



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

Issued by the Chief Inspector

Name of designated centre:	Riverside
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	15 October 2024
Centre ID:	OSV-0008152
Fieldwork ID:	MON-0044902

About the designated centre

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

Riverside designated centre is located within a small campus setting which contains six other designated centres operated by the provider. Riverside can provide full-time residential care and support for up to four residents, both male and female. The home has two sitting rooms, one of which has patio doors with access to the garden, a visitor's room, kitchen, Jacuzzi bathroom, three shower rooms, a multi-purpose room and four-single bedrooms. The centre is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and coffee shops. There is also transport available for residents to access community outings. Residents are supported by a staff team of nurses and healthcare assistants who provide 24 hour support, with three waking night staff available to support residents with their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 15 October 2024	10:10hrs to 16:30hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. Overall, the inspector found that residents in this centre received a good quality service. Residents were supported by staff who were familiar with their needs. Governance and oversight arrangements ensured that the service was well monitored and any issues were addressed in a timely manner.

The centre consisted of a large bungalow located on a small campus setting. The centre was a short drive from a large town centre. Each resident had their own bedroom. There were four shower rooms in the centre. Some were accessible directly from the residents' bedroom. One bathroom was equipped with an adjustable bathtub. All showers were level access. There were also two sitting rooms, a dining room, a relaxation room, and a kitchen in the centre. There were two staff offices and a laundry room. The centre also had a number of storage rooms.

The centre was warm and bright. The house was very clean and tidy. It was nicely decorated in a good state of repair. The person in charge reported that the flooring had recently been replaced. Each residents' bedroom was decorated in different styles in line with their preferences. Some bedrooms were personalised with the residents' photographs and belongings. Other residents preferred minimal decoration. The centre was fully accessible to all residents. Equipment to support residents with their activities of daily living was available, for example, shower chairs and adjustable beds. Outside, the grounds around the centre were well maintained. Halloween decorations had been placed outside and in some of the communal areas of the centre.

The inspector had the opportunity to meet with three of the four residents. One resident greeted the inspector when they arrived at the centre. They showed the inspector different parts of the centre. Residents were supported by staff to briefly engage with the inspector.

As part of an announced inspection, questionnaires were issued to residents in advance of the day of inspection. These questionnaires asked the residents' opinions on their home and the service they received there. Four questionnaires were returned. All residents required support to answer the questions. The information indicated that residents were happy with the service they received in the centre.

In addition to the person in charge, the inspector met with three other members of staff. All staff spoke about the residents with respect. They were knowledgeable on the residents' needs. They gave clear information on how to support residents. This included clear knowledge of the residents' behaviour support plans and actions that should be taken to safeguard residents. Staff were familiar with the residents'

communication profiles. They could give clear examples of how residents communicated their needs and preferences. Staff had completed training on human rights-based care. Staff said that this training had made them more aware of the need to offer choice to residents. One staff member spoke about a resident's particular care needs and how to ensure that the resident's dignity was maintained when offering support.

Overall, there was a good quality service in this centre. 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 affect the quality and safety of the service provided.

Capacity and capability

There were strong governance and oversight arrangements in the centre. The management structure ensured that issues could be identified, escalated and addressed appropriately. The staffing arrangements were in line with the residents' assessed needs. The provider submitted documentation and notifications in line with the regulations.

The lines of accountability were clearly defined in this centre. On-call arrangements were in place to ensure that a member of management could be contacted at all times. If an incident did occur, it was recorded and escalated appropriately. Incidents were reviewed and analysed to identify any trends. The review of incidents formed part of the oversight arrangements that the provider had implemented. Oversight was also maintained through a series of audits that were completed at various points throughout the year. Findings from audits and incidents reviews were added to the centre's quality improvement plan. This gave an overview of the actions required to address identified issues and improve service quality.

The staffing arrangements were suited to the needs of residents. The skill-mix of staff was in line with the residents' assessed needs. Staff vacancies were filled through regular agency staff. Therefore, all staff were familiar to the residents. Staff training in mandatory modules and in site-specific modules was up-to-date for all staff.

