**Health Information and Quality Authority**
**Regulation Directorate**

**Compliance Monitoring Inspection report**
**Designated Centres under Health Act 2007, as amended**

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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|---|---|
| **Centre name:** | A designated centre for people with disabilities operated by Ard Aoibhinn Services |
| **Centre ID:** | ORG-0008253 |
| **Centre county:** | Wexford |
| **Email address:** | groche@ardaoibhinn.ie |
| **Registered provider:** | Ard Aoibhinn Services |
| **Provider Nominee:** | Gerard Heaney |
| **Person in charge:** | Geraldine Roche |
| **Lead inspector:** | Caroline Connelly |
| **Support inspector(s):** | Kieran Murphy |
| **Type of inspection** | Unannounced |
| **Number of residents on the date of inspection:** | 8 |
| **Number of vacancies on the date of inspection:** | 0 |

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

| From: | To: |
|---|---|
| 08 April 2014 11:00 | 08 April 2014 20:00 |
| 09 April 2014 08:30 | 09 April 2014 16:30 |

The table below sets out the outcomes that were inspected against on this inspection.

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| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

**Summary of findings from this inspection**

This report sets out the findings of a monitoring inspection of an adult residential designated centre that comes under the auspice of the Ard Aoibhinn Services in Wexford. Ard Aoibhinn services is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. This designated centre provides accommodation and support services for eight residents with an intellectual disability and high physical and/or medical support needs. All residents are over the age of 18 years. As part of the inspection inspectors met with residents, the person in charge, the nominated provider and numerous staff members.

Throughout the inspection inspectors observed practices and reviewed documentation which included residents records, person-centred plans, policies and procedures in relation to the centre, medication management, accidents and incidents management, complaints, health and safety documentation and staff files. At the outset of the inspection inspectors met with the nominated registered provider and the person in charge and discussed the management and clinical governance arrangements for the centre.

In summary, the person in charge and provider work full time in the service and

were seen to be very involved in the day-to-day running of the centre and staff and residents reported them to be easily accessible to them. There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was evident and greatly encouraged as observed by inspectors. The person in charge informed inspectors that she endeavoured to provide a person-centred service to effectively meet the needs of residents at all stages of their lives and illness. One resident with palliative care needs had been facilitated to receive full end-of-life care in the centre.

The inspectors observed evidence of good practice throughout the inspection and were satisfied that residents received a good standard of care with appropriate access to their own general practitioner (GP), psychiatry, psychology, social worker and allied health professional services as required with the exception of dietetic services. There was an extensive range of social activities available internal and external to the centre and residents were seen to positively engage in the social and community life in their local towns. Person-centred plans were viewed by the inspectors and were found to be very comprehensive, appropriate to the needs of the residents and up-to-date. Some improvements were required in relation to development and updating policies and procedures, the development of contracts of care, staff training, fire safety, and health and safety.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- contracts of care
- staff training and development
- health and safety issues
- development of an appraisal system
- updating policies and procedures.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 04: Admissions and Contract for the Provision of Services**
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Inspectors reviewed the statement of purpose and noted that all residents were afforded respect, choice and dignity at all times through a holistic and person-centred approach to care and a welcoming and homelike environment was provided. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre on numerous occasions and speak to staff prior to admission. The providers do not accept emergency admissions and all referrals for admissions are made through the HSE and these are then assessed by the senior management team.

The criteria for admission was clearly stipulated in the statement of purpose and the person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors also reviewed the admission policy dated January 2013 which detailed referrals to the service, preadmission arrangements and the admissions process was found to be comprehensive.

Inspectors reviewed copies of the current written agreements in relation to the terms and conditions of residents residing in the centre. They noted that such documents did not detail the support, care and welfare of the resident and details of the services to be provided for that resident and the fees to be charged in relation to residents care and welfare in the designated centre as required by the regulations.

**Outcome 05: Social Care Needs**
*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**
Effective Services

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
All residents were encouraged to attend day service/activities outside of the residential centre on a daily basis subject to their own needs and abilities. A number of the residents attended the activation day centre but some attended other day services. A range of social and therapeutic activities took place in the activation centre which included computers, arts and crafts, exercises, games and dancing. Inspectors saw a number of group activities taking place in the centre throughout the inspection with active participation from the residents.

