



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:	Unannounced
Date of inspection:	29 March 2022
Centre ID:	OSV-0005488
Fieldwork ID:	MON-0035402

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 both male and female residents some of whom have complex support requirements. The centre can accommodate 4 adults and 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
Tuesday 29 March 2022	09:10hrs to 16:10hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

Care and support provided to residents at Railway View was reflective of their assessed needs and was observed to be provided in a dignified and sensitive manner by staff. The inspector found that following the centre's last inspection in September 2021 and its subsequent reconfiguration into a standalone designated centre in December 2021, improvements had occurred in all aspects of care provided as well as the day-to-day operation of the centre. The aforementioned reconfiguration of the designated centre was undertaken in response to previously identified regulatory non-compliance within the centre and across the Ard Greine Court campus and was part of the management improvement plan submitted by the provider.

The inspector had the opportunity to meet with all three residents during the inspection. Throughout the day, residents appeared relaxed at their home and got on well with the staff on duty. When one resident became distressed following a walk around the campus grounds, staff responded sensitively to their needs and through a process of elimination discovered the cause of the resident's anxiety and put appropriate supports in place to help them become more settled and relaxed.

One resident showed the inspector around the centre's garden, enthusiastically pointing out the decorative scarecrows and bird figurines, they also spoke about the squirrels they liked to watch in the wooded area behind the centre's garden.

Residents were supported during the day to go for walks around the campus grounds as well as to the campus' canteen for a drink with staff. Documentation and staff discussions highlighted that residents enjoyed a range of activities both within the centre, the campus' facilities and the local community. These activities included accessing the campus' sensory room and going on bus trips to local beaches and places of interest, with one resident attending the St. Patrick's day celebrations in Donegal Town. Residents also accessed local shops and facilities including hairdressers. However, staff did tell the inspector that the availability of vehicle drivers at the centre may on occasions have an impact on the range of activities available outside of the centre, although this was not significantly illustrated in activity records reviewed during the inspection.

The centre was in a good state of repair and its design and layout was reflective of the assessed needs of residents. Residents had their own bedrooms with access to adapted bathrooms including walk-in showers and a Jacuzzi bath. The centre provided two communal living rooms which were homely and comfortably furnished as well as a small quiet room which was provided near the entrance to the centre.

The inspector observed that residents' bedrooms were decorated to a good standard, with staff remarking that the centre had recently been redecorated by the provider. Residents' bedrooms reflected their personal tastes and were furnished with items such as soft toys, family photos and ornaments. Several bedrooms within

the centre were vacant on the day of inspection, and were being utilised for storage purposes, although staff told the inspector that they may be used as bedrooms again subject to the de-congregation plan for the centre and campus.

Daily meals were provided through the campus' centralised kitchen, however residents did have access to a small kitchenette to make basic meals and on arrival one resident was having boiled eggs cooked for their breakfast by staff. Staff also showed the inspector a range of frozen meal options as well as snacks such as chocolates, that residents had access to throughout the day. Staff also spoke about the kitchen providing residents with two options for each daily meal, and also remarked that if residents wanted something different, the kitchen would accommodate this, or meals could be made using the food kept in the kitchenette as well as being purchased through the provider's account with a local supermarket.

The provider following the last inspection of the centre had also progressed its plans to expand the layout of the kitchenette to make it more accessible to residents. The Director of Nursing told the inspector that architectural plans were currently being considered by the centre's housing association and were awaiting a decision on the next stage of works. The kitchenette expansion as with the recent centre reconfiguration was part of the provider's improvement plan for the centre and campus as a whole.

Residents were supported to make choices on the care and support they received. Residents made daily choices on daily meals and activities they wished to participate in. Residents were also supported through regular house meetings facilitated by staff to make decisions on personal goals and future activity plans, as well as being informed about their rights and any changes to the running of the centre.