The provider had submitted the necessary documentation to apply for the renewal of the centre's registration. This included the centre's statement of purpose and the residents' guide. The centre's complaints procedures were outlined within these documents. The provider also submitted notifications to the Chief Inspector, as outlined in the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation to progress the application to renew the centre's registration. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and experience for the role, as set out in the regulations, as evidenced by the documentation submitted as part of the renewal of the registration of the centre. A review of the rosters indicated that the person in charge maintained a regular presence in the centre. They had very good knowledge of the residents' needs and the service required to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were suited to meet the assessed needs of residents.

The rosters from July 2024 to the date of inspection were reviewed by the inspector. These indicated that the required number of staff with the required skill-mix were on duty at all times. Planned and actual staff rosters were maintained in the centre. The person in charge reported that there were three staffing vacancies in the centre but that these were filled with regular agency staff who were familiar to the residents.

The inspector reviewed two staff files and found that they contained all of the relevant information and documentation as set out in the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had received training in modules that were in line with the residents' assessed needs.

The inspector reviewed the staff training records in the centre. The provider had identified 31 mandatory training modules. There were also an additional 21 training

modules that were specific to this service. The records indicated that all staff had up-to-date training in all of these modules.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted details of their insurance as part of the application to renew the centre's registration. This was reviewed and found to include all of the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance and oversight arrangements in the centre.

The provider maintained oversight of the service through a regular schedule of audits. The inspector reviewed the audits that had been completed in the centre for the period of April to September 2024. It was noted that the audits were completed in line with this schedule.

The provider also completed an annual report into the quality and safety of care and support in the centre. This identified areas for service improvement. The service improvement goals were specific and had a named person responsible for completing the task within a specific timeframe.

Where service improvements were identified through audit or other sources, these were added to the centre's quality improvement plan. The most recent update to this plan was reviewed by the inspector and it was found that actions had been progressed in line with the timelines set by the provider.

The inspector reviewed record of incidents that occurred in the centre in July, August and September 2024. Where incidents occurred in the centre, these were reviewed, trended and reported appropriately.

There were clear governance structures in the service and definite lines of accountability. Staff knew who to contact with any questions or should an incident arise. There was an on-call system so that staff could contact a senior member of staff outside of regular business hours. Communication with staff was maintained through regular meetings. The inspector reviewed the minutes from meetings held in May, July and September 2024. These meetings covered issues relating to the care and support of the residents as well as operational issues in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the centre's registration. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted to the Chief Inspector as required.

The inspector reviewed the incidents that had been recorded in the centre for the months of July, August and September 2024 and found that the person in charge had submitted notifications to the Chief Inspector in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure that was implemented and followed when a complaint was submitted.

The inspector reviewed the records of complaints in the centre for 2024. It was noted that complaints had been resolved in line with the provider's policy. Complaints were audited on a quarterly basis and discussed at staff meetings.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted through good safeguarding practices and risk

management systems.

Residents received a person-centred service in this centre. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place. Staff had been given the necessary information in order to support residents appropriately. Residents were supported to access services and appointments with healthcare professionals. Communication supports had been put in place to ensure that residents were supported to express their needs and wishes. The centre was suited to the needs of residents. It was fully accessible and laid-out to suit the residents' needs. It had the equipment required by residents to complete their daily activities. They were supported to engage in activities within the centre and in the wider community.

The safety of residents was promoted. Risk assessments had been put in place to ensure that staff knew how to reduce risks to residents. Safeguarding plans had been developed and were regularly reviewed. Staff were knowledgeable on the content of these plans. Some restrictive practices had been introduced in the centre to keep the residents safe. These were regularly reviewed and had corresponding risk assessments. Information was available to share with hospital staff, should a resident be admitted to hospital.

Regulation 10: Communication

The provider had ensured that residents were supported to communicate their needs and wishes.

The inspector reviewed the communication profiles of two residents. These provided clear instruction to staff on how to interpret and support residents' communication strategies.

