



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:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	23 June 2021
Centre ID:	OSV-0003002
Fieldwork ID:	MON-0031605

About the designated centre

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

This is a service providing full-time residential care and support to five adults with disabilities. The centre comprises a large detached house in Co. Louth and is near a large town. Transport is provided for residents to have ease of access to community-based facilities such as shops, shopping centres, restaurants, cinemas, and social clubs. Each resident has their own private bedroom (one en suite). Residents' bedrooms are decorated to their individual style and preference. Communal facilities include a large well-equipped kitchen with a dining space, a separate dining room, a spacious sitting room, a second smaller sitting room/activities room, a utility facility, adequate storage space, and well-maintained gardens to the rear and front of the property. There is also adequate private and on-street parking available.

The service is staffed on a twenty-four-hour basis, and the staff team includes an experienced, qualified person in charge, nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 23 June 2021	09:45hrs to 16:15hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

Through observations and review of residents' information, the inspector found that residents received appropriate care and support.

The inspector had the opportunity to meet with all five of the residents. Two of the residents were sitting at the dining room table having their breakfast when the inspector arrived at the centre. One of the residents informed the inspector that they were taking part in a fund raising walking challenge with the support of the staff team. The resident also spoke of educational programmes they had completed and about some of their hobbies. The second resident was supported to interact with the inspector by the person in charge; this resident was also taking part in a separate walking challenge for another charity. A third resident joined the conversation and sat with the inspector and the residents. The resident spoke with the inspector asking their name, and spoke about where they were from. All three residents appeared relaxed in their surroundings.

The inspector met with the two other residents before they left to go on an outing with a staff member. Both residents came to say hello to the inspector in the centre's office. One of the residents showed the inspector a visual planner that had been developed to support the resident with transitions and planning. The staff member supporting the resident helped the inspector interact with the resident; and was aware of the resident's communication needs. The fifth resident had a brief conversation with the inspector before leaving for their outing. The two residents appeared relaxed and were looking forward to going out with the staff member.

A review of documentation and discussions with staff and family members outlined that some residents had been deeply impacted by the COVID-19 pandemic. Routines were of particular importance for some of them and the closing of their day-service programmes and changes to family visits caused significant distress for some of them, leading to an increase in behaviours of concern for some.

In order to try minimise the effects of the residents change in routine the provider had implemented a number of in-house activities which included, baking, gardening, DIY projects, walks, zoom catch up with friends, and attending day service online via zoom. There was evidence of residents beginning to re-engage in community activities in recent weeks, with some residents returning to Special Olympics training and also physically meeting up with friends and family. Residents were also due to re-engage in their day service programmes in a staggered fashion in the coming weeks, once they had receiving their second COVID-19 vaccination. Some of the residents were, however, choosing not to return to their previous day-service, and this was being respected by those supporting them. The provider was in the process of developing a new programme for these residents.

The inspector found that the provider and staff team supported residents to maintain their relationships with their friends and family members through assistive

technology and physical visits when possible. The inspector spoke with three sets of residents' representatives. The inspector received conflicting information regarding aspects of the service being provided to residents. The majority of family members spoke positively regarding the service being provided, whereas others felt that there were improvements required in a number of areas. The inspector reviewed these concerns as part of the inspection process, and these will be addressed in sections two and three of the report. For the most part, the inspector found that the provider was addressing the concerns raised in a clear and prompt manner.

Each resident had their own bedroom. Two of the residents showed the inspector their rooms which were decorated to their preferred tastes with pictures of family members on their walls. There were also visual aids and activity planners in place for residents who required them. The person in charge showed the inspector around the centre and noted that there were some required improvements to ensure that all aspects of the centre were kept in a good state of repair externally and internally. This will be discussed in more detail in section three of the report. The inspector, does note that the majority of the centre was well maintained and and was suitably decorated.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The provider had ensured that there was a management structure in place that was led by a person in charge and house manager. There was a strong management presence, which led to the effective delivery of care to residents. The inspection process did find that there were some areas that required improvement regarding the monitoring of staff training records, ensuring that all complaints were addressed appropriately and that all required notifications were being submitted as per the regulations.

The provider had completed the mandatory reviews and reports focusing on the quality and safety of care provided in the centre as per the regulations. Actions had been identified following these, and there were appropriate systems in place that ensured that identified actions were being addressed. The provider had developed a quality improvement plan (QEP) for the centre that was under regular review and demonstrated that identified actions were addressed promptly. There were also monthly audits completed by the centres management team that were leading to the effective monitoring of residents' information and assessment of residents' needs.

A review of the staff team's training needs analysis record identified a number of gaps in staff members' required training. The provider was in the process of addressing these areas, and some training dates had been confirmed in recent days. There had, however, been significant delays in providing refresher training for three staff in the management of actual or potential aggression (MAPA) and one staff regarding fire safety management training. The inspector notes that training had been sourced for MAPA, but the required fire safety management training had yet to be sourced.

For the most part, the person in charge was submitting the necessary notifications to the Health Information and Quality Authority (HIQA) as per the regulations. However, window restrictors had been added to residents' bedrooms in the upstairs of the house to promote residents' safety and this restrictive practice had not been included in the quarterly report regarding the use of restrictive procedures. There were, therefore, improvements required to ensure that all restrictive practices being utilised in the centre were notified.

The inspector reviewed the centre's complaints log and found evidence of residents and family members being aware of their right to raise concerns or complaints. There was evidence of a complaint being raised by a resident. The resident was informed of the progress of the complaint, and they were documented as being happy that it was formally addressed.

The inspector reviewed a sample of complaints that had been logged and found that overall there were effective systems in place. There was, however, one complaint that had been raised in previous months that had not been addressed with the complainant. There was evidence of other areas being addressed in recent weeks, but there was a need to ensure that all complaints were appropriately addressed.

The centre's staff team consisted of a mix of staff nurses, social care workers, and care assistants. A review of the staff roster showed that there had been two recent changes regarding the staff team. There was, however, a consistent staff team in place that was providing continuity of care to residents. Staff members were observed to interact with the residents in a warm and friendly manner throughout the inspection and, as stated earlier, were aware of the resident's communication needs.

While there were improvements required in some areas, the service being provided to residents led to positive outcomes for residents.

Regulation 15: Staffing

Staff were observed interacting with residents in a supportive/respectful manner, they knew the residents well and residents appeared to be comfortable in their presence.

A review of the staff roster showed that there had been two changes to the staff

team in recent months. However, at the time of the inspection there was a consistent staff team in place and the provider had ensured that the skill mix of staff was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had not ensured that all members of the staff team had access to appropriate training, including refresher training particularly MAPA and fire safety as part of a continuous professional development programme.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Annual and six monthly reviews were carried out as required by regulations, leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

The centre was effectively monitored through their internal auditing system and the provider had a quality improvement plan in place to address any deficits identified.

Judgment: Compliant

Regulation 31: Notification of incidents

There were improvements required to ensure that all restrictive practices utilised in the centre were being reported as per the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place and the centre's complaints log demonstrated that residents and family members being aware of their right to

raise concerns or complaints.

The sample of complaints reviewed demonstrated that overall there were effective systems in place. There was, however, one complaint that had been raised in previous months that had not been addressed with the complainant. Therefore there were some improvements required to ensure that all complaints were appropriately addressed and complainant was informed promptly of the outcome of their complaint and details of the appeals process were documented.

Judgment: Substantially compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was being operated in a manner that promoted and respected the rights of residents; when possible, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members regularly.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. The review of information demonstrated that residents had access to appropriate healthcare professionals and therapeutic services. Some of the residents presented with complex needs; their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence of residents receiving input from Speech and Language Therapists to support their communication needs. The programme was aimed at supporting the residents to understand and express their emotions and to reduce incidents of challenging behaviours.

The inspector reviewed a sample of personal plans. The review found that there were arrangements in place to support residents to set and achieve personal goals. A number of goals were focused on maintaining residents' links with their friends. There were also some on supporting residents to attend or partake in activities of their choosing. Some of the residents' preferred goals had been delayed due to the impact of COVID-19, but there were plans in place to support residents to engage or re-engage in these.

There were arrangements in place that ensured that residents had access to positive behavioural support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific. The provider ensured that there were regular reviews of the plans; the plans captured the needs of the residents and were focused on alleviating the cause of the challenging behaviours. The reviewed information also demonstrated that residents' medication was under regular review by members of the provider's multidisciplinary team to ensure that the prescribed medication best suited the needs of the residents.

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. The person in charge had conducted investigations into safeguarding incidents when required; a review of these reports demonstrated that the necessary steps had been followed as per the regulations on each occasion.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. The person in charge and house manager completed reviews of all incidents, and learning from incidents was then prioritised. A review of the centers adverse incidents demonstrated that there had been reductions in behavioural incidents in recent months.

Infection control arrangements at the centre were robust and reflected current public health guidance associated with managing a possible outbreak of COVID-19. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

As noted in the first section of the report, there were some areas in the centre that required repair. These included the centre's upstairs bathroom, flooring in the office, the removal of a wooden garden hut that was no longer safe to sit in, and the replacement of a manhole cover that was unsafe. The person in charge sought to action some of these areas on the day of inspection, the repairs required for the bathroom had been identified by the person in charge and provider, but there were delays in these being addressed.

The provider had ensured that there were appropriate fire safety management systems in place. The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable firefighting equipment. Regular fire drills had been completed; these drills had been effective and demonstrated that residents could be safely evacuated in the event of a fire.

Overall, the provider and person in charge had ensured that there were systems in place to provide good quality service to residents.

Regulation 17: Premises

The provider had not ensured that all aspects of the centre was kept in a good state of repair. These included the centre's upstairs bathroom, flooring in the office, the removal of a wooden garden hut that was no longer safe to sit in, and the replacement of a manhole cover that was unsafe.

Judgment: Substantially compliant

Regulation 26: Risk management procedures
The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.
Judgment: Compliant
Regulation 27: Protection against infection
The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had ensured that there were effective fire safety management systems in place. There was suitable fire fighting equipment in place and residents/staff were aware of the procedures to follow in the event of a fire occurring.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.
Judgment: Compliant
Regulation 6: Health care
The provider had ensured that comprehensive assessments of residents' health and

social care needs had been completed. Some of the residents presented with complex needs; their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team and they had access to appropriate healthcare professionals and therapeutic services as required to meet their needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The sample of information reviewed demonstrated that residents had access to appropriate positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially 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 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-0003002

Inspection ID: MON-0031605

Date of inspection: 23/06/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All outstanding training to be completed by 31st August 2021	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notification of safety lock on upstairs bedroom window will be included in quarterly notifications for this quarter 31st July 21	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaint dated 20th April has been responded too on 1st July 2021.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Garden hut was removed on 28th June 2021.</p> <p>Manhole cover replaced on 28th June 2021</p> <p>Office floor recovered by 30th August 2021</p> <p>Bathroom upstairs will be upgraded by 30th November 2021</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2021
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	30/11/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Substantially Compliant	Yellow	31/07/2021

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	11/07/2021