Throughout the inspection, staff were observed to follow public health guidance in relation to COVID-19 and infection prevention and control procedures. Staff recorded the inspector's temperature on arrival at the centre and throughout the day, and were observed to be wearing appropriate face masks throughout the day. The centre was well stocked with personal protective equipment (PPE) and hand sanitizer was readily available. In addition, information was displayed throughout the centre on the signs and symptoms of COVID-19 and hand washing techniques.

In summary, following the last inspection of the centre and its reconfiguration as a standalone centre, improved governance and management arrangements which will be described later in this report had increased compliance with the regulations leading to improved quality of care and support provided to residents.

Capacity and capability

Governance and management arrangements at Railway View had improved following the last inspection in September 2021 and the implementation of the provider's decision to apply to vary the centre's previous registration conditions and

reconfigure the centre into a single premises, standalone centre. Changes in governance arrangements had in turn resulted in improved care and support being provided to residents, although some improvement was still required in overall governance and management arrangements and staff training.

Prior to December 2021, Railway View had been part of a larger two premises designated centre within the Ard Greine Court campus, however as part of the provider's accepted management improvement plan to address significant non-compliance with the regulations, an application had been received to separate the previously described centre into two standalone designated centres.

Associated with the provider's improvement plan for the Ard Greine Court campus and the reconfiguration of Railway View, the provider had established a clear and independent governance and management structure for the centre. The governance arrangements included a full-time person in charge who was supported with in day-to-day management of the centre by a Clinical Nurse Manager (CNM1), with the two roles being equally shared with another centre within the campus. However, due to the impact of COVID-19 since January 2022, the new management structure had not been fully established, with day-to-day management of the centre being supported by other persons in charge and CNM1s within the campus which was in accordance with the provider's risk assessment for management absences. Although improvements had occurred in the care provided to residents, day-to-day operations of the centre and compliance with the regulations, the establishment of the intended management team would further benefit the developments made at the centre since its last inspection in September 2021.

As a consequence of the centre's reconfiguration, a dedicated staff team comprising of both nurses and health care assistants had been established. The centre's staffing compliment ensured that residents' needs were supported by up to four staff (one staff nurse and three health care assistants) during the day and two staff at night, with a waking night provision being provided (one staff nurse/health care assistant. However, a review of rotas showed that on occasions staffing at the centre for the three residents would be reduced to three staff (one staff nurse/two health care assistants) which was the situation on the day of inspection. Also night-time staffing could also be changed so that the two staff on duty were healthcare assistants as opposed to a nurse and health care assistant. These changes were again in line with risk interventions in place at the centre and a review of records did not indicate that these changes in staffing levels had a negative impact on residents' care needs being supported in line with their care plans.

Due to the impact of COVID-19 at the designated centre and across the campus specifically since January 2022, to ensure appropriate staffing levels were in place to meet residents' needs, the centre had been reliant on the use of temporary agency workers, records showed that a core group of workers were identified for the centre to ensure consistency in meeting residents' needs, however due to the high level of absences during this time, some unfamiliar staff had been used. To compensate for this situation, arrangements were in place to ensure that permanent staff were always on duty to ensure consistency of care for residents and provide guidance to new staff. However, a review of the centre's rota, did show that not all temporary

workers engaged at the centre had completed the induction checklist record as required by the provider's policy.

Staff working at Railway View on the day of inspection were permanently employed at the centre and were very knowledgeable on all aspects of residents' care and support, and the day-to-day running of the centre. However, reviewed training record showed that not all staff had received up-to-date training in areas such as fire safety, safeguarding of vulnerable adults, sexuality awareness in supported settings and infection control.

Practices at the centre were subject to regular oversight through the completion of a range of management audits completed either weekly, monthly, quarterly or annually dependent on their subject matter. For example fire safety audits were undertaken weekly, as opposed to complaints management audits which occurred quarterly. Audits reviewed were up-to-date and completed by delegated staff within the team, with identified issues being addressed through an action plan with set time frames for completion and a responsible person assigned. Furthermore, actions from the completed audits were inputted into the Quality Improvement Plan (QIP) for the centre which was regularly submitted to the Director of Nursing for review and subsequent on to senior management.