Inspectors were informed by staff that there were a number of options available for all residents in relation to social activities. Many of the residents enjoyed bowling, cinema outings, concerts, line dancing, shows, picnics, meals out, shopping trips, swimming, library visits, attending mass and any festivals or events locally. Apart from the activities provided in the centre the rest are community based, are age appropriate and reflect the goals chosen as part of their person-centred plan. Residents to whom inspectors spoke described the many and varied activities they enjoyed and spoke of the day trips out and attending Wexford disability services social night on Monday nights.
The person in charge said that residents are encouraged and supported to participate in family events and gatherings as they arise, e.g. family weddings, christenings or birthdays, St Patrick's Day, Easter and Christmas are other occasions. All milestones are celebrated with resident's permission.

Each resident has a personal care plan from which regular activities are planned for. In addition each resident was supported to participate in activities on an ad hoc basis if such are identified by the resident. Residents' interest in social activities is facilitated in as far as possible, including transport and staff support where required. All residents have a weekly timetable which has been devised from their person-centred plan. Resident meetings provide an opportunity for plans to be discussed for the coming week and the inspectors viewed minutes of these meetings and the plans to see a play at Wexford opera in the near future.

Inspectors reviewed a selection of personal plans which were very comprehensive, personalised, detailed and reflected resident's specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that nurses and other healthcare staff who worked with the residents fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each residents' personal plan. They agreed time scales and set dates in relation to further identified goals and objectives.

There was evidence of interdisciplinary team involvement in residents' care including, psychiatrist, neurologist, GP, social worker, dentist and chiropody services. These will be discussed further in outcome 11 healthcare needs. Inspectors noted that there was a list of people residents would like to attend their planning meetings identified in each resident's person-centred plan. This identified the key people involved in supporting the

resident which included family and friends as well as staff and other professionals. There was evidence that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

Residents are supported to be part of their community with a focus on community inclusion. A number of the residents supported by their key workers have completed a training programme on community inclusion. Resident who took part received a FETAC level 1 award and the key worker supporting them received FETAC level 5 award. These awards were presented at a graduation ceremony.

All residents are supported to access their monies and normally will withdraw cash from the local pass machine with the support of a staff member.

**Outcome 06: Safe and suitable premises**
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The centre is a purpose built single storey house with provides accommodation for up to eight residents with an intellectual disability and high physical and/or medical support needs. It is very centrally located in Wexford town. Originally the house was constructed to accommodate seven residents and an extension was completed in 2007 to accommodate eighth residents.

Accommodation is provided in single bedrooms with two single bedrooms having full en-suite facilities. Terrestrial digital television signals are provided to each bedroom. Residents were encouraged to decorate bedrooms to their own taste and residents" that showed inspectors their rooms had personalised their rooms with photographs of family and friends and personal memorabilia. Residents stated that they were happy with the living arrangements. The premises was observed to be clean, homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. There were adequate baths, showers and toilets with assistive structures in place including hand and grab-rails to meet the needs and abilities of the residents. However, inspectors noted that one of the bathrooms in the vicinity of the bedrooms did not have a lock on the door, therefore the privacy and dignity of the residents could not be fully protected when the resident was using the toilet and when receiving

personal care.

The premises were designed with the living area to the front and bedroom and washing facilities to the rear. The house had a large kitchen dining room area and two sitting rooms with television facilities in both rooms. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Inspectors noted that apart from their own bedroom, there were options for residents to spend time alone if they wished with a number of communal sitting rooms and comfortable seating on the corridor available.

Laundry facilities are provided on site and staff said laundry is generally completed by staff. However, residents are encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them in good condition.

Equipment for use by residents or people who worked in the centre included, hoists, wheelchairs, specialised chairs were generally in good working order. Records seen by the inspectors were up to date for servicing of such equipment. However, there were no records available of checks or servicing of profiling beds.

The centre was set in large well maintained grounds with car parking facilities to the front. To the rear of the house is a courtyard area with a lawn area and gazebo in the bottom corner. In addition, there were suitable garden seating and tables provided for residents use at a number of locations in the grounds. Grounds were kept safe, tidy and attractive.

**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The fire policies and procedures were centre-specific but was dated 2008 therefore required review and updating. The fire safety plan was viewed by inspector and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire throughout the premises. Regular fire drills took place records confirmed that they were undertaken monthly. The clinical nurse manager said he planned deep sleep drills where residents are woken up during the night to partake in a fire drill for 6am so that if residents were unable to settle back to sleep following the drill they would

not be up all night. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. Inspectors examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested in March 2014. However a fire door was seen by inspectors to be manually wedged open with a door wedge which is contrary to legislative requirements.

Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Training records confirmed that fire training was last held on the 1 April 2014 however there were a number of staff that had not received up to date fire training as is a requirement of legislation.

There was a health and safety statement dated December 2013. The statement addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, transport of service users. Hazards were identified with control measures to have in place. There was evidence of issues identified and actions taken. There was evidence of safety checks taking place on equipment for residents signed and checked by staff on a regular basis.

Comprehensive risk assessments were seen by inspectors and from a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted. These included any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management. There were also assessments of risks associated with, supporting positive behaviour and the management of epilepsy where appropriate.

There was a risk management and risk assessment policy in place which did not meet the requirements of legislation on the day of inspection. The policy was updated following the inspection and sent to the inspector for review.

The environment of the house was very homely, visually clean and well maintained. The person in charge and staff informed inspectors that the cleaning of the houses was undertaken by the staff with assistance from some of the residents. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available. Not all bedrooms had wash-hand basins available and residents shared a bathroom. This needs to be kept under review if staff need to assist residents with personal hygiene in their bedrooms, they would need to be facilitated to abide by best practice in relation to infection control with appropriate hand-washing facilities. Training records confirmed that staff did not have up to date training in infection control.

The inspector viewed training records which showed that although the majority of staff had received training in moving and handling this was not up to date for a number of staff. This action is covered under outcome 17. A number of residents were generally independent with mobility other residents used hoists and other moving and handling equipment.

The inspectors viewed policies in relation to vehicles used to transport residents. The

centre owns its own fleet of vehicles. Up to date service records were seen and all vehicles were taxed and insured and very certified as required. Staff were required to have a full clean driving licence to drive the vehicles.

The emergency plan detailed the procedure in the case of fire but this required to be further developed to ensure it details the actions to be taken in all emergency situations.

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Policies and procedures were in place for the prevention, detection and response to abuse however, these were dated 2008 and required review. Staff with whom inspectors spoke knew what constituted abuse and demonstrated an awareness of what to do if an allegation of abuse was made to them and clearly told inspectors there was a policy of no tolerance to any form of abuse.The person in charge informed inspectors that she was the designated person to deal with any allegations of abuse. There was evidence that allegations of abuse in the past had been referred to the designated person and the process outlined in their policy document had been followed which included full screening, monitoring and review.
Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, respectful and homely atmosphere and saw that there was easy dialogue between residents in their interactions with staff. However there was no training provided to staff on abuse this training is mandatory as a requirement of legislation.

Inspectors saw that there were transparent systems in place to safeguard all residents' finances. Each resident had control over their money when going out and it was all documented in a book which detailed money signed in and out number and receipts were maintained for all purchases where possible. Bank statements regarding finances were issued directly to residents. Inspectors saw residents finances were subject to checks and audit by the person in charge. Inspectors saw that residents had easy access to personal money and generally could spend it in accordance with their wishes.

However, residents did not receive an invoice or statement of charges for care provided by Ard Aoibhinn services.

There was a management and support policy for service users who present with challenging behaviours dated 2013 which detailed prevention, rational factors, training requirements, duty of care, use of medication, follow up, intervention plan and programme plan. Comprehensive management plans were seen in residents person-centred plans for those residents who did present with behaviours that challenge. However, staff training records showed that although staff had received training on dealing with behaviours that challenge this was out-of-date for a number of staff. Further training is required to ensure all staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour as is required by legislation.

The inspectors saw that a restraint free environment was promoted and none of the residents required any physical restraints. Restrictive practice was used as a last resort and this was clearly documented in the person-centred plan and reviewed on a regular basis.

