



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

Name of designated centre:	Ardnacrusha
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	11 February 2019
Centre ID:	OSV-0004817
Fieldwork ID:	MON-0026413

About the designated centre

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

Ardnacrusha is a centre run by Brothers of Charity Services Ireland. The centre is located on the outskirts of a village in Co. Clare and provides residential care for to up to four residents over the age of 18 years, who present with a mild to moderate intellectual disability. The centre comprises of one bungalow dwelling with residents having their own bedroom, along with access to communal bathrooms, utility room, kitchen and dining area, sitting room and large garden area. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
11 February 2019	09:20hrs to 09:55hrs	Anne Marie Byrne	Lead
11 February 2019	12:00hrs to 15:00hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with one resident who lived at the centre. The resident told the inspector about the care and support they received such as their involvement in day services and social activities they liked to take part in. They also showed the inspector some craft work they were in the process of making. The resident also spoke highly of the support they received from staff; especially with their mobility needs and of how staff were supporting them to attend a personal appointment on the morning of the inspection. However, the resident also expressed unhappiness with the lack of staff support available at the centre. The resident spoke to the inspector about its impact on their ability to take part in evening activities during the week and to plan weekend social engagements in advance.

Throughout the inspection, the inspector observed many examples of the positive measures put in place by the person in charge and staff to support and advocate for the social care needs and wishes of residents who lived at the centre. However, the person in charge further echoed the resident's comments to the inspector, telling them that other residents had also expressed similar dissatisfaction with the lack of staffing arrangements to support their social care needs during the week and at the weekend.

Capacity and capability

The purpose of this inspection was to follow-up on actions undertaken by the provider following the last inspection in May 2018, in relation to staffing arrangements at the centre. Although the inspector found that the service delivered was well-managed, the inadequacy of staffing arrangements had not been addressed by the provider, which resulted in a significant impact on the quality of care received by residents.

Since the last inspection, the provider had implemented ad hoc arrangements to alleviate the issues relating to the lack of staffing resources, however, these arrangements were found to be unreliable and did not have a significant impact on improving the lived experience of residents at the centre. Arrangements included the allocation of additional support hours at weekends and the person in charge making themselves available, where possible, to provide additional support to meet residents' social care needs. However, access to additional weekend staff support was not consistently guaranteed and was often only confirmed at short notice. In addition, the availability of the person in charge was also dependent on their own workload and capacity. Furthermore, records were not always maintained

to reflect when either of these additional supports had been made available to residents.

No additional staff supports had been put in place at evening times to meet residents' social care needs. Residents attended day services during the day and a resident told the inspector, that once they returned in the late afternoon, they were unable to leave the centre for the remainder of the evening to access their local community or engage in activities of their choice, due to only one staff member being rostered to support them.

In response to the previous inspection findings, the provider had submitted a compliance plan to the Chief Inspector in June 2018, outlining the actions they planned to take to ensure suitable staffing arrangements would be in place by 31st July 2018. However, these proposed actions had not been achieved and the provider was awaiting a response to a second business case that was recently submitted prior to this inspection. Local governance arrangements such as internal audits, risk and complaint management systems regularly alerted the provider to the negative impact the lack of staffing was having on the quality of service delivered to residents. However, the provider had still not responded appropriately to meet the needs of residents. Furthermore, the provider's communication structures had not ensured that local management at the centre were kept informed of progress made towards resolving this issue.

For example, the most recent six monthly provider-led visit to the centre had identified the need for additional staffing resources to support residents' social care needs. However, the resulting action plan had failed to identify those appointed with the responsibility for the actions required, provide a time frame for when progress towards improvement was again to be reviewed or provide an overall time frame as to when the provider intended to fully address this issue.

Since the last inspection, the provider had made improvements to complaint management arrangements at the centre, ensuring that all complaints were appropriately received, responded to and recorded. In 2018, residents had voiced their dissatisfaction with the lack of staff support available to them at weekends and in the evening time. In response to this, staff had supported residents to avail of the provider's complaints procedure and the inspector found that the residents' complaint was being managed in accordance with this procedure. However, although the residents' complaint had not yet been resolved, regular contact had been maintained between residents and the designated complaints officer to inform them of progress being made to addressing their complaint.

Regulation 15: Staffing

The registered provider had not ensured that appropriate staffing arrangements were in place to meet residents' assessed needs at weekends and in the evening. Furthermore, the person in charge had not ensured that the centre's planned and

actual roster documented the start and finish times worked by staff at the centre.

