



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

Name of designated centre:	Centre 2 - Aras Attracta
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	26 September 2018
Centre ID:	OSV-0004910
Fieldwork ID:	MON-0024485

About the designated centre

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

Centre 2 provides 24-hour, full-time residential support for adults over 18 years with intellectual disability, including people who may also have mental health issues, behaviour that challenges and complex health needs. The centre can accommodate 24 male and female residents. As part of a de-congregation plan, the service is closed to any further admissions apart from residents who may be currently residing on the campus. The centre consists of six bungalows in a campus setting on the outskirts of a rural town. All residents in the centre have their own bedrooms, suitable communal space and access to garden areas. The residents of Centre 2 have access to transport based on their assessed need. Residents are supported by a staff team that includes nursing staff, team leaders, social care workers and care assistants. Staff are based in the centre when residents are present and waking night staff support is provided.

The following information outlines some additional data on this centre.

Current registration end date:	17/06/2021
Number of residents on the date of inspection:	22

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
26 September 2018	11:30hrs to 17:30hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with eleven of the twenty-two residents ,who lived in this centre. Residents, who spoke with the inspector, confirmed that they were happy with the service and care provided, had good access to the local community and enjoyed living in the centre. They also stated that they enjoyed the activities that they took part in, both in the centre and out in the community. Some residents did not speak with the inspector. However, the inspector observed that all residents appeared to be comfortable and relaxed in the company of staff and with each other.

Capacity and capability

There were effective governance and management arrangements in place which ensured that the service received by residents living in the centre was safe, of a good quality and subject to continuous improvement.

Since the last inspection the provider and management team had introduced changes to strengthen the governance of the service and to continue to improve the quality of service to residents. These improvements included the development and implementation of a new self-assessment and compliance tool, and all team leaders had been trained in its use. Transition of residents from the congregated setting to the community continued to progress, and the management structure had been strengthened by the addition of further team leaders.

The inspector found that the provider had sustained the improvements found on the last inspection and had also continued to build on these improvements by implementing effective governance and oversight arrangements across all areas of the designated centre.

The management structure had recently been changed to further improve the level of oversight in the centre. Additional team leaders had been assigned to the day-to-day management of the centre, all of who had completed level six management training. There were now four team leaders based in the centre who worked closely with staff and residents. The person in charge was based in a nearby office but visited each bungalow in the centre at least daily, and worked closely with the team leaders. Inspectors found the person in charge to be competent in her role and very familiar with residents' care and support needs. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge.

The provider ensured that the service was subject to ongoing monitoring, review

and development. This had resulted in a high standard of safety, care and support being provided to residents living in the centre. Six-monthly audits of the service were being carried out on behalf of the provider. These indicated a high level of compliance and that any issues identified had been addressed to improve the service.

The provider was committed to supporting residents in moving to the community in line with their wishes and a detailed de-congregation plan was currently being implemented. Since the last inspection, some residents had moved to community based designated centres, and a number of new homes were proposed to open in the coming year which would support further residents to move to the community.

There were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs including their preferred activities. This ensured that residents were able to take part in the activities that they enjoyed, both in the centre and in the wider community.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, safeguarding and behaviour management. There were safe and effective recruitment practices in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. The provider ensured that all staff had been suitably recruited and that Garda Síochána vetting was in place, as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in an office adjacent to the centre and was very knowledgeable regarding her role and responsibilities and the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and the staff skill-mix were sufficient to meet the assessed needs of residents and to support residents to take part in activities of their choice, both in the centre and in the local community. Furthermore, the provider's recruitment process ensured that all staff documentation required under schedule 2 of the regulations had been obtained.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding. Staff also received other training relevant to their roles, and to the assessed needs of residents, such as hand hygiene, basic life support and feeding, eating and drinking. There was a training plan to ensure that training was delivered as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

Residents' quality of life was prioritised by the systems in the centre, and their rights and choices were supported. The inspector could see that residents were out and about in the community and they confirmed that they enjoyed this. Residents told the inspector about things that they liked to do and how they were supported to do these. The inspector saw evidence that residents had active lives, that included social events, going for holidays, sport, community involvement and keeping contact with friends and family. The inspector noticed that staff also discussed views and preferences with residents on an ongoing basis during the inspection and that they were supported to do the things they wished to do on

the day.

The centre suited the needs of residents, it was centrally located and residents had very good access to the local amenities. All residents had their own bedrooms, which were decorated to residents' preferences and suitably furnished. All residents had access to keys to their bedrooms and could lock their doors if they chose to.

The provider had ensured that there were effective measures in place to protect residents and staff from the risk of fire. The fire evacuation procedure was displayed and all staff had received up-to-date fire safety training. Since the last inspection, the provider had installed fire doors throughout the centre to improve fire containment and overall safety.

The personal planning process ensured that residents' social, health and developmental needs were identified and that suitable supports were in place to ensure that these were met. Since the last inspection, residents' goal planning had been developed in a user-friendly pictorial format to increase residents' knowledge and understanding of their own personal plans.

Overall, there was a high level of compliance with regulations relating to the quality and safety of resident care. Inspectors found that the staff and the management team were focused on ensuring that residents enjoyed community involvement, activities of their choice, and a good quality of life in the centre.

Regulation 10: Communication

The provider had ensured that residents were assisted and supported at all times to communicate in accordance with their needs and wishes. Measures to support communication with residents included development of communication passports for all residents, and availability of information in accessible formats. Furthermore, assistive technology assessments had been completed for all residents, and the findings of these assessments had been implemented as appropriate.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to residents in line with their individual choices and interests, as well as their assessed needs as described in their personal plans. Residents took part in, and enjoyed, a range of social and developmental activities both at the centre and in the community. For example, residents were taking part in independent living skill training, household activities, sport, keeping in touch with friends and family, gardening, and attending social and leisure events.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre is comprised of six self-contained bungalows, which were clean, comfortably furnished and well decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Residents, who chose to, were also involved in meal preparation in their own kitchens. Residents' nutritional needs had been assessed and suitable foods were provided to suit any identified special dietary needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had implemented robust measures for the management of falls in the centre. Falls management plans were in place for any resident who presented with a risk of falls. These provided clear guidance on the actions required to reduce or prevent the risk of further falls for some residents. As a form of learning, these plans were being updated and reviewed following any fall.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that measures were in place to protect residents from the risk of a healthcare associated infections. These measures included the delivery of hand hygiene training to all staff, to prevent or reduce the risk of residents acquiring healthcare associated infections. In addition, the bungalows were maintained in a clean and hygienic condition throughout.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken measures to improve the level of fire safety in the centre and to protect residents, staff and visitors from the risk of fire. This improvement was achieved throughout the designated centre by the installation of suitable fire doors for the containment of fire and smoke in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Residents had identified personal goals, which were meaningful to them, and staff were supporting residents to achieve these goals. These personal goals were also made available to residents in a user-friendly pictorial format.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse and had made improvements to recording of incidents and the safeguarding guidance to staff. There were arrangements in this centre which ensured that the safety of residents was maintained to a good standard. These included staff training, the involvement of a designated safeguarding officer in the complex and the ongoing updating of safeguarding plans following incidents, to ensure that the most appropriate interventions were in place.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 8: Protection	Compliant