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
All of the residents attended their own GP and were supported to do so by staff that would accompany them to appointments and assisted in collecting the medication prescription as required. Out-of-hours services were provided by the local on call doctor service who attended the resident at home if necessary. Inspectors saw that as part of their person-centred plans, each resident has an annual medical and an A1 Health check to ensure a proactive approach to monitoring the residents' health. All other medical concerns and issues are dealt with as they arise. Residents were seen to have appropriate access to a multi-disciplinary team, including, doctors, dentist, psychiatrist, liaison nurse, chiropodist, physiotherapist, occupational therapist and opticians. A number of these services are available via referral to the HSE and visits were organised as required by the staff. There was evidence in residents' person-centred plans of referrals to and assessments by allied health services and plans put in place to implement treatment as required.

There were a number of centre-specific policies in relation to the care and welfare of residents and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident support plan.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs this was reflected in the person-centred plans for residents'. Inspectors were satisfied that facilities were in place so that each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health care.

Inspectors saw that residents were fully involved in the menu planning. Weekly meetings were held with the residents to plan the meals for the following week. The staff demonstrated an in-depth knowledge of the residents' likes, dislikes and special diets. Inspectors noted that easy to read formats and picture information charts were used to assist some residents in making a choice in relation to their meal options. The food was seen to be nutritious with adequate portions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good.

There was a community employment scheme worker employed to look after the kitchen, the inspector spoke to her during the inspection. The kitchen was seen to be very clean and well organised. The residents where possible, assisted in the food preparation and in the cleaning afterwards.

Inspectors viewed the monitoring and documentation of some residents' nutritional intake and noted that appropriate referrals to the GP and speech and language were made however, one resident with weight loss there was no involvement of a dietician or dietetic service which would be recommended. Some of the residents records were seen to have nutritional plans and swallow plans as required for example residents who required a soft diet. Inspectors observed that residents had access to fresh drinking water at all times.

**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
There were centre-specific medication management policies and procedures in place which were viewed by inspectors and although they were found to be comprehensive they were dated 2009 and required review. Inspectors saw that the GP prescribes all residents medication and this is obtained from a local pharmacist for each resident on a monthly basis or sooner if required. The medication is generally supplied in a monitored dosage systems. Inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

In this centre medication was administrated by nursing staff, but some care staff had undergone a two day training on safe medication administration and were assessed as competent by nursing staff, this training was provided in the event of trips out with residents where the staff may need to administer medications. Nurses completed the on-line medication training and also were receiving refresher training. Inspectors saw evidence of this training in staff files. The staff told inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided. Staff who spoke to the inspectors were knowledgeable about the resident's medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication.

Inspectors did not see any residents that required their medications to be crushed and the staff informed inspectors they endeavoured to get liquid medication wherever possible. They demonstrated an awareness of the requirement of the GP to prescribe crushed medications as drugs which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe drugs in this format. There were no residents that required scheduled controlled drugs.

Medication recording check-lists were seen and there is a count of the medications at night time of any medications that are outside the monitoring dosage system. Medication audits had been completed by the person in charge from which a number of changes and recommendations were made to the medication charts and practices which were currently being auctioned.

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
A written statement of purpose was available and it reflected the day-to-day operation of the centre and the services and facilities provided. The person in charge confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. Inspectors noted that there was a copy of the statement of purpose in each of the residents' bedrooms and in communal. The statement of purpose contained floor plans and was found to be comprehensive and contained all the required information to meet the requirements of legislation.

**Outcome 14: Governance and Management**
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The centre is one of a number of designated centres that come under the auspice of the Ard Aoibhinn services. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. The board usually meet every six to eight weeks and inspectors reviewed minutes of the meetings

where issues of finance, staffing, development updates, fund-raising and any other issues are discussed. The manager of services Gerard Heaney reports directly to the board of directors and is a nominated provider for the service.

The Clinical Nurse Manager 2(CNM2) for the residential services is Geraldine Roche who is the person in charge. The person in charge works full-time and has been involved in the management of the service for over 7 years. She is a registered nurse intellectual disability (RNID) and has undertaken a certificate in management. There was evidence that the person in charge had a commitment to her own continued professional development and had completed a number of managerial and clinical education days and kept her knowledge base current through education and liaison with other services. Inspectors formed the opinion that she had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre.