A speech and language therapist had completed assessments with residents and provided training for staff. Staff gave clear examples of how to support residents' communication. Objects of reference were available in the dining room of the centre to support residents' comprehension and choice of upcoming activities.

Judgment: Compliant

Regulation 11: Visits

The provider had ensured that residents could receive visitors without restriction. This was outlined in the residents' guide. There was ample space in the centre for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

As outlined in the first section of the report, the centre was suited to the needs of residents. Residents had adequate private and communal space. The centre was warm, clean and in a good state of repair. Equipment needed by residents for activities of daily living was available.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider had ensured that the residents' nutritional needs were well managed.

While the centre is on a campus and main meals were prepared in a central kitchen, residents had choice at mealtimes and were supported to cook and bake in the kitchen in the centre if they wished. The centre was stocked with fresh food and snacks. Meals were wholesome and nutritious.

A review of two of the residents' notes found that they had access to relevant healthcare professionals in relation to their nutritional needs. Staff were aware of the recommendations made by these professionals and how to prepare food in line with the residents' dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed an information guide for residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider had made arrangements to share information with staff taking over

care of the resident.

The inspector reviewed two residents' hospital passports. In addition to a national template for this document, the provider had also prepared a one-page information sheet. These documents outlined relevant information about the residents that would be required by staff in a hospital, should the resident require admission. The information was up-to-date and relevant to their care and support needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems in place for the identification and review of risks in the centre.

The inspector reviewed the risk assessments that had been completed for two residents. These were comprehensive and outlined control measures to reduce risks to the residents. The risk assessments had been recently updated in line with the provider's timeframes. Where required, members of the multidisciplinary team were involved in completing these assessments. For example, a physiotherapist was involved in assessing the risk of falling for one resident.

The person in charge maintained a risk register for risks that had been identified within the service. This was reviewed by the inspector. The risk assessments in this register were comprehensive, specific to the centre, and had been updated in line with the provider's timeframes. The risk assessments sign-posted staff to relevant documents to ensure that residents' received the appropriate supports.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the residents' needs and a personal plan in line with the regulations.

The inspector reviewed two of the four residents' assessments of need. These were comprehensive and had been completed within the previous 12 months. Where required, care plans had been developed to guide staff on how to support residents to meet those needs.

Residents had personal plans that outlined their goals for personal development. An annual review of the residents' personal plans was completed.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre.

The review of care plans indicated that residents were supported to access and attend medical appointments. A detailed medical history for each resident was maintained. Residents had access to a wide variety of healthcare professionals, as required. There was evidence of referrals being made to relevant professionals when needed. Information obtained from healthcare professionals was used to inform care plans and support plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviour.

The inspector reviewed the behaviour supports plans for two residents. These had been developed by an appropriate professional. They gave clear guidance to staff on how to support residents to maintain their behaviour and how to respond in challenging situations. Staff were clear on the contents of these plans.

Where restrictive practices were used in the centre, these were recorded on a restrictive practice log. This log was reviewed by the inspector. Each restrictive practice had a corresponding risk assessment that was regularly reviewed to ensure that they were the least restrictive option used for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from abuse.

The provider had developed overarching safeguarding plans and the inspector reviewed two of these plans. These plans gave clear instructions to staff on how to protect residents. They outlined the staffing arrangements that were required to maintain the residents' safety. They were regularly reviewed and updated as required.

All staff had up-to-date training in safeguarding. When speaking with the inspector, staff were clear on the steps that should be taken to protect residents. This was found to be in line with the information contained within the residents' safeguarding plans.

Intimate care plans had been developed for residents. Two of these were reviewed by the inspector. These gave clear guidance to staff on how to support residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The inspector reviewed the minutes from the residents' meetings that were held in the centre in August and September 2024. This indicated that residents were offered choices and their choices were recorded.

Staff had received training in human-rights based care and support. When speaking with the inspector, they were clear on the principles outlined in their training and how to apply these to the support they provided to 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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant