that there was up-to-date insurance in place in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A range of audits were in use in this centre and an audit schedule was in use to assist with planning. The quality improvement plan was in place and reviewed regularly. The following required review;

- To ensure that the service was adequately resourced in line with the CHO1 quality improvement plan and statement of purpose. This included the role of clinical nurse manger to support the person in charge.
- To ensure that nursing staff was provided in line with the residents needs and the statement of purpose
- To ensure that consistency of care and support was provided through the a core staff team based at the centre
- To ensure that all staff had access to a programme of formal supervision in line with the providers policy
- To ensure that the works in the kitchenette provided were progressed in line with the plans in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided in Railway View was person-centred, safe, and one where residents' wishes and rights were respected. Improvements in relation to staffing arrangements, training and development, the premises provided and overall governance and management would further add to the compliance found on inspection.

The provider had a residents guide available in easy-to-read format which met with the requirements of the regulation and it was available for residents use if required.

Residents that required support with their health and wellbeing had this facilitated. Each resident had a comprehensive assessment of need in place which was up to date. Access to a general practitioner (GP) was provided along with the support of allied health professionals and consultant led care if required. Furthermore, the inspector found that if recommendations were made, they were followed through. For example, the speech and language therapist had made recommendations regarding the use of objects of reference and staff were using these on the day of inspection. For example, a resident was shown their swimming suit. This explained to the resident that a trip to the swimming pool was plan and offered the resident the opportunity to decline if they wished to do so.

The provider had systems in place to ensure that residents were protected from abuse. This included an up-to-date safeguarding policy and the provision of staff training in safeguarding and protection. There were no open safeguarding concerns at this centre at the time of inspection. However, the inspector found that if a concern arose that it was acted on in line with the provider's policy and in line with national guidelines. Furthermore, safeguarding and protection was discussed at staff meetings, the identity of the designated officer was clearly displayed and staff were aware of what to do if required.

The provider had effective management systems in place to reduce and manage risk in the designated centre. This included a risk management policy and arrangements for the assessment, management and ongoing review of risk. The centre based risk register was up to date and residents had individual risk assessments with additional support plans to mitigate against the risks identified.

As outlined, the premises provided was well presented and comfortable. The provider had a plan in place to progress the works required to the kitchenette and

this was ongoing.

The provider had arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. In addition, residents had personal emergency evacuation plans and all staff had fire training.

In summary, residents at this designated centre were provided with a good quality and safe service. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. However, some improvements were required to ensure full compliance with the regulations in relation to staffing arrangements, training and development, the premises provided and overall governance and management which would further enhance the service provided.

Regulation 17: Premises

The premises provided was well presented and comfortable. The following required review;

- To ensure that the plan in place to upgrade the kitchenette was progressed in line with the time line provided

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had a residents guide available in easy-to-read format which met with the requirements of the regulation and it was available for residents use if required.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had some fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from abuse. This included an up-to-date safeguarding policy and the provision of staff training in safeguarding and protection. If a concern arose that it was acted on in line with the provider's policy and in line with national guidelines and staff were aware of what to do if required.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Railway View OSV-0005488

Inspection ID: MON-0031357

Date of inspection: 21/06/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance with Regulation 15 Staffing the following actions will be taken;</p> <ul style="list-style-type: none"> • The Person in Charge in conjunction with the Director of Nursing has commenced a review of staffing within the centre and will ensure that a consistent staff team are available to provide a quality service for the residents living in the centre. Date for completion: 30/08/23 • The Director of Nursing remains in active liaison with the HR Department to address the deficit of the Clinical Nurse Manager within the Designated Centre. The Clinical Nurse Manager 1 position has been accepted and the successful candidate will take up post once a start date has been agreed in conjunction with the HR department. Date for completion: 30/09/23 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: To ensure compliance with Regulation 16 Training and Staff Development the following actions will be taken;</p> <ul style="list-style-type: none"> • The Person in Charge has completed a review of the schedule for Performance achievement meetings and will ensure all meetings are carried out within the centre within the identified time frame. Date completed: 31/07/23 • The Person in charge will develop an annual schedule of Performance Achievement Meetings for 2024 to ensure the Designated Centre remains compliant with this regulation. Date of Completion: 31/08/2023 	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23 Governance and management the following actions will be taken;</p> <ul style="list-style-type: none"> • The Person in Charge in conjunction with the Director of Nursing has commenced a review of staffing within the centre and ensure that a consistent staff team (of staff nurses and care staff) is available to provide a quality and consistent service for residents living in the centre and in line with the Statement of Purpose. Date for completion: 30/08/23 • The Clinical Nurse Manager 1 position has been accepted and the successful candidate will take up post once a start date has been agreed in conjunction with the HR department. Date for completion: • The Person in Charge has completed a review of the schedule for Performance achievement meetings and will ensure all meetings are carried out within the centre within the identified time frame. Date completed: 31/07/23 • The Person in charge will develop an annual schedule of Performance Achievement Meetings for 2024 to ensure the Designated Centre remains compliant with this regulation. Date of Completion: 31/08/2023 <p>The provider had agreed that the works to the kitchenette would be completed by the end of 2024. However the Person in Charge, the Director of Nursing in liaison with the multi disciplinary team will complete a review to determine if the proposed changes are still a requirement. Date for completion 15/09/23</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance with Regulation 17 Premises the following actions will be taken;</p> <p>The provider had agreed that the works to the kitchenette would be completed by the end of 2024. However the Person in Charge, the Director of Nursing in liaison with the multi disciplinary team will complete a review to determine if the proposed changes are still a requirement. Date for completion 15/09/23</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 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	30/09/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/09/2023
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	Substantially Compliant	Yellow	31/08/2023

	development programme.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	15/09/2023
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	15/09/2023