



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

Name of designated centre:	Centre 1 - Aras Attracta
Name of provider:	Centre 1 - Aras Attracta
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	25 September 2018
Centre ID:	OSV-0003321
Fieldwork ID:	MON-0024484

About the designated centre

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

Centre 1 is a designated centre which provides residential services to residents on a campus based setting in County Mayo. The centre supports residents who have an intellectual disability and who may also display behaviours of concern and have mental health needs. The centre can also facilitate residents with reduced mobility and complex medical needs. There are currently 28 residents living in this centre and the service is closed to any further admissions apart from residents who may be currently residing on the campus. Residents are supported by a combination of nurses, care assistants, social care workers and a day activation team. The centre is comprised of a large building which supports 19 residents with open plan living space and a combination of bedrooms which consisted of single occupancy and two and three bedded rooms. The centre also had two separate houses which supported nine residents. In these houses each resident had their own bedroom. There is a detailed de-congregation plan for this centre and the provider is working with residents, their representatives and stakeholders to support residents who wish to move to the community.

The following information outlines some additional data on this centre.

Current registration end date:	17/06/2021
Number of residents on the date of inspection:	28

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
25 September 2018	09:00hrs to 16:00hrs	Ivan Cormican	Lead
25 September 2018	09:00hrs to 16:00hrs	Anne Marie Byrne	Support

Views of people who use the service

Inspectors met with 20 residents on the day of inspection and the majority of these residents interacted with inspectors on their own terms. Residents appeared relaxed in the company of staff and were observed to be treated in a warm and caring manner.

Some residents were busy with in-house activities and two residents who spoke with inspectors stated that they liked visiting the local town and were supported by staff to do so.

Capacity and capability

On this inspection, inspectors found that the provider had sustained the improvements found on the last inspection and had also continued to build on these improvements by implementing effective governance and oversight arrangements across all areas of the designated centre. The provider was committed to supporting residents in moving to the community in line with their wishes and a detailed de-congregation plan was currently being implemented. Inspectors found that a number of community based designated centres had been opened since the last inspection and that a number of new homes were proposed to open in the coming year which would further facilitate a number of residents to move to the community.

The provider had a robust management structure in place which facilitated the flow of information between front line services and senior management of the centre. There was also a continuous review system in place, this assisted in the implementation of a quality improvement plan and aimed to ensure that the quality and safety of care was provided to residents was maintained to a good standard at all times. As a result of these processes and systems, inspectors found that a marked reduction in the number of safeguarding incidents had occurred and there was also a notable decrease in the number of active safeguarding plans in the centre. Furthermore, inspectors found that quality of social care in the centre had improved with revised staffing ratios and transport available to facilitate residents to attend and participate in their local communities on a regular basis.

Staff members who met with inspectors had a good understanding of the residents' care needs and a review of the staff rota indicated that residents were supported by staff members who were familiar to them, which also included agency staff. The provider had identified that the reliance on agency staff in the centre continued to be an issue; however, this had been escalated to a senior level within the provider's

management structure and a recent recruitment drive was nearing completion.

The provider had ensured that a competent workforce was employed by providing both mandatory and refresher training in areas such as fire safety, safeguarding and supporting residents with behaviours of concern. However; although staff members were up-to-date with mandatory training, not all staff had completed training to support residents with specific care needs.

Regulation 14: Persons in charge

The person in charge was recently appointed and was found to have a good understanding of the service and of the residents' care needs. The person in charge also had a schedule of internal auditing in place which provided assurances in regards to the quality and safety of residents' care.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents received continuity of care by staff who they were familiar with.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with mandatory training needs; however, not all staff had completed training in regards to supporting residents who required modified diets.

Staff received regular support and supervision from the person in charge and there was a clear clinical pathway in place for nurses who worked in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had completed all audits and reviews as required by the regulations and residents and their representatives had been consulted as part of the annual

review. All information which was gathered from these audits was then used to improve the service and was subject to regular review through the centre's quality improvement plan.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of care which was provided to residents was maintained to a good standard.

