



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Rithe
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:	14 April 2021
Centre ID:	OSV-0005511
Fieldwork ID:	MON-0031015

About the designated centre

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

Ard Na Rithe is a five-bedroom full-time residential service located in Co.Louth. It is situated close to local amenities which residents can either walk to or avail of the centres vehicle or public transport if required. The centre supports male residents over the age of 18 years. Each resident has their own bedroom and facilities includes two communal areas, a kitchen cum dining room with a utility room to the side. Adequate bathroom facilities are also available. There is a garden to the back of the property. The person in charge is supported in their role by a clinical nurse manager. Management and staff work in partnership with families, allied health professionals, and the wider community to ensure the service delivered to the residents is based on their assessed needs, individual preferences, and community inclusion.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 14 April 2021	10:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was undertaken in a manner to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre. The inspector visited the centre at the beginning of the inspection; the centres premises was homely with pictures of residents and their friends throughout the service. Due to the size of the building, the majority of the inspection was completed offsite in order to reduce the impact on residents.

Through observations and review of residents' information, the inspector found that residents were receiving appropriate care and support and that the centres staff team was supporting the residents in a manner that promoted their rights. Residents were receiving a person-centred service and when possible were engaging in activities of their choosing.

The inspector met with three of the residents at the beginning of the inspection. The other resident was engaging in their preferred activities. The three residents were having a cup of tea and chatting about their plans for the day with their staff and the inspector. Residents appeared at ease in their surroundings. One of the residents spoke of their wish to return to their day service when restrictions lifted.

The group of residents before the implementation of restrictions due to COVID-19 were active members of their community. Residents attended day services, social clubs and were supported to go out for food and a drink with friends when they wished. Some of the residents found the restrictions and changes to their routine difficult. The provider had sought to implement practices and supports to combat this, and there had been some positive outcomes for residents as a result.

A review of information demonstrated that the implementation of restrictions and changes to routine had been particularly challenging for one resident. The resident's behaviours of concern increased for a number of months. In response to this, the provider developed an individualised programme to support the resident, and this had proved to be positive for the resident.

Residents, where possible, were being facilitated to engage in activities of their choosing. The inspector observed that daily activities plans were displayed on visual planners and that for some residents' visual supports had been utilised to improve communication. The inspector reviewed questionnaires that residents had been supported to complete regarding the quality and safety of care being provided to them. The residents' responses demonstrated that they were happy with the service and their home but were frustrated with restrictions and wished to return to previous routines.

The provider and staff team supported the residents to maintain their relationships with their family members via telephone and physical visits when possible. Residents' representatives had been offered the opportunity to complete

questionnaires regarding the quality and safety of care being provided to their loved ones. The representatives expressed that they were happy with the service being provided. There were also some positive comments focused on recent changes the provider had made regarding the changing needs of residents. The inspector had the opportunity to speak with two residents representatives. Both family members expressed that they were happy with the service and the staff team's response to the COVID-19 pandemic. They had open lines of communication with the staff team and felt that the staff knew the resident's needs.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to be active members of their community.

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 on the quality and safety of the service being delivered.

Capacity and capability

The centre was effectively resourced with a clearly defined management structure in place. The management team was well established and they had appropriate arrangements in place to ensure that service was effectively monitored. The provider and the centre's management team had also recently increased management presence in the centre.

The existing management systems were focused on providing the best possible service for all residents. Residents were under regular review by the provider multidisciplinary team and had access to a range of therapeutic services if required.

The inspector saw that there was an effective auditing and review system in place which allowed the provider to identify gaps in the service provision and where extra supports were required these were put in place. For example the provider had identified that there were increased supports required for one of the resident's, as a result additional staffing supports had been implemented to meet the changing needs of this resident. The provider had also made a number of adaptations to the centre to further support the resident.

Monthly audits were being completed that captured areas that required improvement. The provider had also ensured that an annual review of the quality and safety of care and support had been completed. The provider had carried out unannounced visits as per the regulations and provided written reports on the safety and quality of care and support in the centre following these visits.