In addition, to the management audits, the provider also ensured that both an annual review of the care and support provided and six monthly provider unannounced visits were completed in accordance with the regulations. Again where actions were identified, a clear response were recorded and monitored through the QIP until successfully completed. Both unannounced visits and the annual review also incorporated feedback from both residents and their representatives on the quality of care and support received at Railway View.

In summary, governance and management arrangements had improved since the last inspection, positively impacting on the care and support provided to residents, although further improvement was required to ensure day-to-day compliance with the provider's own policies in relation to the induction of temporary workers and staff training.

Regulation 15: Staffing

The provider had ensured that appropriate numbers of qualified staff were available to meet residents' needs. In the event of staffing levels being reduced due to unplanned absences, appropriate risk management arrangements were in place to ensure that this did not have a negative consequence on the care and support provided to residents.

Judgment: Compliant

Regulation 16: Training and staff development

Although staff were knowledgeable about residents' needs and had access to a range of training both in line with the provider's policies and residents specific needs, not all staff had completed training in areas such as;

- Fire safety
- Manual and people handling
- Infection control (Basics)
- Infection control (Respiratory Hygiene)
- Sexuality awareness in supported settings

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance and management arrangements at the centre had improved since the last inspection and ensured that residents were kept safe and their needs were met. However, further improvement was required in areas such as:

- Arrangements had not ensured that all staff had accessed up-to-date training
- Temporary staff engaged at the centre had not all completed the required induction checklist
- The risk register did not reflect all risks associated with the day-to-day operations of the centre.

Judgment: Substantially compliant

Quality and safety

Care and support provided to residents at Railway View was in line with their assessed needs and reflected their individual likes and preferences. Where risks were identified, clear interventions were in place to ensure that residents were safeguarded from the future risk of harm.

Residents' care and support needs were regularly reviewed and updated through their nursing assessments and associated nursing interventions to ensure they were appropriately met and effective in nature. Annual reviews involved further assessment on the effectiveness of all supports provided to residents and involved the resident along with their representatives, centre staff and associated

multidisciplinary professionals.

Where residents had behaviours which challenged, up-to-date behaviour support plans were in place, developed in conjunction with the provider's senior clinical psychologist to ensure a consistency of support was given to the resident at times of distress or frustration. A review of current behaviour support plans showed they were detailed in content, clearly informing staff about the type of behaviour which may occur, the reasons why this may happen and both proactive and reactive support strategies to be adopted to assist the specific resident. In addition, records showed that all staff had completed the provider's positive behaviour management training.

Staff were knowledgeable on current safeguarding concerns at the centre, with their knowledge being reflected in documentation reviewed. Where safeguarding concerns had occurred in the past these were reported to the centre's designated safeguarding officer as well as the local safeguarding and protection team and recommended interventions put in place to protect residents. The effectiveness of current safeguarding plans were also discussed regularly at the campus' monthly safeguarding meeting with the meeting involving representatives of centre staff, the local safeguarding and protection team, psychologists and social workers. A review of current overarching safeguarding plans at the centre showed that it clearly identified the concern, those at risk and actions to be taken in response which clearly guided staff and lead to a consistency of approach. However, although practices ensured residents were kept safe from harm and those staff spoken with were knowledgeable on current plans in place, records showed that one staff member had not completed refresher training in safeguarding of vulnerable adults on the day of the inspection.

Risk management arrangements in place at the centres ensured that all risks were identified and appropriate interventions enacted in response. Staff were knowledgeable on risks present at the centre and the recommended interventions. However, not all identified and assessed risks had been included in the centre's current risk register as required under the provider's policy such as staff shortages and the absence of the person in charge or CNM1.

