



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

Issued by the Chief Inspector

Name of designated centre:	Ard na Mara
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	09 December 2020
Centre ID:	OSV-0002036
Fieldwork ID:	MON-0031047

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.

Number of residents on the date of inspection:	2
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 December 2020	14:00hrs to 20:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet both of the residents who were attending respite in the designated centre. The inspector met the first resident in the living area, where they were being supported by a staff member to find a programme to watch on the television.

The resident communicated using facial expressions and gestures. The inspector observed through the resident's non-verbal cues that they were content and relaxed in the designated centre. Staff members told the inspector that the resident loved to watch sport, and the resident was observed laughing when staff members told them that their favourite team had not performed well in a match the previous night. It was evident that the resident liked to have a joke and a laugh with staff members. The resident appeared comfortable in the presence of staff.

Staff members spoken with told the inspector that it took the resident some time to get to know new people. The inspector had noted that the resident was well dressed, with staff members telling the inspector that they liked to be styled in line with their likes and preferences. For example, staff members told the inspector that the resident had a different outfit for each day of their visit, and that they will gesture to staff when they are not happy with how they are styled and request it is changed in line with their personal preferences.

The inspector met the second resident who requested to speak to the inspector in private. This request was facilitated at a time that suited the resident. The resident told the inspector that the designated centre was 'nice and good'. The resident was happy with the staff that supported them and they liked coming to respite. The inspector explained the purpose of their visit to the resident. The resident told the inspector that they would like staff members to read them the report that the inspectors writes about the designated centre, on their next visit to the centre.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that it was of a good standard. It was evident that there was effective management and oversight arrangements in place.

A clear governance and management structure had been adopted in the designated centre. A person in charge had been appointed, and it was evident that this individual held the necessary skill, qualifications and experience to carry out the role. Staff members spoken with told the inspector that they felt supported in their

role, and were aware they could raise issues or concerns with the person in charge.

Oversight was maintained by completing six-monthly unannounced visits and an annual review of the services provided to residents. Following these reviews, an action plan identifying areas for improvement was developed. It was noted that although the registered provider had sought feedback from residents and their representatives, these were not included in the annual review report.

Residents were supported by social care workers, support workers and staff nurses. A clinical nurse manager had been appointed to the designated centre who reported directly to the person in charge. Recruitment for an additional staff nurse had taken place, and the successful candidate was due to begin their role in the centre in January 2021. There was a consistent staff team, and it was evident from discussions with staff members that they knew the residents well.

Staff members had completed mandatory training to support them to meet the needs of the residents who attended respite. Examples of training included manual handling, fire safety, the safeguarding of vulnerable adults and positive behaviour support. A training week had been scheduled to take place in January 2021, when the designated centre was closed for respite. The schedule of training included a variety of courses such as medication training, catheter care, and dignity and respect. In response to the COVID-19 pandemic, training was being provided both virtually and in person with social distancing measures being put in place.

Regulation 14: Persons in charge

The person in charge had the necessary skills, qualifications and experience to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a consistent staff team. It was evident that staffing levels were responsive to the needs of the residents who attended respite.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members had access to regular training to support them in their roles.
Judgment: Compliant
Regulation 23: Governance and management
A clear governance and management structure had been put in place. Improvements were required to ensure that consultation with residents and their representatives was included in the annual review report.
Judgment: Substantially compliant
Regulation 30: Volunteers
There were no volunteers working in the designated centre at the time of the inspection.
Judgment: Compliant
Regulation 4: Written policies and procedures
The registered provider had ensured that Schedule 5 policies and procedures had been reviewed at intervals not exceeding three years.
Judgment: Compliant
Quality and safety
<p>The inspector reviewed the quality and safety of the care and supports provided to residents in the designated centre and found that overall they were of a good standard. The premises of the designated centre was located near a village with a beach, and had access to a number of local towns and amenities including shops, pubs and restaurants.</p> <p>Private bedrooms were provided to residents, with en-suite bathroom facilities in each room. All bathrooms were equipped with hoists and shower facilities in line with the needs of residents who attended respite. All bedrooms were fully furnished.</p>

Residents also had access to a living and dining area, and a quiet room. The designated centre was spacious, clean and suitably decorated. Residents' bedrooms had been fitted with an automated door opening and closing mechanism, so that residents could go to their bedroom and close the door independently if they wished.

It was noted that there had been issues with leaks in the roof of the designated centre. At the time of the inspection, the person in charge was reviewing the plans to carry out these works with the director of services.