The nominated provider and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors saw that there was a copy of the standards and the regulations were available to staff along with other relevant documentation.

Inspectors noted that residents were familiar with the person in charge and approached her with issues and to chat during the inspection. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspectors were clear about who to report to within the organisational line and of management structures in the centre.

The CNM2 for the day services deputised for the absence of the person in charge in the past and is available to do so at any time as they always take separate holidays. The inspectors met the CNM2 for day services during the inspection and she was aware of the responsibility of acting up in the absence of the person in charge and said she was supported by the provider and the operational house managers.

Inspectors noted that prior to and throughout the inspection the provider, person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. The person in charge had commenced an audit programme commencing with medication management and residents records. There were evidence of actions taken in February 2014 and further actions recommended that further training is required in maintenance of all resident records. Overall the inspectors were satisfied that there was a commitment to quality review and continual improvement which will be further developed.

**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
There was a policy on recruitment and selection of staff and the person in charge stated that a large proportion of the staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. This was confirmed by staff that inspectors met who had worked in the centre for long periods. The policy for volunteers was dated 2011 which required volunteers to be Garda vetted, have training and supervision. There was evidence that new staff received a comprehensive induction programme and as staff in this centre do not work on their own there was always an experienced staff available for advice and support.

During the inspection inspectors observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of inspectors staff members were knowledgeable of residents individual needs and this was very evident in the very personalised person-centred plans seen by inspectors. Residents spoke very positively about staff saying they were caring and looked after them very well and a number of residents asked if they could have their key worker or another member of staff present when they met with inspectors which was facilitated. Inspectors spoke to staff on duty during the inspection and found the staff were competent and experienced staff who were aware of their roles and responsibilities.

Inspectors were satisfied that the staff available during the inspection was appropriate to meet resident's needs and they met with an intern nurse who was undertaking a management placement. She was very satisfied with the level of support and training given to her throughout her placement.

As discussed in previous outcomes based on a review of training records viewed by inspectors, not all staff had received up-to-date mandatory training in fire and moving and handling and adult abuse. Training records confirmed that a number of staff had received training in infection control, medication management, training on person-centred plans, personal development relationships and sexuality, management of behaviour that challenges, first aid, preceptorship training, nutrition and peg feeding. A

number of the care staff had under taken a Further Education Training Awards Council (FETAC) level 5 qualification in healthcare.

Inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available for staff employed directly by the service. However, there were staff employed under a community employment scheme who did not have all the required documentation on file.

There was evidence that staff and team meetings were held regularly and the minutes were recorded of issues that were discussed. A sample of the minutes showed that the topics discussed included all issues relevant to the further development of the centre. Staff who spoke to inspectors confirmed that such meetings were held on regular basis and that they received good support from the person in charge however, they had not received any formal support or performance management in relation to their performance of their duties or personal development. The provider confirmed that no staff had received an appraisal to date which is a requirement of the regulations.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

***Report Compiled by:***

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority**
**Regulation Directorate**

**Action Plan**

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

**Provider's response to inspection report**[1]

| | |
|---|---|
| **Centre name:** | A designated centre for people with disabilities operated by Ard Aoibhinn Services |
| **Centre ID:** | ORG-0008253 |
| **Date of Inspection:** | 08 April 2014 |
| **Date of response:** | 09 May 2014 |

## Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors reviewed copies of the current written agreements in relation to the terms and conditions of residents residing in the centre. They noted that such documents did not detail the support, care and welfare of the resident and details of the services to be provided for that resident and the fees to be charged in relation to residents care and welfare in the designated centre as required by the Regulations.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**
Residents currently have documentation that outlines the care they can expect and the charges that will apply however this information is held in different locations/documents. Ard Aoibhinn will begin a consultation process with Residents and their families to develop a single document that will serve as an agreement in line with Regulation 24 (4) (a). The process will commence by July 2014 with a target date of completion by October 2014

**Proposed Timescale:** 31/10/2014

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One of the bathrooms in the vicinity of the bedrooms did not have a lock on the door, therefore the privacy and dignity of the residents could not be fully protected when the resident was using the toilet and when receiving personal care.

