



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Solus
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	10 March 2020
Centre ID:	OSV-0006451
Fieldwork ID:	MON-0027567

## About the designated centre

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

Ard Solus is a two-storey house located in a quiet suburban area of County Meath. Single bedroom accommodation is provided for up to five men or women over the age of 18 years with intellectual disabilities, autism or acquired brain injury, who may also require mental health or behavioural support. The house includes multiple shared sitting rooms, a kitchen come dining room, and a secure private garden. The house is located near facilities for grocery shopping and eating out, and the service has multiple vehicles to support residents to go into the community. There are also public transport options nearby.

**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 - 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
Tuesday 10 March 2020	10:00hrs to 17:45hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector briefly met some of the residents over the course of the day. Residents had plans of what they were doing with their day and were coming and going from the centre with the support of the staff. Through observation and speaking with staff and residents, it was evident that residents' choices and preferences were respected in their daily lives and through the setting of their goals.

The inspector observed respectful and friendly interactions between staff and residents, and residents got along well with staff. As this was a new centre, the residents were all still in the process of getting to know each other and the staff members, and residents were supported to follow their preferred routine in the house and in the community.

Two residents told the inspector that they enjoyed going out for lunch or a coffee in the local area. There were sufficient resources in staff and vehicles to support residents who wanted to go into the community or out for a drive at short notice. All residents had assigned key-workers to lead on their personal goals and developments. The inspector observed evidence of a positive and supportive relationship developing and people being encouraged in line with their assessed needs.

Inspectors found that residents had been supported and consulted in a meaningful way to move into the service and settle into their home and local community. The residents were observed coming and going around and outside their house as well as spending time alone in privacy when preferred. Resident feedback was a prominent component in house meetings and provider audits.

## Capacity and capability

Overall, the inspector found that the provider and persons in charge were monitoring the quality and safety of care and support for residents. The provider was continuously reviewing resources and staffing arrangements to ensure the service was suitable for needs of the residents in the first months of the centre's operation. The provider had conducted audits of the designated centre to ensure that the centre was compliant with the regulations. Where an area in need of improvement was identified, the provider had outlined clear actions to address the shortcoming and specified time frames in which to do so. At the time of the inspection, the provider had completed their actions within their own stated time frames.

At the time of inspection, a new person in charge had commenced in the centre and

was working alongside their predecessor for a period of time to aid an effective handover of duties. The new person in charge was sufficiently qualified and experienced for the role, and held the same position in another designated centre. They worked full-time and arrangements were in place to ensure that the person in charge had sufficient oversight of both services. They were being supported by provider-level management, who discussed with the inspector how they would be regularly engaging and supervising the person in charge to support them in their role.

The number and shift patterns of staff members were suitable to support the assessed needs of the residents, and kept under review by the provider as new residents had moved into the house. There was a planned and actual roster which clearly documented staff shifts. The inspector spoke with the staff members who were knowledgeable on the support requirements and personal preferences of the residents. One-to-one staffing had been introduced where required to maximise the social and developmental opportunities of residents as well as reduce the impact on other people's routines. Regular staff meetings were held which included learning attained from incidents and from audits of other centres.

The inspectors reviewed a record of incident reports in the centre and found that all incidents which required notification to the Chief Inspector had been submitted in line with the time frames identified in the regulations.

Residents were protected by the complaints policy and procedures in the centre. These were available in a format accessible to residents and were on display in the centre. This identified the persons responsible for managing and responding to complaints. While no complaints were open at the time of inspection, the inspector found evidence that residents were routinely reminded of how to do so if they wished.

The provider had policies and procedures in place for admitting new residents to the centre, and this was reflected in the statement of purpose. This process included residents being offered to visit the house and consulted on their living arrangements before admission, as well as the provider determining that the service was capable of meeting the required support needs of potential residents. The inspector found that this procedure had been followed for all residents who had started living in the house in the months since registration. Each of the residents had signed a contract of services with the provider which plainly outlined the terms of their residence, including charges payable which were not covered as part of the service.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced for the role and had good knowledge of their duties and responsibilities under the regulations.

Judgment: Compliant

### Regulation 15: Staffing

Residents were supported by a complete staff team with a suitable skill-mix who were knowledgeable in relation to residents' care and support needs.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had an auditing system and reporting structure in place which provided sufficient oversight of this new designated centre to ensure that this service was suitably resourced and appropriate to support the needs of the residents.

Judgment: Compliant

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

Policies and procedures were in place for the admission and transfer of residents and there was comprehensive evidence that the provider had followed these procedures and involved the resident in a meaningful way. Each resident had a contract agreed with the provider which clearly outlined the terms of residency in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The chief inspector had been notified of adverse incidents occurring in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an accessible policy for making complaints which clearly outlined the procedures and personnel involved.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The provider had all policies and procedures required under Schedule 5 of the regulations available in the centre and kept under review.

Judgment: Compliant

### Quality and safety

The inspector found that while residents were still in the process of getting used to living in the designated centre and living with a new group of peers, residents were satisfied overall, and being well supported to establish and follow their daily routine, go out into the community, or spend time in the house alone in line with their assessed support needs, interests and preferences.

Assessments of need were in place for each resident, from which person-centred care interventions and support plans were developed. The inspector found evidence that resident input and consultation informed these plans, and where required, advice from allied health professionals was incorporated into reviews of these plans. The staff members who spoke with the inspector were knowledgeable in relation to residents' care and support needs, and residents had an accessible version of their personal plan developed as required.

Over the course of the day residents were observed being supported to go out into the community for a drive or to get some lunch in line with their preferences. The inspector reviewed evidence of residents being supported by staff members and key workers to develop social and personal development goals. These included residents being supported to apply for passports and driver licences and using public transport. Progress towards these time-bound goals were reviewed by the resident and their key worker, and social stories with pictures had been developed documenting the resident's achievements. Residents were also being supported to pursue meaningful work and education opportunities which were suited to their interests and goals.

Accessible social stories and plans had been developed to document the process of the residents visiting the new house and choosing their preferred bedroom, with pictures of residents happily packing up and moving into their new home. Frequent house meetings were used as an opportunity for residents to give feedback on their

satisfaction with living in this house and with their peers, and contribute to the running of the house, such as choosing what was for dinner over the coming days. Residents were routinely reminded of how they could make a complaint or get in contact with external advocacy services if they wished.

Residents were protected by systems in place relating to risk management. There was evidence that risk assessments for the centre and for the individual residents were kept under review and clearly outlined the control measures in place to reduce the risk. Residents' risk assessment were updated in line with their changing needs and learning following incidents. There was a low amount of restrictive practices in effect in the centre, informed by identified risks such as personal safety. The provider could evidence how these were kept under review to ensure the method employed was the least restrictive means, for the lowest amount of time, to mitigate the risk. Staff members were aware of their roles and responsibilities in situations of potential or actual abuse, and residents were supported to understand what constitutes abuse and how to keep themselves protected.

The provider had arrangements in place to be assured that residents and staff could evacuate safely and quickly in the event of an emergency. Since the centre came into operation, the provider has carried out regular practice evacuations. Each of these drills identified the time taken to exit the building as well as potential delays for future reference. Each resident had a personal evacuation plan which clearly specified their support requirements. Exit routes, emergency lighting and the alarm system were being checked out on a regular basis and were in proper working order.

At the time of inspection, there was national concern of the risk and impact caused by a global pandemic. Informational posters and anti-bacterial gel dispensers were available in the house and the inspector found that information sessions had been held in the house recently to ensure that residents were supported and educated in staying safe. Residents and staff were observed employing good practices around infection control and hand washing throughout the day.

### Regulation 13: General welfare and development

Residents were being supported to develop life skills, pursue work and education opportunities and social activities in accordance with their assessed support needs and personal interests.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Residents were supported in their transition into the new designated centre and had

been centrally involved in the decision-making process.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems and procedures were in place to identify and assess risks related to the centre and its residents, and to implement appropriate control measures to mitigate the impact and likelihood of said risks.

Judgment: Compliant

### Regulation 27: Protection against infection

Staff and residents had adopted suitable procedures associated with infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

Arrangements were in place to ensure effective detection and containment of smoke and flame in the event of fire. Practice drills had taken place which provided assurance that people could evacuate the house efficiently and safely.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Assessments and personal plans were complete and kept under review to reflect changes in care and support requirements. Plans were person-centred, and were available and accessible to residents.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There was appropriate guidance to staff on how to respond to residents' support requirements. Where restrictive practices were utilised these were reviewed to ensure they were the least restrictive method for the smallest amount of time necessary.

Judgment: Compliant

## Regulation 8: Protection

Staff were knowledgeable in the duties when responding to potential or actual abuse risk. Residents were supported to be aware of safeguarding matters.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had choice and control in their daily life and played an active role in the running of the designated centre through consultation and regular feedback.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant