



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

Name of designated centre:	Ard na Mara
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	09 October 2018
Centre ID:	OSV-0002036
Fieldwork ID:	MON-0021643

About the designated centre

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

The centre provides a dedicated respite care and support service for male and female adults with a physical and/or intellectual disability in the Cork and Kerry area. Referral to the centre is made by residents' families, through the local public health nurses, general practitioners (GPs) or other organisations. Residents can avail of respite for between one and three weeks per year. The centre is a purpose built bungalow that comprises of six bedrooms with ensuite facilities, a large living and dining room, a kitchen, a quiet room, a bathroom, a staff toilet, a staff office, a staff tea room, a laundry room, a medical store room, a property room and a boiler room. The centre is located in a scenic rural setting near a village and a beach and is accessible to a number of towns and Cork city.

The following information outlines some additional data on this centre.

Current registration end date:	15/09/2020
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
09 October 2018	09:30hrs to 17:30hrs	Michael O'Sullivan	Lead

Views of people who use the service

The inspector met with all five residents on the day of inspection. Each resident was able to verbally articulate their needs and views and one resident offered to show the inspector around the premises. Residents expressed a very high level of satisfaction with the staff, the services and the facilities. Residents could clearly identify all staff by name. Many residents had completed feedback questionnaires relating to their stay and were complimentary in their feedback. Residents also enjoyed the resident forum where they planned their weekly activities.

In keeping with the origins of the services, residents were referred to as guests both by staff and within the service literature.

The inspector observed interactions between residents and staff and all communication to residents was in a warm and friendly manner. Care delivered to residents was observed to be person centred, highly individualised and unhurried. Many residents referred to the service as their "holidays" and highlighted trips to the cinema, the beach and the local hotel as favorite activities. Residents expressed a wish to spend more time in the service. Residents moved in and out of the centre during the course of the day dependant on their chosen activity and plans. Residents in the centre were seen to partake in board games, craft activities, baking, the use of the internet and watching television.

Capacity and capability

The inspector found the service delivered a high standard of care to residents whom all appeared happy, comfortable and well cared for. The inspector found that the governance and oversight arrangements reflected the high standard of care. The registered provider and staff were responsive to the identified needs of each resident to maximise their respite stay. Staff were committed to promoting residents' self determination and choice while residing in the centre. It was apparent that some residents had utilised the service for a number of years and felt very comfortable with the surroundings and staff.

The provider's statement of purpose was up-to-date, current and user friendly. It clearly stated and reflected the operation of the centre. The inspector found that the capacity and capability of the provider to deliver a safe and quality service was supported by a comprehensive management team and structure.

The person in charge had extensive knowledge and experience having worked in the disability sector for over 10 years. The person in charge was employed in a full-time capacity since June 2017 and also managed another designated centre. The person in charge had an in-depth knowledge of each resident and their needs. The person in charge was spending additional hours in the designated centre while the respite coordinator role remained unfilled. There was a clear governance structure in place

and there was also an out of hours support structure for staff and residents. Staff spoken with were clear on the lines of accountability in the centre. Documentary records were observed to be of a high standard. Mandatory training records for fire safety, safeguarding of residents and managing behaviours that challenge were in place for all staff members. Staff attendance at mandatory training was monitored and recorded. Individual staff records were not reviewed as part of the inspection.

Since the last inspection significant effort had been made to secure additional staff and provide continuity of care to residents. The staff team comprised of nursing staff, social care workers and care workers. There were four staff members on duty the day of inspection and four residents present. A new resident was admitted during the course of the inspection and a fifth member of staff was on duty in the afternoon to facilitate planned activities for all residents. There were two staff on duty at night time. The inspector found the staffing roster was appropriate to the assessed needs of the resident's. A member of staff had undertaken training as an activities coordinator and facilitated training and direction to all staff to expand the range of activities on offer to residents. Funding had been secured to purchase additional equipment for resident activities. The role of respite coordinator had been filled but at the time of inspection was again vacant since August 2018. However, the person in charge was actively progressing the recruitment of additional staff for the service.

The provider had undertaken an annual review and six-monthly audits of the service. There was evidence that the provider had undertaken actions arising from the findings of these audits. Each resident had the facility to provide feedback on the service they had received and to document their likes and dislikes in relation to their stay. Residents also had the opportunity to provide feedback on how their next stay could be improved. Audit activity was also specific to individual residents and their needs, reflecting a person centred approach and individual responses improving outcomes for the resident.

The unit notice board had easy-to-read complaint forms available for residents. The procedure for residents wishing to make a complaint were clearly illustrated. The appeal process for complainants was also available. Contact details for a confidential recipient were also available. The minutes from the respite service users meeting for the week in question were also affixed to the notice board.

All complaints made by residents or their families were recorded and documented. Each complaint was investigated by the person in charge and follow up was provided to each complainant.

Regulation 14: Persons in charge

The registered provider had employed a person in charge in a fulltime capacity, who had over 10 years experience in the disability sector with a post graduate qualification of managing non profit human services.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff were appropriate to the assessed needs of the residents. A number of existing staff vacancies and impending vacancies required addressing.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had completed mandatory training and were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained by the registered provider which included the necessary schedule 3 information.

Judgment: Compliant

Regulation 21: Records

Records in respect of each resident as determined by schedule 3 and all general records as outlined within schedule 4 were properly maintained by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was resourced

effectively to provide the care and support outlined in the statement of purpose. There were clear management systems in place ensuring appropriate care to residents' needs that were effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose containing all schedule 1 information which was subject to annual review.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear complaints policy and procedure in place which included an appeals procedure. This was also available in an easy-to-read format within the centre.

