



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

Name of designated centre:	Ard Clochar Community Group Homes
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	07 January 2019
Centre ID:	OSV-0005248
Fieldwork ID:	MON-0023397

## About the designated centre

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

Ard Clochar Community Group Homes provides full-time and shared residential care and support to adults with a disability. The designated centre comprises of three interconnected purpose built bungalows. Residents in each bungalow have their own bedrooms with en-suite bathroom facilities. In addition, residents have access to communal facilities in each bungalow which includes a sitting room, kitchen dining room, laundry room and additional bathroom facilities. The centre is located within a residential area of a rural town and is close to local amenities such as shops and cafes. Residents have access to an adapted vehicle at the centre which further enables them to access amenities such as leisure facilities in the surrounding area. Residents are supported by a staff team of both nurses and health care assistants. Staffing arrangements vary between each of the three bungalows, and are based on residents' assessed needs. In bungalow one, residents are supported by two staff during the day, whereas in bungalow two, staffing levels reduce from two to one staff member when residents attend external day service provision during the week. At night-time, residents in bungalow one and two have a shared staffing with a nurse and health care assistant being based across the two premises. In bungalow three, due to residents' assessed needs and occupancy levels, staffing arrangements varies between two to four staff during the day. At night-time, residents are supported by two staff members comprising of a nurse and health care assistant.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	13
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## 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
07 January 2019	09:05hrs to 16:25hrs	Stevan Orme	Lead

## Views of people who use the service

The inspector met eleven residents who lived at Ard Clochar Community Group Homes during the inspection. Residents, who spoke with the inspector, said that they liked living at the centre and enjoyed a range of activities in the local community. Throughout the inspection, the inspector observed that residents appeared relaxed and comfortable with all support provided by staff at the centre.

## Capacity and capability

Governance and management arrangements at Ard Clochar Community Group Homes ensured that residents received a good standard of care and support.

The centre's governance arrangements were robust in nature and included a clearly defined management structure. The person in charge was suitably qualified and knowledgeable about residents' assessed needs and actively involved in the day-to-day operational management of the centre. The person in charge ensured that the standard of care and support provided to residents was subject to regular evaluation into its effectiveness through the completion of a range of management audits scheduled throughout the year. Audits were completed by both the person in charge and delegated staff, with their results being forwarded to senior management to update and inform them of the ongoing compliance with the provider's policies and procedures. Where audits had identified areas for improvement, these were acted upon in a timely and responsive manner by the person in charge or escalated to senior management in-line with the entity's policies. In addition, the provider undertook unannounced six monthly visits at the centre which further evaluated the effectiveness of care and support provided to residents. The outcome of all audits and visits along with resident consultation activities were incorporated into the centre's annual review of care and support provided, which in turn informed the centre's annual improvement plan.

The provider ensured that an appropriate number of staff were engaged at the centre at all times to meet residents' assessed needs. Staffing arrangements include the provision of nursing support and ensured that residents' needs were met as described in their personal plans and risk assessments. Staffing levels further enabled residents to regularly enjoy activities of their choice both at the centre and in their local community such as shopping, social dances and meals out in local cafes and restaurants.

The person in charge also ensured that staff were suitably qualified and skilled to

support residents' assessed needs. Staff had access to regular training opportunities which ensured their knowledge reflected current developments in health and social care practices. In addition, following the centre's last inspection, the provider had improved the availability of training at the centre, which subsequently had ensured that all staff had received up-to-date training in-line with the entity's policies and procedures. Staff knowledge was further kept up-to-date through their attendance at regular team meetings facilitated by either the person in charge or clinical nurse manager (CNM2). Team meetings gave staff the opportunity to discuss residents' care and support needs and be updated on any changes to the day-to-day operation of the centre. The person in charge or CNM2 also facilitated one-to-one 'personal development plans', in which staff discussed their roles and responsibilities and identified additional training to support them to both meet residents' needs and achieve personal development goals.

The provider's risk management arrangements ensured that robust procedures were in place for the management of adverse incidents which might occur at the centre. Emergency plans were subject to regular reviews to ensure their effectiveness and staff were knowledgeable about how to respond to situations such as an outbreak of fire at the centre. Furthermore, the provider ensured that all accidents and incidents at the centre were reported and subsequently reviewed by the person in charge to identify any trends and areas of practice requiring improvement. Where practice improvements were required such as in response to incidents of challenging behaviour or safeguarding concerns, these were addressed in a responsive manner and in-line with agreed time frames.

### Regulation 15: Staffing

Appropriate numbers of suitable skilled staff were in place at the centre to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to regular training opportunities which ensured they were suitably skilled to support residents' assessed needs and their skills reflected current development in health and social care practices.

Judgment: Compliant

## Regulation 23: Governance and management

Clear governance arrangements were in place at the centre. Management arrangements ensured that all practices at the centre were subject to regular review to ensure their effectiveness. Management arrangements also ensured that appropriate resources were available at the centre to support residents to achieve their personal goals and participate in activities of their choice.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

Following the centre's last inspection, the provider had ensured that residents had received a revised written agreement which clearly informed them about all charges they would have to pay while living at Ard Clochar Community Group Homes.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had ensured that both residents and their representatives were aware of their right to make a complaint about the care and support they received. Where complaints had been received, they had been managed in accordance with the provider's policy. Records showed all actions taken by the centre's complaints' officer to resolve the matter as well as the complainant's satisfaction with the outcome.

Judgment: Compliant

## Quality and safety

Support arrangements in place at Ard Clochar Community Group Homes ensured that residents were both protected from harm and supported in-line with their assessed needs to achieve their personal goals.