There were no records available of checks or servicing of profiling beds in the centre.

**Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
The Bathroom lock has been rectified.

One bed is currently being serviced and we awaiting servicing of second bed.

Two Profile beds have been added to on-going servicing regime. Servicing of both beds will be completed by July 2014.

**Proposed Timescale:** 31/07/2014

## Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The emergency plan detailed the procedure in the case of fire but this required to be further developed to ensure it details the actions to be taken in all emergency situations.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Procedures in relation to emergencies, other than fire exist and are understood by staff however are not contained within the Emergency Plan. The current emergency procedure will be updated to ensure all aspects of emergency planning are covered. Expected completion June 13th 2014.

**Proposed Timescale:** 13/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all bedrooms had wash-hand basins available and residents shared a bathroom. This needs to be kept under review if staff need to assist residents with personal hygiene in their bedrooms, they would need to be facilitated to abide by best practice in relation to infection control with appropriate hand-washing facilities. Training records confirmed that staff did not have up to date training in infection control.

**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
All residential staff have been prioritised for Training in infection control. Expected competition of all training requirements November 2014.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Training records confirmed that fire training was last held on 1 April 2014, however there were a number of staff that had not received up to date fire training.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
The remaining staff who have not completed the recent fire training will complete this training by August 2014.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A fire door was seen by the inspectors to be manually wedged open with a door wedge which is contrary to legislative requirements.

**Action Required:**
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

**Please state the actions you have taken or are planning to take:**
The HSE are currently looking at options to ensure the facilitation of independence for residents and also to ensure compliance with regulations. An electrical appliance that retains door open and closes on activation of fire alarm is being considered but has financial implications for the HSE. In the interim all staff have been advised that door wedges should never be used on any Fire door. Expected completion end of June 2014

**Proposed Timescale:** 30/06/2014

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff training records showed that although staff had received training on dealing with behaviours that challenge this was out of date for a number of staff.

**Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**
All residential staff have been prioritised for an update in Training to deal with Behaviours that challenge. This training is part of the 2014 Training schedule.. Expected completion of all training requirements November 2014

**Proposed Timescale:** 30/11/2014

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no training provided to staff in relation to safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
All residential staff has been prioritised for formalised Training in relation to safeguarding residents in the prevention and detection and response to abuse. The programme for this training is currently being sourced. Expected completion of all training requirements November 2014

**Proposed Timescale:** 30/11/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
For one resident with weight loss there was no involvement of a dietician or dietetic service which would be recommended

**Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
Following an appointment with the residents GP, the GP has referred on to the Dietetic service.

The process for dietetic referral and review has been discussed directly with the dietetic services in Wexford. It has now been agreed that residents initial referral will continue to be made by the GP to the Consultant, however all reviews will be referred directly to the dietician by PIC of Ard Aoibhinn services.

**Proposed Timescale:** 09/05/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were staff employed under a community employment scheme who did not have all the required documentation on file.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
Discussion has taken place with CE scheme supervisor and they have agreed that all relevant records will now be held by the CE company in line with Schedule 2.

Additional documentation in relation to the staff member referred to is currently being sought.

**Proposed Timescale:** 30/06/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Based on a review of training records by inspectors, not all staff had received up-to-date mandatory training in fire and moving and handling and adult abuse.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
Fire training
The remaining staff who have not completed the recent fire training will complete this training by August 2014

Training for adult abuse:
All residential staff has been prioritised for formalised Training in relation to safeguarding residents in the prevention and detection and response to abuse. The programme for this training is currently being sourced. Training for adult abuse November 2014

Moving and handlings
All residential staff who have not had an update in moving and handling will be prioritised for a training update. Moving and handling November 2014

**Proposed Timescale:** 30/11/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff had not received any formal support or performance management in relation to their performance of their duties or personal development. The provider confirmed that no staff had received an appraisal to date which is a requirement of the Regulations.

**Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
We are currently establishing a format for the formal supervision of Staff within residential services Expected start date July 2014 - End of 2014

**Proposed Timescale:** 31/12/2014