



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	02 December 2019
Centre ID:	OSV-0005888
Fieldwork ID:	MON-0026878

## About the designated centre

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

Ard services can provide residential care for up to two residents with a moderate to severe intellectual disability and complex needs, including mental health, behaviours that challenge and communication difficulties. The service can accommodate male or female residents from age 18 years to end-of life. The centre consists of one bungalow dwelling which is located in the outskirts of a city. The house has a kitchen, sitting room, dining area, separate bathroom and two bedrooms, one of which has an en-suite bathroom. There is an enclosed garden to the rear of the house which has a paved patio area. There is a team of social care staff and support workers employed to support residents, and the centre provides waking night cover.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	1
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
02 December 2019	11:05hrs to 17:15hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with a resident who used this service, although they did not discuss their views about living there. The inspector observed, however, that this person appeared to be comfortable and relaxed in the company of staff and in the surroundings, that they had choice, and that they were involved in activities that they were clearly enjoying.

## Capacity and capability

The governance arrangements in this centre ensured that a good quality and safe service was provided for residents who lived there.

There was a suitably qualified and experienced person in charge, who visited the centre frequently and was known to residents and staff. The person in charge worked closely with a team leader who was based in the centre and was responsible for the day-to-day running of the service. Both were very familiar with residents' care and support needs, and worked closely with the staff team. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider ensured that the service was subject to ongoing monitoring and review. The first unannounced audit of the centre had recently been completed on behalf of the provider. The provider was aware of the requirement to carry out an annual review of the quality and safety of the service, but this had not yet taken place as the centre was not yet a year in operation. Ongoing audits of the centre's practices were being carried out by the team leader, and these included audits of medication administration and health and safety issues.

There were sufficient staff on duty to support residents' assessed needs, including their activity preferences. There was a one-to-one staffing allocation to ensure that residents could receive individualised care and support at all times. Rosters confirmed that this was the normal staffing level.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management.

The provider had ensured that the centre was suitably resourced to meet residents' needs. This was achieved by the allocation of adequate staffing levels, and the availability of a transport vehicle for residents' use. The provider had also ensured

that a directory of residents was being maintained, and that service agreements were in place for all residents. However, some improvement was required to the accuracy of information in a service agreement.

### Regulation 15: Staffing

Staffing levels and skill-mixes were suitable to meet the assessed needs of residents. Planned and actual staffing rosters had been developed and these were accurate at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding. Staff also attended other training relevant to their roles such as safe administration of medication, independent living skills and first aid. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents using the service. Some of the information in the agreements, however, was not specific to the service being provided.

Judgment: Substantially compliant

## Quality and safety

Residents living at the centre received person centred care and support, which allowed them to enjoy activities and lifestyles that suited their needs and preferences.

The inspector could see that staff were supporting residents to develop independent living skills and community involvement. Residents were involved in activities that suited their abilities, such as taking part in sport, shopping and dining out, walking and taking exercise, and going for drives. Activities were planned daily based on each resident's wishes and preferences on the day, and included both home and community-based activities.

Residents were supported to communicate in accordance with their needs. Communication plans had been developed with the involvement of a behaviour specialist and speech and language therapist. Information was supplied to residents in appropriate formats to aid their understanding of it. These communication techniques were being used to enhance decision making and choices for residents.

The centre suited the needs of residents. The house was clean, comfortably furnished and well maintained. However, the allocation of wardrobe and storage space required review to ensure that it best suited the needs of residents.

The provider had measures in place to ensure the safety of residents. These included fire safety management arrangements, and procedures for the management of behaviours that are challenging. The management team, staff and residents had been working closely with a behaviour specialist, whose recommendations were being implemented. There were strong measures in place to manage the risk of fire. Fire safety equipment was being checked and serviced, all staff had received fire safety training and staff had a sound knowledge of residents' evacuation plans.

Annual personal planning meetings took place, at which residents' social, health and developmental support needs for the coming year were identified and planned.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of support in this area of care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services including speech and language therapy, physiotherapy, psychology and behaviour support were supplied by the provider. Other services such as chiropody and dental and optical services were arranged as required. Guidance on the management of residents' identified needs, including recommendations of healthcare professionals, were recorded to guide staff. This ensured that residents' healthcare requirements were being appropriately delivered. However, some healthcare information was not clearly recorded and required review.

Specific staff were trained to administer medication as required, and there were robust procedures in place for the safe management of medication.

Residents' nutritional needs were well met. Residents were supported to choose their own food. Furthermore, residents' weights were being monitored and suitable foods were provided to meet any identified nutritional needs.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

### Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and the needs of residents who lived there. The centre was clean, comfortable, suitably equipped and furnished to meet residents' needs, and was well maintained. However, the allocation of furniture did not ensure that all residents had access to wardrobe space in their bedroom.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition



Residents' nutritional needs were well met. Residents decided what they would like to eat, and, if they chose to, took part in shopping for their food. Suitable foods were provided to suit any special dietary requirements of residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for residents and were based on their assessed needs and preferences. However, these required some improvement as they did not clearly state the supports required to meet some identified needs of residents, although these supports were clearly known and understood by staff.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' healthcare needs were well met. The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, allied health professionals and consultants.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Ard Services OSV-0005888

Inspection ID: MON-0026878

Date of inspection: 02/12/2019

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The contract has been corrected to outline the exact number of nights that this person is in receipt of from this centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Additional furniture will be purchased to ensure that there is ample storage space available to all residents.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Individual assessments will be reviewed and updated by the team to include specific information relevant to each resident.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/01/2020
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in	Substantially Compliant	Yellow	31/01/2020

	accordance with paragraph (1).			
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