Residents accessed a range of activities both at the centre and in the local community which reflected their assessed needs. Residents attended day service placements during the week which they enjoyed and reflected their needs

and interests. Some residents however, had chosen not to attend day service due to retirement or personal choice. Where this was the case, the provider had ensured that adequate staffing levels were in place to provide a bespoke day programme facilitated by the centre's staff which was structured around individuals' needs, interests and wishes.

Governance and management arrangements ensured that residents had up-to-date and detailed needs assessments which informed their personal plans and guided staff practices. In addition, following the last inspection, arrangements had been put in place which ensured that personal plans were subject to an annual review into their effectiveness in meeting all aspects of residents' assessed needs. Where review meetings resulted in changes or recommendations for residents' care and support, personal plans were swiftly updated to ensure their accuracy and effectiveness. In addition, the inspector found that all staff spoken to during the inspection were well informed and knowledgeable about residents' needs and supports. Furthermore, residents and their representatives were supported to play an active role in the review and development of personal plans, through their attendance at review meetings. In addition, the provider had ensured that each resident was provided with an accessible version of their personal plan, which through photographs, symbols and plain English informed them about how their needs would be met at the centre.

Where residents had behaviours that challenged, the provider had arrangements in place which ensured that individuals were supported through a multi-disciplinary approach. Comprehensive behaviour support plans were developed by a qualified behavioural specialist and reviewed regularly to ensure their effectiveness and to clearly guide staff on supports required. Where residents' assessed needs were supported by the use of a restrictive practice, clear rationales were in place on their use which were subject to both approval and frequent review by residents' representatives and multi-disciplinary professionals. In addition, regular review and ongoing monitoring ensured that restrictive practices were only used as and when required and were the least restrictive option available.

The provider ensured that residents were aware of their rights at the centre and were involved in making decisions about the day-to-day running of the centre. Residents told the inspector that they choose the daily meals and social activities with staff. Meeting minutes further illustrated that meetings were used to inform residents about their rights, changes at the centre and to facilitate any complaints about the care and support provided. Where complaints had been received from residents, these were investigated in-line with the provider's policy and resolved to the satisfaction of the complainant.

Furthermore following the last inspection, the provider had reviewed its written agreements with residents. Revised agreements clearly informed residents about the care and support provided at the centre, as well as all charges they had to meet while living at the centre.

Improvements had been made by the provider to fire safety arrangements at the centre following the last inspection, and ensured that residents could evacuate the



centre in a timely and safe manner. Regular fire drills were conducted under all circumstances including minimal staffing levels and both residents and staff were knowledgeable on what to do in an emergency. Furthermore, where drills had been conducted the outcome was reviewed by the person in charge and subsequent recommendations had led to the updating of the centre's overall emergency plan and individual residents' 'personal emergency evacuation plans' to ensure their effectiveness. The provider had also reviewed access to training opportunities which ensured all staff had received up-to-date fire safety training as described in the entity's policy.

In addition to fire safety arrangements, residents were protected from harm at the centre through the reporting of safeguarding concerns.

Where safeguarding concerns had arisen, staff had ensured that actions taken were in accordance with the provider's policies and procedures, with the completion of preliminary screenings and implementation of safeguarding plans. Staff spoken to during the inspection were knowledgeable on how to identify suspected concerns as well as all safeguarding plans in operation to protect residents. Furthermore following the last inspection, the provider increased staff access to training ensuring that all staff had undertaken both 'Children First' and 'Safeguarding of vulnerable adults' training as required under the provider's policies.

### Regulation 13: General welfare and development

The provider ensured that appropriate resources such as staffing were available to enable residents to participate in a range of activities in their local community, which reflected their assessed needs and personal goals.

Judgment: Compliant

### Regulation 26: Risk management procedures

Governance and management arrangements ensured that risks to residents' safety were identified and appropriate control measures implemented. Where risks required further actions to mitigate their effects, the person in charge ensured they were escalated to senior management in-line with the provider's policy. In addition, risk management interventions were subject to regular review to ensure they were effective in nature and protected residents.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider ensured that measures such as staff training and the availability of protective clothing were in place at the centre to protect residents from the spread of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety equipment and arrangements were in place at the centre. Following the last inspection, the provider had ensured that all staff were knowledgeable on fire safety procedures through their attendance at regular training opportunities. In addition, regular fire drills were conducted which increased residents awareness of what to do in the event of a fire and also reviewed the effectiveness of the centre's fire plan and residents' 'personal emergency evacuation plans'.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Following the last inspection, the provider had ensured that assessments were completed on all aspects of residents' medication needs including their ability to self administer their own prescribed medications.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' personal plans were up-to-date and clearly guided staff on how to support individuals' assessed needs. Personal plans were subject to regular review by residents' named key workers as well as their effectiveness being evaluated at a formal annual review meeting attended by the resident, their representatives and multi-disciplinary professionals associated with their care and support.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to access health care professionals as and when required, including attendance at health screening programme appointments. In addition, personal plans included health supports plans which were updated to reflect health professionals' recommendations and to ensure a consistency of approach to residents' needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents had behaviours that challenge, the provider ensured that positive behaviour support plans were in place to both support the person and reduce any risk to others. Staff were knowledgeable on residents' support needs and following the last inspection, the provider had ensured that staff had access to positive behaviour management training opportunities, which ensured their practices were in-line with current developments in health and social care.

Judgment: Compliant

### Regulation 8: Protection

Robust arrangements were in place to safeguard residents from possible abuse while at the centre. Arrangements included clear reporting protocols and up-to-date training for staff. Where incidents of this nature had occurred, preliminary screening had been completed resulting in the implementation of safeguarding plans to ensure residents were kept safe from further harm.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to make decisions about the running of the centre through attendance at weekly residents' meetings. In addition, residents were involved in their personal planning meetings and had access to easy read information on how they could exercise their personal rights at the centre.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant