



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

Name of designated centre:	Ardcuan Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	14 August 2018
Centre ID:	OSV-0004041
Fieldwork ID:	MON-0024548

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 respite service. Ardcuan is a three story house, located in a central area of a city, in close proximity to local shops and other amenities. The centre comprises of a three storey house with a single story apartment attached to the side of the house. There are four bedrooms in the main two storey building and one bedroom in the attached apartment. Four of these bedrooms in the main two storey building are shared with two beds in each; three of which contain en-suite bathrooms. There are also two separate bathrooms in the centre. The service provided is planned and crisis respite care to male and female adults with an intellectual disability is also provided. There are two communal sitting rooms and a communal kitchen come dining area. There is a large secure garden at the rear of the property. There is a service transport vehicle that brings residents to their daily activities. Residents 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 the residents' care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
14 August 2018	09:00hrs to 17:30hrs	Sinead Whitely	Lead

Views of people who use the service

During the inspection, the inspector had the opportunity to meet and speak with five of the service users. All service users met with, shared their opinions and preferences verbally with the inspector. Service users spoken to were very complimentary towards the care and support provided in the centre. Throughout the day, the inspector observed service users attending day service, enjoying meals, meeting with staff members and using assistive technology and appliances provided in the centre. The inspector observed service users spending time in their preferred spaces throughout the day, service users appeared happy and comfortable in the space provided.

The inspector spoke to one service user who was celebrating their birthday on the day of inspection and staff were supporting them to celebrate this in an individualised and respectful manner.

The inspector spoke with a family member of one service user on the day of inspection who expressed that they were very satisfied with the service and felt their family member was well supported, happy and safe when in the centre. The family member felt well supported to contribute to the delivery of care and support to the service user.

Capacity and capability

Overall, the inspector found the management structure of this designated centre was clearly defined and identified clear lines of authority and accountability. Staff spoken to on the day of inspection were familiar with the management structure and the reporting mechanisms in place.

For the most part there were adequate arrangements in place to ensure sufficient monitoring and oversight of the centre. The person in charge had a full time role with adequate capacity to support the needs of the residents. The person in charge had adequate protected time that allowed them to carry out supervisions with staff members, and oversee the scheduling of staff working and residents availing of the respite service. However, the registered provider had not ensured that there was an annual review of the Quality and Safety of care of the service. The person in charge communicated there was an annual review in draft, however a copy of same was not made available to the inspector on the day of inspection. The person in charge had a system in place to monitor and identify areas for improvement, this involved highlighting areas in need of improvement such as the premises. However, the provider had not addressed these issues in a timely manner. For example,

paintwork in the centre needed to be addressed and cracked tiles needed replacing in the upstairs bathroom.

The person in charge had ensured that all staff had received mandatory training. There was a robust induction process in place that ensured all new staff received mandatory training. Staff spoken to demonstrated good knowledge and competence in the areas they had received training and appeared to utilise this knowledge well when delivering care and support. Two staff members were required to complete refresher training in safeguarding on the day of inspection, this was identified on a training needs analysis and training was planned for these staff members on the next scheduled training date.

Largely, records were appropriately maintained in the centre. Samples of records examined on the day of inspection, including service users daily reports and activity participation, accurately reflected practice and were up-to-date. Records set out in schedule 4 of the regulations were in place on the day of inspection. The statement of purpose did not accurately describe the service being provided on the day of inspection. One section identified the centre as providing a respite service for children, this no longer accurately described the service provided.

The registered provider had ensured all required and relevant policies and procedures were available. However, these had not been reviewed and updated in a time frame that does not exceed three years in accordance with the regulations. The provider was in the process of updating these policies and there was a service plan submitted to the inspector following the day of inspection.

There was a complaints procedure in place that supported residents to raise any concerns. Residents were made aware of this process on admission to the service. The complaints log was reviewed on the day of inspection and any concerns raised were addressed in an appropriate, proactive and timely manner by the person in charge. Residents and family members were satisfied with the response by the person in charge to any concerns raised.

Regulation 16: Training and staff development

Staff had received, for the most part, relevant training and demonstrated good knowledge of this training in their delivery of care and support.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedule 4 were in place, however the Statement of Purpose

available on the day of inspection was not in line with the service provided.

Judgment: Not compliant

Regulation 23: Governance and management

The management structure of this designated centre was clearly defined and identified clear lines of authority and accountability. For the most part there were adequate arrangements in place to ensure sufficient monitoring and oversight of the centre. There was no copy of the annual review of the quality and safety of the service available to staff, residents or the inspector on the day of inspection. Furthermore, the person in charge had highlighted areas in need of improvement, that had not been addressed in a timely manner by the provider.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures in the designated centre had not been reviewed and subsequently updated in a time frame that does not exceed three years.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints log in the centre. Any complaints recorded on this were addressed in a serious and timely manner by the person in charge. Residents and family members were satisfied with the response to any complaints raised.

Judgment: Compliant

Quality and safety

Overall, arrangements were in place to ensure the safe and effective delivery of care to the residents. Care was being delivered in accordance with the residents' specific needs and wishes and care plans supported the maintenance of good health.

The registered provider had ensured that the service users participated in decisions about their care and support. Staff members were observed treating service users with dignity and respect. Residents were consulted and participated in how the service was planned and run. Residents had choice and decision in their daily lives. The inspector observed staff asking residents what they would like for dinner and suggesting a trip out to the local shop to facilitate that choice.