Since the last inspection, the provider had applied to register this centre to comprise of three premises, including, one unit based in the main campus and two bungalows based on the campus setting. Some residents had moved to the bungalows and these residents had access to their own bedrooms, shared bathrooms, shared communal areas and garden spaces. These bungalows were found to provide residents with a more homely environment, bedrooms were personalised to residents' interests and at the time of the inspection residents were in the process of picking out soft furnishings for their bedrooms. Staff told the inspectors that while main meals are still prepared in the main campus, breakfast, snacks and evening meals are now prepared in the company of residents living in these bungalows. The registered provider had decreased the number of three-bed bedrooms in the unit on the main campus setting, which provided residents with increased personal space and improved their privacy and dignity. Staff who spoke with the inspectors said that this change in living environment for residents was welcomed and had played an important role in improving residents' quality of life. Management staff, who met with the inspectors, spoke of the de-congregation plan being implemented to facilitate residents living in this centre to have more individualised services and living space in the future.

The provider's response to the residents' social care needs have continued to improve in this centre. Since the previous inspection, revised staffing ratios and additional transport has been made available to residents, which has facilitated them to be more involved in their local communities and to engage in activities which was meaningful to them, such as; shopping for fashion magazines, going to local public houses, shopping and having a meal outside of the centre. Each resident also had a personal plan which was made available in an accessible format and residents were supported to achieve personal goals such as attending music concerts and visiting family and local religious sites.

There was suitable oversight arrangements in place to ensure that the safety of residents was maintained to a good standard. There was one active safeguarding plan in place which was effectively implemented and subject to regular review. Management of the centre also attended a monthly safeguarding review which provided assurances in regards to the oversight of safeguarding both across the

campus and within the designated centre. Residents also appeared relaxed throughout the inspection and they were informed of safeguarding through regular information sessions with staff in the centre.

Effective healthcare arrangements ensured that where residents had specific healthcare needs, they received regular reviews and staff spoke confidently with inspectors about the care and support they provided to these residents. Improvements were observed to end of life care, with arrangements now in place for residents requiring this care to have their wishes identified, documented and respected. Safe systems were in place for the prescribing, storage and administration of medicines and assessment of capacity was completed with each resident, which had a positive impact on encouraging residents to take responsibility for their own medicines, if they wished to do so.

There were effective risk management procedures in place which also ensured that the safety of residents was well-maintained. The person in charge had a good understanding of risks in the centre and a risk management plan had been implemented to good effect for each identified risk in the centre. Infection prevention and control precautions were in place at the time of this inspection and although the provider had responded to the needs of residents with healthcare associated infections, some improvements were required to the documentation in place to guide staff on how to support these residents. The registered provider had ensured that residents who were at risk of a healthcare associated infection were protected. However, some improvements were required to documentation in place to ensure staff were guided on how to appropriately support residents with identified healthcare associated infections. Subsequent to the inspection, written assurances were provided to the inspectors that this had been rectified.

The registered provider had fire safety precautions in place, including, fire detection and containment systems, emergency lighting, up-to-date staff training in fire safety and regular fire safety checks. Although fire procedures were displayed throughout the centre, some did not accurately describe how staff were to respond in the event of a fire. Subsequent to the inspection, written assurances were provided to the inspectors that these procedures were reviewed to provide staff with clearer guidance. Staff who spoke with the inspectors were found to be very knowledgeable of the specific support each resident would require to evacuate. Although there were several fire exits available to residents, improvement was required to ensure all designated fire exits were accessible to wheelchair users in the event of an evacuation.

Regulation 13: General welfare and development

Residents had been consulted in regards to accessing further education training and employment. Some residents had engaged in further training in regards to using

electronic handheld devices which in turn promoted their independence.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained and resident's individual spaces continued to be personalised. There was also a clear de-congregation plan in place which was facilitating residents to move to the community where more personalised living arrangements could be offered.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Two residents were identified to move to the community in the coming months and transition plans had been developed following a consultation process with the residents and their representatives.

Judgment: Compliant

Regulation 26: Risk management procedures

All identified risks in the centre had a detailed risk management plan in place which was reviewed on a regular basis. These plans ensured that the safety of residents, staff and visitors were maintained to a good standard at all times.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who were at risk of a healthcare associated infection were protected. However, some improvements were required to documentation in place to ensure staff were guided on how to appropriately support residents with identified healthcare associated infections. Subsequent to the inspection, written assurances were provided to the inspectors that this documentation was now in place.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had fire safety precautions in place, including, fire detection and containment systems, emergency lighting, regular fire drills, up-to-date staff training in fire safety and regular fire safety checks. However, improvement was required to access and egress to the external area of some fire exits to ensure these were accessible to wheelchair users in the event of an evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured suitable and appropriate practices were in place for the storage, prescribing and administration of medicines. Each resident had received an assessment of capacity and were encouraged to take responsibility for their medicines, if they wished to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were supported to attend their local community on a regular basis and in line with their personal wishes. Residents were also supported to identify and achieve personal goals which were meaningful to them and in doing so promoted a good quality of life in the centre.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured appropriate healthcare for each resident through regular review of residents' assessed health care needs and documentation was available to staff that provided clear guidance on the level of support residents required. Residents had access to a variety of allied healthcare professionals. Since the last inspection, the person in charge had ensured residents requiring end of life

care, had their wishes documented and respected.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was clear guidance in place to support some residents who may engage in behaviours of concern, this ensured that consistency of care could be provided in the centre. This guidance was reviewed on a regular basis and provided both proactive and reactive strategies should certain behaviours occur.

There were some restrictive practices in place which were supported by a clear rationale for their use and there was also evidence of a reduction in the use of restrictive practices since the previous inspection. There was consent in place for a number of these practices but consent had not been received for the use of chemical interventions in the centre to ensure that residents and their representatives were fully aware of these care practices. However, subsequent to the inspection, written assurances were submitted that consent was in place for the use of chemical interventions.

Judgment: Compliant

Regulation 8: Protection

There was good oversight arrangements in this centre which ensured that the safety of residents was maintained to a good standard. Residents appeared relaxed in the centre and they warmly interacted with staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Centre 1 - Aras Attracta OSV-0003321

Inspection ID: MON-0024484

Date of inspection: 25/09/2018

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> All staff in centre one to complete FEDS training online on HSE land, by January 1st 2019. Training needs analysis is reviewed monthly to ensure all mandatory training is up to date 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> Advice was sought from our Fire expert as outlined below: <p>It is considered that the "alternative escape exits" not primary escape exit (e.g. front door) are substantial at present and do provide escape leading to a place of safety for wheelchair occupants assisted by trained staff. In the event of an emergency at Location 1 (e.g. House No. 9 as per the attached) where the alternative escape exit in question is required wheelchair users can be easily assisted by the trained staff out into the open spaced grass area if necessary from the terminated pathway to a safe distance from the building (e.g. place of safety).</p> <p>In addition location 2 at House No. 13 – Wheelchair users can be assisted out to the rear external pathway which in itself is a substantial distance from the building and offers a place of safety however aforementioned trained staff can proceed to assist wheelchair users further away and around the building via the level garden to greater distance from the building if necessary</p> <ul style="list-style-type: none"> The maintenance department in Aras Attracta will complete a concrete ramp from the rear exit in Bungalow 13, so residents who are wheelchair users have a safe egress point to patio area. Where they will be supported to assembly point. Time frame to complete ramp is November 30th 2018, subject to weather conditions allowing. 	

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	01.01.2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30.11.2018