



**Health  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Ardcuan Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	26 January 2022
Centre ID:	OSV-0004041
Fieldwork ID:	MON-0033833

## About the designated centre

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

Ardcuan is a community-based centre that provides respite service and an additional residential service to one individual in an adjacent apartment building. The centre is comprised of a three-story house and is located in a central area of a city in close proximity to local shops and other amenities. The premises of the centre is made up the main detached building with an apartment attached to the side of the premises. There are five bedrooms in the main building and two bedrooms in the attached apartment. The service provides planned and respite care to male and female adults with an intellectual disability and long-term residential supports to one individual in the apartment. There is a large secure garden at the rear of the property which contains an external laundry room. There is a service transport vehicle that brings residents to their daily activities. Residents and respite users are encouraged and supported to participate in the local community in line with their own wishes and preferences. Staff support is offered 24 hours a day, seven days a week and rosters are changed in line with respite users' care and support 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
Wednesday 26 January 2022	09:30hrs to 15:00hrs	Thomas Hogan	Lead
Wednesday 26 January 2022	09:30hrs to 15:00hrs	Michael Muldowney	Support

## What residents told us and what inspectors observed

The inspectors found, from speaking with residents and family members and from what was observed, that the registered provider had made some improvements across a number of key areas since the last inspection of this centre. There remained, however, a need for further improvement and development in areas such as governance and management, residents' rights, and individual assessments and personal plans for the centre to come into compliance with the regulations.

During the course of the inspection, the inspectors met and spent time speaking with one resident who was present in the centre. Other residents and respite users were attending day services at this time. This resident told the inspectors that they were very satisfied with the services they were in receipt of and felt safe living in the centre. They explained that they lived a quiet independent life with minimal supports from the staff team.

The centre was made up of one large property which included a self-contained apartment with its own entrance to the side of the building. The main part of the building contained five bedrooms to support respite users during short breaks in the centre. The registered provider had, however, admitted a number of individuals in crisis to these respite beds over the previous number of years. At the time of the inspection there remained one resident admitted in this context who was awaiting a long-term residential placement in another centre. The inspectors found that the crisis residential placement of individuals in a respite centre was not appropriate and did not respect or promote their human rights. The registered provider informed the inspectors that a long-term residential placement had been identified for this individual and a transition plan was in place to facilitate the long-term placement by the end of March 2022. The inspectors found, however, that appropriate consideration had not been given to the control measures required to ensure such placement did not occur in the centre in the future.

The premises of the centre were very clean throughout, decorated to a high standard and provided for a comfortable and homely living environment. All residents had their own bedrooms and there were additional bedrooms for respite users when they were present in the centre. The centre was warm, spacious and there were good arrangements for storage of personal belongings. There were appropriate numbers of showers, toilets and bathrooms and there was sufficient communal and shared accommodation. There was a large garden to the rear of the centre which included a utility space and an outdoor dining and patio area.

The inspectors spoke with a family member about their experiences of the respite services provided by the centre. They were very complimentary of the staff and management team and told the inspectors about the positive impact the service had on the life of their relative. They explained that the respite service helped to promote independence, relationship building and natural networking, and self

confidence. When asked about personal safety, the family member told inspectors that they felt their relative was safe when staying in the centre on respite breaks.

The inspectors also met with a number of staff members during the course of the inspection. They told inspectors that they felt well supported in their roles and were proud of the team work and effort of the staff team during the COVID-19 pandemic to date. The staff members met with felt that the needs of the residents and respite users were met with the current number and skill-mix of the staff team employed in the centre.

Overall, it was clear to inspectors that there had been improvements in the manner in which the centre was managed and in the standard of services provided in the time since the last inspection. However, there remained a need for further improvements in a number of key areas. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The inspectors found that, overall, there had been some improvements made in the manner in which this centre was operated and managed in the time since the last inspection. There were improved levels of compliance across a number of key regulations and there was evidence available to demonstrate that the registered provider had initiated a quality improvement programme in the centre. It was clear to the inspectors, however, that there remained a need for further improvement across a number of key areas to ensure that residents and respite users received good quality services.

The inspectors found that the centre was appropriately resourced to meet the needs of the residents and respite user groups who were availing of its services. There was a full-time person in charge who inspectors met with on the day of the inspection. They were found to have a clear understanding of their role and responsibilities as outlined in the regulations, legislation and national policy. There were clearly defined management structures in place, however, there was a clear need to develop and implement effective management systems to allow for improved oversight of the care and support being delivered to residents and respite users. It was evident that annual reviews and six-monthly unannounced visits to the centre had been completed by the registered provider, and actions arising from these reviews were tracked through a centralised monitoring log. This demonstrated that, overall, the majority of actions had been implemented and achieved in the time frames set out.

While the centre was found to be appropriately resourced, including staffing resources, the inspectors found that the allocation of staffing outlined in the statement of purpose was not in place in practice. For example, the 6.0 full-time equivalents (FTE) which were outlined in the statement of purpose had not been

reflected in any of the eight weeks of staff duty rosters which were reviewed by the inspectors. On some of the weeks reviewed, the staffing allocation in the centre was as low as 3.47 FTE which meant that, on occasion, staffing allocations were over a third less (approximately 100 hours per week) than what the registered provider had committed to. There were a number of staff vacancies noted in the centre, however, there was good continuity of care and support maintained for residents and respite users through the use of regular relief staff members.

### Regulation 15: Staffing

While the inspectors found that the centre was appropriately resourced, there was a lack of clarity on the part of the provider about the agreed staffing allocations for the centre. The staff roster reviewed for an eight-week period found that the allocation of staffing was significantly lower than that outlined in the centre's statement of purpose. Staff rosters did not contain the names of the staff members who had worked a number of shifts.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The inspectors found that there were some minor deficits in training described by the registered provider as being mandatory. There was, however, ambiguity about the need for staff members to complete in-house training on the safe administration of medication which was a concern for the inspectors given the varying needs of respite users and residents, compared with the previous work placement of staff members. The inspectors found that at least one staff member was administering medications in the centre without having completed the in-house safe administration of medication training or the completion of competency assessments. There were good arrangements in place, overall, for the supervision of staff members, including both formal and informal supports.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management and operation of the centre had improved since the last inspection. This included an increased ability by the provider to self-identify areas of non-compliance with the regulations and areas that required improvement. There remained, however, a need for further development and implementation of effective

management systems in the centre to inform the quality improvement initiatives required.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

It was clear to the inspectors that there had been improvements made in the manner in which complaints made in the centre were managed and followed up on. There had been a significant number of complaints made in the time since the last inspection. The inspectors found that these complaints had generally been appropriately investigated, the complainants had been communicated with and informed of the outcomes of the investigations, and records of the complaints were maintained locally. There was a complaints policy in place in the centre along with easy-to-read procedures for residents and family members.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that there had been improvements in the quality of life and lived experiences of residents and respite users who were availing of the services of this centre in the time since the last inspection. It was clear to inspectors that the registered provider was committed to further improving the standards of care and support in the centre and ensuring that the services delivered were of good quality.

The inspectors found, however, that some essential documentation for residents had not been completed, such as assessments of need. In the cases of some respite users who had assessments of need completed, inspectors found that these were completed over five years prior to the inspection and had not been updated on an annual basis as required. In other cases, where assessments of need had recently been completed, inspectors found that no assessed needs had been identified despite a suite of support plans having been developed for the same individuals.

As per the findings of the previous inspection of this centre, the inspectors found that there was a considerable difference in the experiences of respite users who were availing of short breaks in this centre when compared to the individuals who were in long-term crisis placements there. The short-term respite users were in receipt of very positive supports which provided for important opportunities for breaks away from their normal living arrangements, while the circumstances varied considerably for those in longer-term crisis placements. The designated centre was not an appropriate setting for such crisis placements. While the registered provider



had taken a number of actions to minimise the negative impact on the residents, inspectors found that this environment did not promote dignified placements.

### Regulation 17: Premises

The premises of the centre were very clean, spacious and well maintained throughout. There was sufficient provision of private and communal accommodation, which provided for a comfortable living environment for residents and respite users. The centre was fully accessible to those who were availing of its services and it met their needs.

Judgment: Compliant

### Regulation 27: Protection against infection

The inspectors found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were regular audits being completed along with infection prevention and control self assessments. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place. The inspectors found, however, that the outbreak management plan provided insufficient guidance on a number of matters, including how to support respite users who contracted COVID-19 while at the centre and the arrangements for staffing the centre in the event of an outbreak among the staff.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. Personal emergency evacuation plans were in place for residents which clearly communicated their support needs in the event of a fire or similar emergency. There were fire containment measures in place in the form of fire doors and self-closing devices, and it was evident that residents and staff could evacuate the centre in a timely manner during completed fire drills.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessments of need had not been completed for some residents. Some respite users did not have an assessment of need completed since 2015. In other cases, assessments had not been completed in the required time frames and did not communicate the identified needs of residents. While there were personal plans in place, inspectors found that these did not relate to assessments completed and, in some cases, there were plans in place despite there being no needs identified.

Judgment: Not compliant

## Regulation 8: Protection

Inspectors found that the registered provider, person in charge and staff team demonstrated a high-level of understanding of the need to ensure the safety of residents availing of the services of the centre. One resident met with by the inspector confirmed that they felt safe and knew how to appropriately report any concern about their safety. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them. Alleged incidents of a safeguarding nature which had occurred in the centre were appropriately followed up on in line with organisational and national policies.

Judgment: Compliant

## Regulation 9: Residents' rights

While the inspectors found that the care and support being delivered to respite users was dignified and respectful, this was not the case for those who were living in the centre in crisis residential placements. Inspectors found that the use of the centre to facilitate long-term emergency placements was not appropriate and was impacting on the quality of life of a number of individuals. The registered provider was failing to meet the needs of these residents in a respite centre setting and this ongoing practice was impacting on the human rights of those individuals.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Ardcuan Group - Community Residential Service OSV-0004041

Inspection ID: MON-0033833

Date of inspection: 26/01/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PPIM and PIC will review and update the Statement of Purpose and Function to ensure the allocation of staffing is in line with staff rosters.</p> <p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC has reviewed the roster to ensure all relief/agency staff names are included on the roster.</p>	
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: All staff who administer medication have now completed safe administration of medication training. The PIC maintains staff training records and works with the education department to ensure all staff have access to essential training.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider will ensure that management systems are in place in the designated to ensure the service provided is safe, appropriate to residents needs and that residents receive quality services.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC has updated the designated centre's contingency plan which provides clear guidelines in the event a respite user or staff member contracts Covid-19.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC will ensure that an up to date comprehensive assessment of needs is completed for all respite users/ residents.</p> <p>The PIC will ensure all respite users have up to date assessment of needs.</p> <p>The PPIM will arrange an audit of care plans.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Registered Provider has purchased a new house. A transition plan has commenced to support resident to move to their new home by 30/04/2022.</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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	02/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	16/02/2022

	as part of a continuous professional development programme.			
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	30/04/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	03/03/2022
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each	Not Compliant	Orange	30/07/2022



	resident is carried out prior to admission to the designated centre.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	30/07/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/07/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/07/2022
Regulation 09(3)	The registered provider shall ensure that each	Not Compliant	Orange	30/04/2022

	resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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