Judgment: Not compliant

Regulation 23: Governance and management

Governance and management arrangements had not ensured that staffing resources were in place to effectively deliver social care and support to residents. Furthermore, although alerted to the provider, actions taken to resolve the inadequacy of staffing arrangements were not time bound and did not identify those responsible for their implementation. Furthermore, progress towards resolving this identified risk was not always communicated effectively between senior and local management structures.

Judgment: Not compliant

Regulation 34: Complaints procedure

Since the last inspection, the provider had made improvements to the complaints procedure to ensure that all complaints were appropriately received, responded to and recorded. Regular contact was maintained with the complainant to ensure they were kept informed of the progress made towards addressing their complaint and residents had access to an independent appeals process, as required.

Judgment: Compliant

Quality and safety

Although residents did enjoy a good quality of life at the centre, this was subject to the availability of staff to support them with their social care needs. Residents who spoke with the inspector told of the positive opportunities available to them when they had access to appropriate staff support and of the impact on their choices and access to social care activities when supports were not available.

Residents were supported to attend day services during the day and they had access to suitable transport arrangements to meet their needs. While additional staffing arrangements were ad hoc in nature, staff ensured these hours were efficiently utilised and allocated to maximise residents' opportunities to dine out, go shopping and visit local attractions. One resident told the inspector of a recent overseas trip she was supported to take to visit family and showed the inspector various craft work that they were making. Comprehensive personal planning

arrangements also demonstrated that residents were supported to develop and achieve their personal goals. Personal plans reflected residents' needs and the supports required to maximise residents' personal development.

However, as additional weekend staff support was provided on an ad hoc basis, and sometimes not confirmed until two days prior to the weekend, this had an overall impact on residents' ability to plan their weekend social engagements and activities. One resident told the inspector that additional staffing arrangements were for the most part, consistently provided on Saturdays and Sundays, however the inspector found this had not been the case on the the weekend prior to the inspection.

Residents told the inspector that on this occasion, due to no additional staff support being provided, it had resulted in residents going on a bus trip to a local attraction. However, they were unable to get out of the bus on arrival at their destination, due to insufficient staff levels to support them to access the area. Due to inadequate staffing levels, residents' activities were regularly conducted as a group, with limited opportunities for residents to enjoy activities independent of their peers.

Although ad hoc additional staffing arrangements were in place at the weekend, this was not the case at evening time during the week. Residents were supported by only one staff member which resulted in them not having the freedom to choose to leave the centre and take part in social recreation opportunities if they so desired. On the previous inspection, it was identified that due to staffing levels some weekly activities such as bowling had been cancelled. However, due to the current ad hoc nature of additional staffing, activities could not be planned unless at short-notice due to the uncertainty of staff being available to the centre.

Residents were regularly consulted on the service delivered to them through residents' meetings and through their daily interaction with staff. One resident who met with the inspector spoke about the choices and preferences they had for social engagement and expressed their overall dissatisfaction with these choices not being honoured by the provider's support arrangements.

The person in charge had attempted to meet residents' personal support requests were this did not have an impact on staffing resources. For example, residents' previous request to have a longer period of time in the morning at the centre before leaving for their day service, had been facilitated with a change in morning transport arrangement times. However, some residents expressed their wish to have this time further extended and this had not been accommodated, due to it requiring additional staffing resources. Residents had raised a complaint with the provider over their dissatisfaction with staffing levels at the centre and its impact on their quality of life and freedom of choice. However, the provider had failed to appropriately respond to residents' complaints and concerns to their satisfaction.

The provider had a risk management system in place to support staff to identify, assess, respond to and manage risks at the centre. The person in charge demonstrated a good understanding of the centre's risk management processes and of the controls in place to manage specific residents' risks. The management

of organisational risks was regularly reviewed by the person in charge, who has repeatedly escalated the risks associated with the lack of adequate staffing arrangements to the provider. However, although the provider acknowledged receipt of these risks once escalated and included them on their corporate risk register, the outcome of this escalation pathway or the progress made towards resolution was not consistently communication to the person in charge.

Regulation 13: General welfare and development

The registered provider failed to provide each resident with appropriate care and support in-line with assessed needs, with opportunities for social activities being subject to staff availability.