The designated centre provided respite services to approximately 87 residents, referred to respectfully by staff members as guests. It was noted that respite services had recently resumed following the discharge of two residents. The person in charge told the inspector that these emergency admissions were required in response to changing needs, and to support the residents and their families. One of these residents had been supported to transition to a new home. Following a review of their transitional plan, it was evident they had been supported throughout their transition.

The inspector reviewed a sample of residents' files that provided documentation about the supports they receive in the designated centre. It was evident that residents were subject to a comprehensive assessment of their health, personal and social care needs by an allied health professional. Following this assessment, a personal plan was developed, and any potential risks in meeting these assessed needs were supported by an associated risk assessment.

A respite pre-assessment checklist was completed by staff members before each visit to respite. This was completed following a discussion with residents and their representatives. The checklist ensured that staff members were informed of any update or changes required to the residents' personal plans prior to admission. This document also included a questionnaire to identify if residents had displayed any symptoms of COVID-19, or if they had been in contact with a suspected or confirmed case prior to their visit.

In response to the COVID-19 pandemic, residents and staff members had their temperatures taken regularly. There was easy-to-read information for residents about COVID-19 and the protocols in place in the designated centre. A folder was available for staff members which included pre-admission checklists relating to COVID-19, and guidance from the Health Service Executive (HSE) regarding the resumption of respite services during the COVID-19 pandemic. An isolation room had been provided, in the event a staff member began to display symptoms of COVID-19 when on duty.

It was evident throughout the inspection that staff members promoted residents' choices at all times. The inspector observed interactions between residents and staff members and it was noted that staff members regularly asked residents where they would like to go and what activities they would like to participate in. A staff member told the inspector that one resident had requested to complete an activity, however they had later decided to stay in the centre, and this choice was respected. When

asked what time dinner was served, one staff member told the inspector that there was no set time and that it was ready whenever the residents would like it. It was also evident in residents' daily notes, where it was documented that residents went to bed and got up in the morning when they had requested to do so.

The person in charge discussed the measures in place to safeguard residents from abuse. An intimate care plan had been developed for each resident, and this was available in each resident's file. It was evident that when an allegation of abuse was made, that this was responded to quickly, in line with national procedures on the safeguarding of vulnerable adults.

Fire resistant doors and emergency lighting were provided in the designated centre. Following a review by a competent fire person, it was identified that residents' bedroom doors did not have automatic door closures in place. The person in charge identified that a number of residents chose to leave their bedroom doors open. Interim measures had been put in place while the registered provider awaited works to be completed on the fire door closures. For example, all staff members were aware that the bedroom doors would not close in the event of a fire, and therefore in the event of fire alarm activation staff members knew they would need to manually close all residents' bedroom doors. It was also noted that each resident's bedroom had a direct fire exit to aid evacuation. All high risk areas including the kitchen and laundry room were protected by fire resistant doors.

Regulation 17: Premises

The designated was observed to be clean, spacious and suitably decorated. A plan to repair leaks in the roof of the designated centre was due to be made after the inspection.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Following a review of one resident's transition plan, it was event that residents were supported as they transitioned from the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place for the

assessment, management and ongoing review of risk. The registered provider had also ensured that the risk management policy contained the information specified under regulation 26.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that measures had been adopted to ensure that residents were protected from potential sources of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Following a review by a competent fire person, the registered provider was awaiting works to be completed to ensure that residents' bedroom doors closed automatically on activation of the fire alarm. Interim measures had been put in place to protect residents while these works were awaited.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were suitable arrangements regarding the storage and disposal of medicines in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that a comprehensive assessment of the health needs of each resident had been completed by an appropriate health care professional on an annual basis.

Judgment: Compliant

Regulation 6: Health care
The registered provider had ensured that an appropriate health care plan had been developed, for all identified health needs for each resident.
Judgment: Compliant
Regulation 7: Positive behavioural support
One resident's behavioural support plan provided clear guidance on how staff could support the resident to manage their behaviour.
Judgment: Compliant
Regulation 8: Protection
The registered provider had put measures in place to ensure that residents were protected from all forms of abuse. Intimate care plans were available and subject to regular review.
Judgment: Compliant
Regulation 9: Residents' rights
The registered provider had ensured that the designated centre was operated in a manner that respects each resident. There was evident that residents were given choice and control over the supports they received in the designated centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
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	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard na Mara OSV-0002036

Inspection ID: MON-0031047

Date of inspection: 09/12/2020

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual report will be reviewed to include the results of the guests consultation.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The services of an Engineer have been arranged to review the building as a whole and complete all required works.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The services of an Engineer have been arranged to review the building as a whole and complete all required works	

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 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	30/01/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2021