Judgment: Compliant

Quality and safety

The inspector observed that the quality and safety of the service provided to residents was of a high standard. The designated centre presented as very welcoming, was warm, bright and clean. Each resident had their own bedroom and en-suite with adequate storage facilities. The centre layout promoted group activities and shared living spaces as well as affording residents privacy and individual space if required. There was evidence that staff were intent on providing a person centred service ensuring a good quality of life for residents.

There was evidence that residents' bedrooms had been recently re-decorated, this work had been complete by volunteers during planned closures of the centre. Some additional internal painting of halls and external painting of the premises was required and planned, as well as remedial works to external paths at the rear and side of the building. Minor repair works were underway in two en-suite bathrooms, where a leak had been detected in the under floor heating system.

Since the last inspection all individual assessment and personal plans had been reviewed and updated. Each resident's plan was subject to review on

readmission. A home assessment was conducted where possible in advance of admission to assist residents to transition safely from home to respite. Each resident's risk assessment was reviewed when they returned for their planned respite breaks. While it was identified by staff that it was difficult to record goals and outcomes for residents who were on short respite breaks, a draft of a new assessment and individual care plan that awaited approval of management, was presented to the inspector. This comprehensive document was proposed to improve the overall delivery of proposed care, goals and outcomes and assist communication between staff, residents and families.

The residents' guide was in the process of updating on the day of inspection. The updated guide was made available to the inspector prior to the completion of the inspection. The guide was easy-to-read, colourful and provided a clear summary of the services provided and the terms and conditions relating to residency. The arrangements for resident involvement in the running of the centre were also clearly described. Each resident had access to a television in their bedroom, the living area and the quiet room. Residents had access to the Internet with staff assistance, support and supervision. Residents also had access to a radio.

Staff were observed to record residents' personal property on arrival. There was adequate storage in bedrooms for personal items and clothing. Residents had personal effects on display in both their bedroom and the dining area. There was ample room for the storage of personal equipment within the bedroom areas. Each resident could avail of a laundry service within the centre if they so wished.

The risk management policy had been updated since the previous inspection, which now included a response to emergencies. The inspector found evidence that this policy had been effectively implemented throughout the centre. For example, all identified hazards were subject to control and review. The risk register was up-to-date, current and subject to review. Restrictive practices in the form of environmental controls were recorded in a restrictive practices log and subject to regular review. Consent for restrictive practices was recorded in residents' care plans. Each resident was risk assessed in relation to the self-administration of medication.

All staff had received training in the safeguarding and protection of residents. Staff on maternity leave and sick leave had a refresher course booked for the time of their return. Each resident had an intimate care plan in line with the providers personal care policy. The intimate care plan also accommodated residents who might be non verbal.

The fire evacuation plan for the centre was updated daily which reflected the nature of the service with a weekly turnover of residents. This plan reflected the physical dependency needs of each resident and was consistent with the personal emergency evacuation plan for each resident. The fire alarm panel and all fire detection systems were inspected and serviced by a registered contractor in June 2018. All fire extinguishers had been serviced in November 2017. Staff fire and safety training was in date. Staff conducted fire evacuation drills every three months and learning outcomes were noted and acted upon. A new boiler had been installed in the boiler

room. It was observed to be in a good state of repair, as was the boiler room which was clean and tidy, with all fire detection and protection measures in place

The person in charge ensured that the designated centre had appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storage and administration of medicines. However, the separation and disposal of out of date clinical stocks from in date stocks was not adequate.

Infection control measures within the centre had improved since the last inspection. The national hand hygiene policy had been reviewed and updated. Hand sanitation solution was available throughout the unit. Notifications to the chief Inspector reflected adherence to proper standards of hygiene and isolation for reported infectious diseases.

Regulation 10: Communication

The registered provider ensured that each resident was supported and assisted to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had adequate space to store and maintain personal property and possessions, was supported to manage their own laundry and were assisted to manage their personal finances while in respite.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident was provided with appropriate care and support having regard to the resident's disability, assessed needs and the residents' wishes.

Judgment: Compliant

Regulation 17: Premises

The designated centre was specifically designed and laid out to meet the needs of the residents, however, some internal and external maintenance was required.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had a current and up to date residents' guide that was available to all residents that clearly outlined a summary of services and facilities provided, the terms and conditions of residency, the complaints procedure and arrangements for resident involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place and ensured that there were systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that resident's were protected from the risk of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that effective safety fire management systems were in place, adequate precautions against the risk of fire were undertaken and suitable fire training was provided to all staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storage and administration of medicines. However, the separation and disposal of out of date stock was not adequate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had a comprehensive assessment of their health, personal and social care needs prior to admission, which was subject to review dependant on a change in resident need or circumstance.

Judgment: Compliant

Regulation 8: Protection

The person in charge had safeguarding measures in place to ensure that staff providing intimate care to residents did so in line with the residents' personal plan and in a manner that respected the resident's dignity and bodily integrity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ard na Mara OSV-0002036

Inspection ID: MON-0021643

Date of inspection: 09/10/2018

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: Care Support Vacancies were being processed at time of inspection, interviews and selection process is complete and post holders are due to commence on 01st December.</p> <p>CNM Respite Coordinator Post has been approved and will be advertised week commencing 26th November.</p> <p>Maternity Leave Cover will be advertised week commencing 03rd December.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Painting of internal hall had been pre-arranged at time of inspection and is now complete.</p> <p>Soft washing of external building had been tendered for at time of inspection and is now arranged for 17th December.</p> <p>Extension of footpath had been approved at time of inspection and is arranged for 18th December 2018.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Out of date medical stock disposed of.</p> <p>Night Duty tasks have been updated with a medical stores check.</p> <p>Night Duty tasks are included in audit schedule for monitoring of same.</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	07/12/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	18/12/2018
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	19/11/2018