The provider had ensured that the number and skill-mix of staff was appropriate. There was a consistent staff team in place that, on the day of inspection, were

observed to interact warmly with residents.

The inspector reviewed the centre's staff's training needs analysis and found that, for the most part, the staff team had been supported to complete training, including refresher training. There was some refresher training that was outstanding due to COVID-19 restrictions. The provider, however, had a plan in place to address these once possible.

The person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations. The person in charge had also ensured that quarterly notifications were being submitted as set out in the regulations. There were also systems in place to respond to adverse incidents, and the provider's senior management team were involved in the review of incidents.

Overall, the provider and person in charge had ensured that there were effective systems in place to support residents.

Regulation 14: Persons in charge

The provider had ensured that the person in charge had the qualifications, skills and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: 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.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications as per the regulations.

Judgment: Compliant

Quality and safety

Prior to this inspection, the Health Information and Quality Authority (HIQA) received unsolicited information regarding risk management practices in the centre. This information informed some lines of inquiry during the inspection. A review of the residents' information and the centre's adverse incident recordings demonstrated that significant efforts had been made to address risk in the centre. The inspection found that residents were, receiving appropriate care and support and that individualised plans had been developed for residents that reflected their needs and wishes.

A review of adverse incidents that occurred in the centre for the 2020 period demonstrated that there was an increase in behaviours of concern for one resident. The provider developed supports to meet the changing needs of the resident. These supports were targeted at maintaining the safety and dignity of the resident when they engaged in their behaviours of concern. As noted earlier, the provider made a number of adaptations to the premises, and these, along with additional supports, led to a recent reduction in aspects of the residents' behaviours. The resident had, however, engaged in behaviours that had the potential to place themselves and others at risk of injury. The resident engaged in property damage on two occasions. The provider responded to these incidents by carrying out serious incident management meetings. The minutes of these were reviewed by the inspector. Actions were identified, and control measures were put in place.

Residents were receiving adequate positive behavioural support when necessary. Inspectors reviewed a sample of behaviour support plans and found them to be individualised, detailed, and developed by members of the provider's multidisciplinary team. Plans promoted an explanation of the residents' behaviours

and laid out strategies for staff members to follow to support the residents. The plans were focused on identifying and alleviating, where possible, the cause of residents challenging behaviours. Residents' presentation and needs were under regular review by the provider's multidisciplinary team, leading to supports being implemented in response to the changing needs of residents. There was also evidence of the provider seeking supports from outside of their multidisciplinary teams for some residents.

There were restrictive practices being utilised in the centre, the inspector saw that these restrictions were being assessed and reviewed regularly. There was also evidence of the person in charge and staff team seeking to reduce restrictive practices where possible.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. The inspector reviewed a sample of residents' plans and found them to be detailed and under review by the centre's management team and the provider's multidisciplinary team.

The centre was operated in a manner that promoted and respected the rights of residents. Regular resident meetings were held, residents were supported to choose activities they would like to engage in. Some of the residents were having music nights in the centre due to not attending their regular social club. Residents were also being kept up to date with information regarding the COVID-19 pandemic and restrictions. There were also arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes. Residents had been supported to plan and set individual goals and there were systems in place to track their progress.

The inspector observed that residents had access to appropriate healthcare professionals. There were health action plans, and risk assessments focused on promoting the health of residents, and these were under regular review. The provider had also ensured that there were systems in place to respond to safeguarding concerns. The inspector reviewed a safeguarding plan and found that the provider and person in charge had responded appropriately. The person in charge had also ensured that all staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse.

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training, and infection control processes. The review found that 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. 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.

Overall, residents were receiving a service that was tailored to their needs.

Regulation 10: Communication

The person in charge and staff team had ensured that all information was formatted and presented in a manner that was appropriate to the information and communication abilities residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were encouraged to work out a structure of their daily lives that best reflected their goals, activities, and needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were appropriate risk management procedures in place.

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 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that the residents were receiving or being offered positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were appropriate systems in place to respond to safeguarding concerns if required.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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