Since the last inspection, improvements had occurred in the centre's fire safety arrangements. Management audits ensured that all fire safety equipment was subject to both internal and external checks to ensure it was in full working order. In addition, residents' Personal Emergency Evacuation Plans (PEEPs) were up-to-date and clearly reflected the supports they needed to safely leave the premises in the event of a fire. Staff were knowledgeable on both fire evacuation plans and residents' individual needs, although training records did show that not all staff had completed up-to-date refresher training in this area.

To summarise, improvements in care and support provided at the centre ensured that residents' needs were met, were kept up-to-date and reviewed to ensure their effectiveness and ensured residents were kept safe from possible risks or harm.

Regulation 17: Premises

The premises was in a good state of repair and decoration. However, further action was required to ensure the centre's kitchenette was configured to ensure accessibility for all residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements at the centre clearly identified risk and measures to mitigate its effect. Staff were knowledgeable on all risk interventions in place at the centre, with measures being reviewed regularly to ensure they were the most appropriate and effective response.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety arrangements at the centre had been improved since the last inspection, with up-to-date PEEPs to guide staff on how residents could be safely evacuated in an emergency. In addition, fire equipment was subject to regular checks to ensure its effectiveness. However, although knowledgeable in this area, not all staff had completed the provider's mandatory refresher training on fire safety on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were supported through comprehensive personal planning arrangements which were kept up-to-date and reflected any changes in need or multi-disciplinary recommendations. Plans were subject to regular review to assess their effectiveness in consultation with residents, their representatives, staff and associated professionals.

Judgment: Compliant

Regulation 6: Health care

Arrangements were in place at the centre which ensured that residents had access to a range of healthcare professionals in line with their assessed needs as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviours which challenged, behaviour supports plans clearly identified how they should be consistently supported. Staff knowledge was reflective of supports in place for residents, and records showed that all staff had completed up-to-date positive behaviour management training provided in line with the provider's policies.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements in place at the centre were subject to regular review to ensure their effectiveness and reflected staff knowledge on the day of inspection. However, although staff were knowledgeable in this areas, one staff member had not completed refresher training in this area to ensure their practices reflected current health and social care developments.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were actively encouraged by staff to make decisions about their lives and the day-to-day operations of the centre through their involvement in annual reviews of their care plans and participation in regular house meetings.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Railway View OSV-0005488

Inspection ID: MON-0035402

Date of inspection: 29/03/2022

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. The Person in charge/ Director of Nursing has completed a further review of the training matrix to identify outstanding training requirements – Completion date: 01/04/22 2. All staff within the centre will complete the training on supporting adults sexuality in residential settings – Date for Completion: 31/05/22 3. The Person in Charge has scheduled all staff for outstanding fire training and these will be completed by the end of May 2022 – Date for Completion : 31/05/22 4. The Person in Charge has advised staff of all outstanding training on HSELAND ie Infection control and all other mandatory training that they require to update and complete by end of May 2022 – Date for completion 31/05/22 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The Person in charge will ensure that a record of inductions for all agency staff is retained in the centre – Completion date: 04/04/22 2. The Person in charge will complete a review of the training matrix and identify any training needs on a monthly basis – Date for completion: 01/04/22 3. The person in Charge has commenced a review of the risk register to ensure that all risks associated with the day to day operation of the centre are included – Completion date: 15/04/22 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The HSE has engaged an architect to develop plans for the reconfiguration to the 	

<p>layout of 2 centres initially. Once these centres have been completed Railway view will be in the 2nd phase for the reconfiguration – Date for completion: 30/06/2023</p> <p>2. The Person in charge continues to ensure that residents can participate in activities such as making snacks and baking in an alternative area as 2 out of the 3 residents can access the kitchenette in Railway view – Completion date: 29/09/2021</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. The Person in Charge has scheduled outstanding fire training for 2 staff and these will be completed by the end of May 2022 – Date for Completion : 30/04/22</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>1. The Person in Charge has received the certificate from the staff member that required to complete refresher training on safeguarding - Date for Completion : 07/04/22</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 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	31/05/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	30/06/2022

	to ensure it is accessible to all.			
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	15/04/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/04/2022
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	07/04/2022