Judgment: Not compliant

Regulation 26: Risk management procedures

Although the provider had systems in place to identify, assess, respond to and review risks in the centre, the staffing risk assessment did not provide an accurate assessment of the current and additional controls implemented in response to the lack of staffing resources. Although high-rated risks were escalated to the provider, the outcome of this escalation pathway was not always communicated to local management. The risk management policy did not guide staff working in the centre on the outcome to be expected when high-rated risks were escalated to senior management for review.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of residents' health, personal and social care needs was carried out and reviewed on a minimum annual basis. Personal plans and personal goals reflected residents needs and supports required to maximise residents' personal development. However, the provider failed to ensure that adequate arrangements were put in place at all times to meet residents' social care needs.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider had arrangements in place which ensured that residents were regularly consulted on decisions about their care and support and the inspector found that staff regularly advocated for the welfare of residents. However, the lack of staffing resources impacted on residents' freedom to exercise choice in their daily lives.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ardnacrusha OSV-0004817

Inspection ID: MON-0026413

Date of inspection: 11/02/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Roster in place which identifies start and finish times for all shifts. • Recording of additional supports being allocated to this house is now taking place on the roster in order to evidence this additional support. • Business case with revised costing was resubmitted to the HSE for additional staffing following the HIQA Inspection. • The HSE approved this revised business case on 8th March 2019. • Additional support hours will commence on a consistent basis from Saturday, 9th March 2019. • The additional hours represent support hours for 1 evening during the week and support hours on Saturday and Sunday. These funded hours are allocated to this designated centre exclusively and can be flexible depending on the wishes of the residents. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Business case with revised costing was resubmitted to the HSE for additional support hours following the HIQA Inspection. • The HSE approved this revised costing on 8th March 2019. • Area Manager and PIC were immediately advised of this decision by Senior Management. • Additional support hours will commence on a consistent basis from Saturday, 9th March 	

2019 in this designated centre.

- The additional hours represent support hours for 1 evening during the week and support hours on Saturday and Sunday. These funded hours are allocated to this designated centre exclusively and can be flexible depending on the wishes of the residents.
- Senior Management will clearly communicate with local management teams following each meeting with the HSE in respect of business cases. This meeting format with the HSE commenced in January 2019 and is a monthly meeting to review business cases submitted.

Regulation 13: General welfare and development

Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

- Business case with revised costing was resubmitted to the HSE for additional support hours following the HIQA Inspection.
- The HSE approved this revised costing on 8th March 2019.
- Area Manager and PIC were immediately advised of this decision by Senior Management.
- Additional support hours will commence on a consistent basis from Saturday, 9th March 2019 in this designated centre. These hours will be used to support the residents to attend social activities.
- The additional hours represent support hours for 1 evening during the week and support hours on Saturday and Sunday. These funded hours are allocated to this designated centre exclusively and can be flexible depending on the wishes of the residents.
- A taxi service is arranged by PIC for one individual that reduces the travel time for the majority of residents and affords all residents a one hour later start time each morning.

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Since the inspection all risk assessments have been monitored in conjunction with the Head of Quality & Risk and re-escalated to the Head of Community Services as necessary.
- In a number of cases a number of risk scores have been reduced.

- Risks will continue to be monitored in line with Policy on Risk Management.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- Business case with revised costing was resubmitted to the HSE for additional support hours following the HIQA Inspection.
- The HSE approved this revised costing on 8th March 2019.
- Additional support hours will commence on a consistent basis from Saturday, 9th March 2019 in this designated centre.
- The additional hours represent support hours for 1 evening during the week and support hours on Saturday and Sunday. These funded hours can be flexible depending on the wishes of the residents.
- A taxi service is arranged by PIC for one individual that reduces the travel time for the majority of residents and affords all residents a one hour later start time each morning.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Business case with revised costing was resubmitted to the HSE for additional support hours following the HIQA Inspection. The HSE approved this revised costing on 8th March 2019.
- Additional support hours will commence on a consistent basis from Saturday, 9th March 2019 in this designated centre.
- The additional hours represent support hours for 1 evening during the week and support hours on Saturday and Sunday. These funded hours can be flexible depending on the wishes of the residents.
- A taxi service is arranged by PIC for one individual that reduces the travel time for the majority of residents and affords all residents a one hour later start time each morning.
- An alternative house (former residence) for the residents of Ardnacrusha has been approved for upgrading and this process will commence shortly. It is anticipated that this house will be upgraded by 30th June 2019.
- Residents have been met and advised through the complaints and advocacy process that this house is being upgraded and that they will be returning to this house, subject to HIQA inspection, this year. This is in line with the residents wishes and requests.



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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	09/03/2019
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.	Not Compliant	Orange	09/03/2019

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	12/02/2019
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.	Not Compliant	Orange	09/03/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	08/03/2019
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	Not Compliant	Orange	09/03/2019

	paragraph (1).			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	09/03/2019