Service users were, in the main, supported to communicate their wants and needs and to be active decision makers in their lives. Service users had access to a variety of different forms of media including television, social media and internet services. Service users were facilitated to access and use assistive technology. However, while staff were familiar with and supported residents' communication needs to a high standard, all assessed communication needs had not been addressed in staff training. One resident communicated using a non-verbal language that no staff member had received training for.

Arrangements were in place to support the residents' general welfare and development. Family of the service users were supported to engage with residents while availing of the respite service, and the service users were encouraged to actively contribute to the delivery of their care. Service users were provided with abundant facilities for occupation and recreation.

Service users' personal possessions were respected and protected. Residents were supported to bring their own belongings from home when availing of the respite service. Service users had adequate storage space in their bedrooms to facilitate the storage of their personal belongings. Service user's linen and clothing were laundered as required. The person in charge had introduced a labelling system on the clothing and had informed family of this since the previous inspection to prevent the loss of personal clothing items.

The registered provider had ensured that the design and layout of the centre was in line with the statement of purpose. There was adequate communal space for social and recreational activities. The inspector noted some refurbishments to the premises were outstanding on the day of inspection. Re-decoration needs identified since the last inspection had not been adequately addressed. The inspector observed cracked tiles and chips in the paint on walls on the upstairs bathroom. The inspector acknowledged there had been a request to the service maintenance team by the person in charge to address this. Accessible shower facilities were not available on the premises. This affected one resident in particular who availed of the service and had been assessed by an occupational therapist as needing an accessible shower due to their mobility needs.

There was a comprehensive assessment in place for all service users in the centre, prior to admission and there was a personal plan in place to support these assessed needs. All plans observed were subsequently updated and reviewed by key staff members as required to reflect the changing needs of the service users. The plans observed were in an accessible "All About Me" format and were available to the residents if requested.

Arrangements were found to be in place to ensure risk control measures were relative to the risks identified. There was a risk register which was updated with additional control measures as needed. There was a risk management policy that gave clear guidance to staff regarding the identification, assessment and review of risks. There were manual handling risk assessments available for all residents and these were accessible to staff members as needed. Reasonable measures were in place to prevent accident or injury to service users and staff

The registered provider had ensured there was suitable fire equipment provided and serviced when required. There were procedures for the safe evacuation of residents and staff in the event of fire and this procedure was readily available. Fire records were maintained to include fire drills, alarm tests, maintenance of equipment, checks of escape routes and exits. However, the registered provider had not ensured there were fire doors in place in the designated centre to ensure adequate fire containment measures. This had previously been identified on inspection. The inspector acknowledges that there is currently a service-wide plan in place to address fire precautions.

Safeguarding measures were in place to protect the service users. Staff spoken to understood their role in relation to adult protection and knew how to respond if there was an allegation of abuse. However, not all staff were up to date with safeguarding training on the day of inspection. Two staff members required refresher training.

Regulation 10: Communication

Overall, arrangements were in place to support the service users to communicate their wants and needs. However, staff had not received training to address the specific communication needs of one resident.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Service Users' personal possessions were respected and protected. Any complaints regarding missing property or money were addressed in a serious and timely manner.

Judgment: Compliant

Regulation 13: General welfare and development
Residents were supported to take part in daily life skills activities and were provided with abundant facilities for occupation and recreation.
Judgment: Compliant
Regulation 17: Premises
Parts of the premises were not accessible to certain residents with mobility needs. Refurbishing was outstanding in some areas of the centre on the day of inspection.
Judgment: Not compliant
Regulation 26: Risk management procedures
Arrangements were in place to ensure risk control measures were relative to risks identified.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had not ensured adequate arrangements for containing fires were in place as there were no fire doors.
Judgment: Not compliant
Regulation 5: Individual assessment and personal plan
The person in charge had ensured that there was a comprehensive assessment in place for all residents in the centre prior to admission and there was a personal plan in place to support these assessed needs.
Judgment: Compliant

Regulation 8: Protection

For the most part, staff had received appropriate training in the safeguarding and protection of vulnerable adults. Residents were safeguarded. Staff spoken to, understood their role in adult protection and knew the appropriate procedures to put in place if there was an allegation of abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff members treated service users with dignity and respect. Residents were consulted and participate in how the centre was planned and run.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0024548

Date of inspection: 14/08/2018

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The person in charge will review the statement of purpose and function to ensure it is in line with the service provided.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider has ensured that a copy of the annual review is available to staff and residents in the designated centre.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The provider is ensuring that all schedule 5 policies are reviewed every three years.	

Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The person in charge will arrange Lamh training for all staff in the designated centre.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider has installed two accessible showers to meet the mobility needs of some residents. The provider will ensure maintenance issues are addressed in a timely manner.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has installed fire containment measures throughout the designated centre.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The person in charge will ensure that all staff have received refresher training.	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/05/2018
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	31/03/2019
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are	Not Compliant	Yellow	30/11/2018

	maintained and are available for inspection by the chief inspector.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Yellow	14/11/2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	14/11/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Yellow	31/12/2018
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and	Substantially Compliant	Yellow	28/02/2018

	response to abuse.			
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