



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

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| Name of designated centre: | Ard Na Gaoithe |
| Name of provider: | Resilience Healthcare Limited |
| Address of centre: | Cork |
| Type of inspection: | Announced |
| Date of inspection: | 25 September 2018 |
| Centre ID: | OSV-0005335 |
| Fieldwork ID: | MON-0022085 |

About the designated centre

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

Ard na Gaoithe provides a residential and planned shared care service to children with a diagnosis of an intellectual disability, autistic spectrum disorder and behaviours. The objective of the service, as set out by the statement of purpose, is to provide a high standard of care in a living environment that replicates a natural home environment. The centre can accommodate a maximum of four residents at any one time aged from six to 18 years of age and these can be male or female. The service is open seven days a week and children are supported by a team of support workers and a management team. A behavioural specialist is available to support staff in their care of the children. The centre is a four-bedroomed bungalow based in a rural location. Vehicle access is provided to enable children to access local amenities, school and leisure facilities. There is a large garden available to the children with play equipment.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 5 |
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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 |
|-------------------|----------------------|---------------|------|
| 25 September 2018 | 10:00hrs to 19:30hrs | Cora McCarthy | Lead |

Views of people who use the service

The inspectors met with the three residents who resided in this centre. Residents communicated in a non verbal manner and therefore could not tell the inspector their opinions of the service. However the inspectors observed residents and noted the positive interactions that took place between residents and staff. Staff were able to interpret resident's signals, needs and preferences. Residents were seen to be relaxed in the company of staff and there was a calm atmosphere in this home throughout the inspection. The inspector observed staff members supporting residents to go on an outing and the residents appeared happy with the care and support provided by staff. Questionnaires, which were completed with or on behalf of residents, indicated that the residents were happy in the centre and received a good quality of care and support. Staff on duty in the centre interacted with residents in a warm and caring manner and the centre was decorated with sensory equipment and personal items of the residents such as photos of family members.

Capacity and capability

The inspector found the capacity and capability of the provider supported the delivery of a safe quality service.

The provider had ensured that there was a good governance and management structure in place to ensure that a good quality and safe service was provided to the residents. The person in charge provided effective leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities.

There were adequate staff resources and skill mix to meet the residents' assessed needs, which supported the delivery of a high standard of care to the residents. Staff were appropriately trained and competent and a staff training matrix was available to view.

The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance's with the regulations. In addition, the annual review and the unannounced six-monthly audit completed by the provider, of their assessment of the quality of care and service provision in this centre evidenced that actions had been taken to address identified issues. However on inspection it was noted that all actions from the Annual Review were not complete. The resident and

staff could raise any concerns regarding the quality and safety of care delivered.

The service being delivered to the residents was observed to be in keeping with the centre's current statement of purpose.

The required policies to inform and guide staff practices when supporting residents and their needs were available although some were in the process of being updated.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a very good understanding of the residents' care needs. The person in charge had responded to actions plans generated from internal reviews and audits which ensured that the quality and safety of the service was maintained to a good standard. Residents were very familiar with the person in charge and appeared to have a very positive relationship with them.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that an appropriate number, qualification and skill mix of staff were employed to meet the assessed needs of the residents. Staff were familiar with the residents' needs and there was continuity of care. The provider's recruitment process ensured that staff documentation required under schedule two of the regulations was obtained. The person in charge ensured that there was a planned and actual staff rota and it was appropriately maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and appropriate support and supervision was in place for all staff members.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which outlined a summary of the services and facilities provided and the terms and conditions relating to residency.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there were robust governance and management structures in place to oversee the operational management of the service and to provide appropriate oversight of the quality of care provided. The quality of care in the service was monitored through a system of audits, staff supervision and six-monthly unannounced visits to ensure that the service provided was in line with residents' needs and as described in the statement of purpose. However on inspection it was noted that all actions from the Annual Review were not complete.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider and the person in charge ensured that each resident had the opportunity to visit the designated centre prior to admission. A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it contained the information as outlined in Schedule 1 of the regulations. The provider made a copy available to the residents and their families.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in use in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider maintained a record of all notifications submitted to the Chief Inspector. The inspector viewed a sample of accident and incident forms and found that the person in charge had notified the authority of all adverse incidents which has occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had put in place an effective complaints procedure which was in an accessible and age-appropriate format. The procedure included an appeals process and was displayed in a prominent position in the centre. There was evidence that the provider had ensured that this policy had been implemented fully within the service.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required Schedule 5 policies had been reviewed within the required time frame.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received

by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. There was a staff member identified to support the resident and a time frame in place for achieving goals. However some of the goals were more functional than aspirational and required to be more person centred.

Overall the health and well being of the residents was promoted in the centre. However,

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However, additional communication training was required for staff to continue to meet the residents' needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in its safe administration and there was evidence of medication audits.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of school and many community facilities and amenities. The residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Residents said they were happy spending time in the centre. The residents had their own bedroom, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was maintained to a high standard and was warm and homely. Areas that required improvement included the kitchen which required upgrading. These issues had already been identified by the person in charge who provided the inspector with architectural drawings for proposed work to both the kitchen and for an extension to the house.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded

on the organisational risk register, which they were. Examples of these would be missing persons, injury to a resident, behaviours of concern and choking risks.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive and were reviewed regularly.

Restrictive practices were in place in the centre but were reviewed regularly in line with best practice and the organisations policies and procedures.

Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. Further communication training was required for staff to continue to meet the residents' needs. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

Regulation 11: Visits

The person in charge had ensured that residents were free to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of

the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the resident's home was maintained to a high standard and was warm and homely. However one area for improvement was noted; the kitchen cabinets were in need of upgrading. This had already been identified by the person in charge who provided the inspector with architectural drawings for proposed work to both the kitchen and for an extension to the house.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. Residents who were assessed as requiring dietary assistance were supported with this.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider had ensured that all risk management plans had been regularly reviewed. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had a robust fire management system in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. The storage and administration of controlled drugs was in accordance with the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff members (with whom the inspector spoke) had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of

care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse.
Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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 | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Substantially compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | 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 |

Compliance Plan for Ard Na Gaoithe OSV-0005335

Inspection ID: MON-0022085

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 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: All actions which were identified as part of the annual review have been completed. | |
| Regulation 10: Communication | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 10: Communication: All staff are completing training on understanding ASD and practical workshops on communication strategies which will include PECS & visual schedules. Team Leader is completing training on PECS on the 03/12/2018. The team leader will ensure that visual schedules and visual aids are incorporated into the day to day running of the unit with the support of the services manager. Two staff are completing training on Lámh on the 26/01/2019. A further six members of the staff team will complete Lámh training before the end of April 2019. | |
| Regulation 17: Premises | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 17: Premises:
A plan is in place to upgrade the premises which will commence in 2019

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 10(1) | The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes. | Substantially Compliant | Yellow | 30/04/2019 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 30/06/2019 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate | Substantially Compliant | Yellow | 30/11/2018 |

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| | to residents' needs, consistent and effectively monitored. | | | |
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